

Subcontractor Qualification Scorecard

Subcontractor Name: _____

Please answer the following questions.

1. Yes No Do you have a written safety program? If yes, provide a copy of the table of contents and a copy of your firm's policy statement.
2. Yes No Do you require and use site-specific safety plans?
3. Yes No Do you have clearly defined safety responsibilities for managers, supervisors and workers?
4. Yes No Do managers/executives visit the worksite? How often? Provide details.

5. Yes No Does your company have a written drug/substance abuse policy?
6. Yes No Do you have an orientation program for new hires?
7. Yes No Do you conduct daily site safety inspections?
8. Yes No Do you have a disciplinary policy and procedure?
9. Yes No Do you hold site safety meetings for field workers & supervisors?
How often? Weekly Biweekly Monthly Daily _____
10. Yes No Do you have special work procedures in place for critical or potentially high hazard jobs?
11. Yes No Do you have Personal Protective Equipment standards in place?
12. Yes No Do you have Emergency Action Plans in place for your worksites?
13. Yes No Do you have Joint Health and Safety Committee meetings?
14. Yes No Do you have a pre-job planning process (JSA, JHA, on-job hazard assessment)?
15. Yes No Do you have an accident and incident reporting system in place?
16. Yes No Do you have a procedure in place to investigate and follow-up on accidents and incidents?
17. Yes No Have you received any OSHA citations in the past 3 years? If yes, provide an attachment describing the outcome of the inspection along with copies of citations received. Provide a description of the actions taken for any open citations.
18. Yes No Do you have a designated Competent Person on the project site?