Subcontractor Safety Pre-Qualification Form

Company Name:				Date:	
Address:					
Fax Number:		Phone Number:		SIC Code:	
Companies Safety Contact:	Name		Title		Phone #
Companies Scope of work:					

Please supply the following data for your company.

☐ OSHA 300 Log Summary ☐ Include copy of current insurance certificate per Sunbelt requirements

List your Worker's Compensation Experience Modification Rate (EMR) for the most recent three (3) years:

200( )		200( )		200( )	

Evaluate your OSHA 300 log and record on-the-job injury or illness data for the last three (3) complete years.

	Current Year	200( )	200( )	200( )
Total number of injuries				
Total number of days away cases				
Total number of recordable Injuries				
Total number of fatalities				
Total number of labor hours worked				
Recordable Injury Rate (RIR)				
Days away Injury Rate (DAIR)				

Calculate your Recordable Injury Rate (RIR) and (DAIR) as follows:

$$\text{RIR} = \frac{\text{Total \# of Recordable injuries X 200,000}}{\text{Total number of labor hours worked}}$$

$$\text{DAIR} = \frac{\text{Total \# of Days away injuries X 200,000}}{\text{Total number of labor hours worked}}$$

Please list the number of all Cal/OSHA, OSHA citations your company has received in the last three (3) years.

	Willful/Repeat:	Serious:	General:	Other:
200( )				
200( )				
200( )				

Regulatory Compliance Program

1. Do you have a written Injury and Illness Prevention Plan (IIPP)? ☐ Yes ☐ No
2. Do you have a Substance Abuse control program? ☐ Yes ☐ No
3. How often do you conduct safety meetings? _____
4. Please list training you provide for your employees:

If you have questions or need assistance in filling this form out, please contact our Corporate Safety Department: 818-244-6571.