

CONTRACTOR SAFETY QUESTIONNAIRE



Thank you for your interest in Benham, a Haskell Company. A subcontractor's safety qualifications must be reviewed and approved by the Benham Health & Safety department prior to issuing a subcontract or task order for field work or allowing a lower-tier subcontractor to work on a Benham project site. Contact information for submittal is provided on page 3 of this document.

<input type="checkbox"/> EMR	Status:	To be completed by Benham Health & Safety		
<input type="checkbox"/> OSHA Logs	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved by Waiver _____		
<input type="checkbox"/> Safety Prog	<input type="checkbox"/> Not Approved	Reviewed By: _____ Date: _____		
OSHA Cit Y <input type="checkbox"/> N <input type="checkbox"/>				

Name of Company: _____ Date: _____

Has your company operated under any other names? Yes No

If so, please list: _____

Address: _____ City: _____ State: _____ Zip: _____

Submitted By: _____ Title: _____ Phone#: _____

E-mail Address: _____

NAICS Code: _____
(only 1 code per line please)

Description of services provided: _____

1. List your firm's Worker's Compensation experience modification rates (EMR) for the most current three years (list most current year first). **Please submit a verification letter from your insurance carrier or broker.**

Year	Rate	Policy Number	Carrier/Broker

2. List your company's injury/illness information from OSHA 300/300A forms for the past three years (most current year first). If your company has more than one office/location, provide a summary of all data. **Please submit copies of your OSHA 300A forms signed by a Company Executive as described in CFR 29, 1904.32(b)(4). At a minimum, provide # of employees and # of recordable injuries, regardless of exemption status.**

Categories	Incidence Rates by Year		
Annual average number of employees (from OSHA 300A)			
Total hours worked by all employees in year (from OSHA 300A)			
Total number of fatalities (column G of OSHA 300/300A)			
Total number of days away from work cases (column H of OSHA 300/300A)			
Total number of job transfer or restriction cases (column I of OSHA 300/300A)			
Total number of other recordable cases (column J of OSHA 300/300A)			
Total number of days away from work (column K of OSHA 300/300A)			
Total number of job transfer or restriction days (column L of OSHA 300/300A)			
Total recordable incident rate ((Column G+H+I+J) X 200,000/Total Hrs Worked)			

3. Has your firm been cited by an Occupational Safety & Health or Environmental Enforcement Agency in the last 3 years? **If yes, please attach a description of circumstances and any corrective/remedial actions taken to prevent recurrence.**

Yes No

4. Do you have a written safety program? **If so, please attach a copy of the table of contents.**

Yes No

5. List the employees in your organization who are responsible for developing/implementing your corporate H&S program:

Name	Title
Name	Title

6. Do you have a new employee training program? Yes No

Does it include instructions in the following?

	Yes	No		Yes	No
Company safety policy/rules	<input type="checkbox"/>	<input type="checkbox"/>	Decontamination procedures	<input type="checkbox"/>	<input type="checkbox"/>
Job Hazard Analysis (JHA) / Job Safety Analysis (JSA) / Activity Hazard Analysis (AHA)	<input type="checkbox"/>	<input type="checkbox"/>	Hazard communication/toxic substances	<input type="checkbox"/>	<input type="checkbox"/>
			Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>
Confined space entry	<input type="checkbox"/>	<input type="checkbox"/>	Lockout-tagout	<input type="checkbox"/>	<input type="checkbox"/>
Heavy equipment operation	<input type="checkbox"/>	<input type="checkbox"/>	Fall protection	<input type="checkbox"/>	<input type="checkbox"/>
Health and safety plan requirements	<input type="checkbox"/>	<input type="checkbox"/>	First aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>
Chemical and physical hazard recognition	<input type="checkbox"/>	<input type="checkbox"/>	Drum handling	<input type="checkbox"/>	<input type="checkbox"/>
Emergency response procedures	<input type="checkbox"/>	<input type="checkbox"/>	Drilling hazards	<input type="checkbox"/>	<input type="checkbox"/>
Injury/incident reporting	<input type="checkbox"/>	<input type="checkbox"/>	Hearing conservation	<input type="checkbox"/>	<input type="checkbox"/>
Near incident reporting	<input type="checkbox"/>	<input type="checkbox"/>	Trenching/excavation	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	Hazard identification	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral-based approach	<input type="checkbox"/>	<input type="checkbox"/>
Driving safety	<input type="checkbox"/>	<input type="checkbox"/>	Compliance assurance	<input type="checkbox"/>	<input type="checkbox"/>
Fire protection/hot work	<input type="checkbox"/>	<input type="checkbox"/>	Short service employee	<input type="checkbox"/>	<input type="checkbox"/>

b) Do you provide training in compliance with the OSHA HAZWOPER standard 29 CFR 1910.120(e)? Yes No NA

c) Can you provide documentation of such training, if requested? Yes No

7. Do you have a medical surveillance program as required by 29 CFR 1910.120(f)? Yes No NA

8. Do you have a written drug and alcohol program? Yes No

9. Have you implemented a behavior based safety program? Yes No

10. Do you hold periodic safety meetings for your employees? Yes No

Daily Weekly Bi-weekly Monthly Less often, as needed

11. Do you conduct field safety inspection of work in progress? Yes No

a) If yes, who conducts the inspection? _____

b) How often? _____

12. Do you conduct routine equipment inspections/maintenance on your vehicles including drill rigs, excavators, cranes, etc.? Yes No
- a) If yes, who conducts the inspection? _____
- b) How often? _____
- c) Are the inspections documented? Yes No
13. Do you notify all employees of accidents and precautions related to accidents and near misses? Yes No
- How is this notification accomplished:
- a) Safety meeting? Yes No
If yes, how soon after event? _____
- b) Written notification? Yes No
- c) Are accident reports distributed to management? Yes No
14. Is safety a specific evaluation criterion in the annual performance reviews of employees? Yes No
15. Are you bidding on a job? Yes No
If yes, what job are you bidding on? _____

Note: Subcontractors are responsible for ensuring all of **their** lower tier Subcontractors submit this "Contractor Safety Questionnaire," along with all supporting documentation, prior to beginning work on any Benham job site.

If you have any questions or concerns regarding the information obtained from this form, please contact:

Carolyn Jones
Benham
9400 N Broadway Ext, Ste 300
Oklahoma City, OK 73114
Direct: 405.242.6299
Email: carolyn.jones@benham.com
(Email is the preferred method of delivery)

In addition, we recommend that you select Print Form button once the form is completed to have a copy for your records or to scan the document and email to Benham.

(After selecting submit, please attach verification letter with EMR rates, OSHA 300A logs, and table of contents from written safety program document as requested in Items 1, 2 and 4 above.)