



# 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) \_\_\_\_\_

### SUBCONTRACTOR SAFETY Information General Safety Statistics

- If OSHA data does not apply, the 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	2021	2022
1. Annual average number of employees?			
2. Total hours worked by all employees?			
3. Total number of deaths?			
4. Total number of <b>cases</b> with days away from work?			
5. Total number of <b>cases</b> with job transfer or restriction?			
6. Total number of other recordable cases?			
7. Total number of <b>days</b> away from work?			
8. Total number of <b>days</b> 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 _____ 2022	Repeat _____ 2022	Serious _____ 2022	Other _____ 2022
_____ 2021	_____ 2021	_____ 2021	_____ 2021
_____ 2020	_____ 2020	_____ 2020	_____ 2020

Does your company have a Drug Free Safety Program?  Yes  No

Acknowledge that post accident drug testing is required if one of your employees has a lost time accident on WENCO's jobsite.

Yes

Is this business  MBE,  EDGE,  DBE,  WBE,  VBE? (Please check all that apply)

Form Completed by: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_