



Contractor Safety Questionnaire

1. GENERAL INFORMATION

(For consultants/trainers, please complete sections 1 & 2 and sign the last page)

a.

Name of Business (Please print or type and include all names used for business) _____

Address _____

City / State / Zip _____ Area Code – Phone Number _____

b. Type of work your firm specializes in: _____

c. List the states where your firm is licensed to do business: _____

2. INSURANCE INFORMATION

a. Current Experience Modification Rate (EMR): _____

b. Insurance Company Agency (G/L, Auto, Excess/Umbrella & Workers' Compensation)

Name/Contact _____ Address (Include zip code) _____ Telephone No. _____

PROVIDE A STATEMENT FROM YOUR INSURANCE BROKER REGARDING YOUR EMR FOR THE PAST THREE (3) YEARS, ALONG WITH THE CURRENT MODIFIER RATE.

3. TOTAL INCIDENT RATE (TIR) AND LOST WORKDAY INCIDENT RATE (LWDIR)

- A. Number of employee hours worked in the year
- B. Total Number of OSHA recordable cases
- C. Total Number of OSHA recordable cases that resulted in Lost Work Day(s)
- D. Number of Fatalities
- E. Calculate your LWDIR by using the following formula:

$$\frac{\text{Total of Line C (above)} \times 200,000}{\text{Man-hours worked (Line A)}}$$
- F. Calculate your TIR by using the following formula:

$$\frac{\text{Total of Line B (above)} \times 200,000}{\text{Man-hours worked (Line A)}}$$

2 Years Prior	1 Year Prior	Previous Year

4. Have you received any OSHA or state citations in the past three years? List or provide details.	No ___	Yes ___
5. Do you have a written Safety Program?	No ___	Yes ___



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6. Identify the person (name and title) within your company directly responsible for the Safety Program management.		
7. Do you hold Employee "Toolbox" meetings? If Yes, how often? Weekly ____ Biweekly ____ Monthly ____ Less often, ____	No ____	Yes ____
8. Do you conduct and document project safety inspections? If Yes, who conducts these inspections (title)? How often?	No ____	Yes ____
9. Do you require the OSHA 10 or 30-hour course for all supervisors?	No ____	Yes ____

10. TRAINING

Please respond to the following items with "Yes, No or N.A." and understand that all may not apply to you or your operations so a No or N/A answer is not necessarily a disqualification from working at Shaw. (Estimated percentage of employees should reflect the percentage of employees providing labor who have received training).

PROGRAMS/TRAINING	Reference Source	Program is documented and written Yes/No/NA	Estimated % of employees who have received training	Frequency of training for individual employees	Individual employee training documented Yes/No/NA
Asbestos Class IV (awareness)	OSHA 29 CFR 1926-1101				
Asbestos Class III	OSHA 29 CFR 1926-1101				
Asbestos Class I and II	OSHA 29 CFR 1926-1101				
Confined Space Entry	OSHA 29 CFR 1910.146(g)				
Confines Space Rescue	OSHA 29 CFR 1910.146				
Cranes	OSHA 29 CFR 1926				
DOT HM-126f Hazmat Employee	DOT 49 CFR 172.704				
Drug Awareness	DOT 46 CFR 16.401 & 391.119				
Electric Power Gen, Tran, Dist	OSHA CFR 29 1910.269				
Electrical Safety	OSHA CFR 29 CFR 1910.332				
Emergency Response	OSHA 29 CFR 1910.38(a)				
Excavations	OSHA 29 CFR 1926.651				
Excavation Competent Person	OSHA 29 CFR 1926.651				
Fall Protection	OSHA 29 CFR 1926.500				
Fall Protection Competent Person	OSHA 29 CFR 1926.500				
First Aid/CPR	OSHA 29 CFR 1910.151(b)				
Forklifts	OSHA 29 CFR 1910.178(1)				
Hazard Communication	OSHA 29 CFR 1910.120(h)				
Hazpower-Awareness Level	OSHA 20 CFR 1910.120				
Hazpower 8 Hour	OSHA 29 CFR 1910.120				
Hazpower 24 Hour	OSHA 29 CFR 1910.120				
Hazpower 40 Hour	OSHA 29 CFR 1910.120				
Hazpower Supervisor 8 Hours	OSHA 20 CFR 1910.120				



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Hearing Conservation	OSHA 29 CFR 1910.95				
Lead (Worker)	OSHA 29 CFR 1926.62 (T)				
Lead (Supervisor)	See Above				
Lockout/Tagout Authorized Person	OSHA 29 CFR 1910.147 (c)(7)				
Lockout/Tagout Affected Person	See Above				
New Employee Orientation	OSHA 29 CFR 1910.119 (g)(1)				
Personal Protective Equipment	OSHA 29 CFR 1910.132(f)				
Process Safety Management	OSHA 29 CFR 1910.119(g)(1)				
Respiratory Protection	OSHA 29 CFR 1910.134(e)(5)				
Welding and Burning	OSHA 29 CFR 1910.252(a)(2)(xii)(c)				
Scaffolding	OSHA 29 CFR 1926.451				
Scaffolding Competent Person	OSHA 29 CFR 1926.451				

The undersigned hereby represents that the statements, declarations, and answers contained in the foregoing survey are true and correct, and further agrees that any material omission of fact, misstatement, misrepresentation or fraud in the completion of this survey shall serve as grounds for the cancellation of any contract/subcontract that may be awarded to the undersigned by Shaw Industries Group, Inc.

Shaw Industries Group, Inc. is hereby authorized to investigate any portion of information that has been provided.

Completed By: _____

Title: _____

Signed this _____ day of _____ 20 ____

Please return this form to:
 Shaw Industries Group, Inc.
 ATTN: Risk Management
 P.O. Drawer 2128
 Dalton, GA. 30722-2128

Note: If you intend to subcontract any work to others, this form should be completed for each lower-tiered subcontractor.