

SUBCONTRACTOR SAFETY QUESTIONNAIRE

Subcontractor Instructions:

- 1 Complete all fields. Failure to do so will result in Subcontractor Safety Status "Not Approved" until a completed form is submitted
- 2 Completed Questionnaire must be submitted with New Contract Request Packet. If the Safety Questionnaire is not received, you contract request WILL NOT BE APPROVED
- 3 Copies of additional required information must be included with the New Contract Request Packet. Your Safety Questionnaire will not be complete until all required information is received by WENCO.

SUBCONTRACTOR INFORMATION

Company Name: _____ Date: _____

Tax/Federal ID#: _____ Has your company operated under any other name in the past 5 years?
_____ Yes, _____ No.

If yes, please list: _____

Street: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Industry description (e.g. construction of buildings, special trade contractor, etc.) _____

North American Industrial Classification (NAICS), (e.g., 336212) _____

Do you have a current BWC compliant Drug Free Safety Program? _____ Yes (Please attach letter or certificate) _____ No.

SUBCONTRACTOR SAFETY INFORMATION

General Safety Statistics

- If OSHA data does not apply NUMBER OF EMPLOYEE HOURS STILL NEEDS TO BE COMPLETED – THIS NUMBER INCLUDES EVERYONE IN THE COMPANY INCLUDING OWNER/OPERATOR.
- Please note the data for questions 1-8 can be found on your annual OSHA Form 300A.

Category	2020	2019	2018
1. Annual average number of employees?			
2. Total hours worked by all employees?			
3. Total number of deaths?			
4. Total number of cases with days away from work?			
5. Total number of cases with job transfer or restriction?			
6. Total number of other recordable cases?			
7. Total number of days away from work?			
8. Total number of days of job transfer or restriction?			
9. Total Recordable Incident Rate (TRIR)?			
10. Ohio BWC Experience Modification Rate (EMR)?			

OSHA CITATIONS

Have you or your company received any citations or fines from OSHA or any other regulatory agency during the last 3 calendar years? **If yes, attach a description and actions taken to prevent the violation from reoccurring.** _____ Yes, _____ No

If yes, how many citations have been received in the past 3 calendar years:

Willful _____ 20 _____ Repeat _____ 20 _____ Serious _____ 20 _____ Other _____ 20 _____
 _____ 20 _____ _____ 20 _____ _____ 20 _____ _____ 20 _____
 _____ 20 _____ _____ 20 _____ _____ 20 _____ _____ 20 _____