



SUBCONTRACTOR SAFETY DATA SHEET

Thank you for your interest in working with Peoria Metro Construction, Inc (PMC). PMC is committed to providing a safe workplace for our employees, subcontractors and the general public. To qualify to perform on-site work, a subcontractor's safety data sheet must be reviewed and approved by the PMC Safety Director or Project Manager prior to issuing a subcontract or task order for field work or allowing a lower-tier subcontractor to work on a PMC project site.

COMPANY INFORMATION

Name of Company: _____ Date: _____

Has your company operated under any other names? (circle one) YES NO

If YES, please list: _____

Company Address: _____ City: _____ State: ____ Zip: _____

Submitted by: _____ Title: _____ Phone #: _____

E-mail Address: _____

Description of services provided: _____

SAFETY COORDINATOR

Name of Highest Ranking Safety Person: _____ Title: _____

Phone #: _____ E-mail Address: _____

1. List your company's Worker's Compensation Experience Modification Rates (EMR) for the last three years (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 200/300 forms for the past three (3) 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 200/300 forms signed by a Company Executive as described in CFR 29, 1904.32(b)(4). At a minimum, provide # of employees regardless of exemption status.**

ITEM	DESCRIPTION	20__	20__	20__
A	Total Recordable Incident Rate			
B	Total Number of Fatalities	_____	_____	_____
C	Total Number of Lost Workday Cases	_____	_____	_____
D	Total Number of Restricted Duty Cases	_____	_____	_____
E	Total Number of Other Recordable Cases	_____	_____	_____
F	Total Number of Days Away from Work	_____	_____	_____
G	Total Number of Restricted Duty Days	_____	_____	_____
H	Total Number of Employees			
J	Employee Hours Worked Per Year (if unknown use # of employees x 2080)			

*(A) Rate = (B+C+D+E) x 200,000 / J

SAFETY PROGRAM

1. Does your company have a written Safety and Health Program?	Y	N
2. Does your company have a written Hazard Communication Program?	Y	N
3. Do all new employees complete a safety orientation before performing any work activities?	Y	N
4. Are accident/incident reports received by managers/supervisors?	Y	N
5. Does your company use subcontractors?	Y	N
- If YES, do you qualify based on their ability to address safety, health and environmental requirements?	Y	N
- Do you have a formal Subcontractor Safety Program?	Y	N

PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Does your company require and/or provide the following (circle the appropriate response):

Hard Hats (ANSI-Z89) (29 CFR 1910.135)	N/A	Y	N
Safety Shoes (ANSI-Z41) (29 CFR 1910.136)	N/A	Y	N
Eye Protection (ANSI-Z87) (29 CFR 1910.133)	N/A	Y	N
Hand Protection (29 CFR 1910.132)	N/A	Y	N
Hearing Protection (29 CFR 1910.95)	N/A	Y	N
Fall Protection (29 CFR 1926.500)	N/A	Y	N
Respiratory Protection (29 CFR 1910.134)	N/A	Y	N
Fire Protective Clothing (NFPA 70E)	N/A	Y	N

2. In addition to regulatory required Personal Protective Equipment, what other PPE is required or supplied?

If any, please describe or list: _____

CITATIONS

1. Has your company received any citations from a regulatory agency during the past three (3) years? Y N
 (Includes but not limited to; EPA, OSHA, State OSHA)
 a. If YES, please attach copies/details of associated citations.



SAFETY MEETINGS

- 1. Does your company have scheduled, documented employee safety meetings? Y N
 If YES, how often? _____
- 2. Who conducts the safety meetings? Name / Job Title: _____
- 3. Does your company hold work-site safety meetings? Y N
 If YES, how often? _____
- 4. Who conducts the on-site safety meetings? Name / Job Title: _____

AUDITS

- 1. Does your company have scheduled safety audits? Y N
 If YES, are the safety audits documented and retained? Y N
- 2. Who conducts the safety audit/review? Name / Job Title: _____
 How often do these take place? _____

SUBSTANCE ABUSE SCREENING

- 1. Does your company have a written policy regarding drug screening or testing of employees? Y N
 - a. If YES, indicate the circumstances in which employees are subject to testing (circle those that apply):

EMPLOYMENT	Y	N	POST ACCIDENT	Y	N
RANDOM	Y	N	PERIODIC	Y	N
PROBABLE CAUSE	Y	N	OTHER	Y	N

ACCIDENT/INCIDENT INVESTIGATIONS

1. Does your company have a policy requiring accident/incident reporting?	Y	N
2. Does your company conduct accident/incident investigations?	Y	N
3. Does your company conduct jobsite safety inspections?	Y	N
4. Does your company have a light duty/restricted work policy?	Y	N
5. Does your company conduct documented post accident investigations?	Y	N



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SUB CONTRACTOR CERTIFICATON

Company representative certifying the information provided is accurate:

Name: _____ Title: _____

Signature: _____ Date: _____

GENERAL CONTRACTOR APPROVAL

(To be completed by PMC Corporate Safety and/or Project Manager)

Peoria Metro Construction, Inc. Corporate Safety / Project Manager approval of subcontractor safety program:

Approved: _____ Not Approved: _____

Name: _____ Title: _____

Signature: _____ Date: _____