



Subcontractor Safety Practices and Programs

Company Name: _____

Does your company have a written safety plan?

YES _____

NO _____

Has your company received fines from OSHA within the last 2 years?

YES _____

NO _____

If you answered yes to the above question, please explain:

Do your employees have any of the following safety training?

OSHA 10 Hour: Yes: _____ No: _____

Fall Protection Awareness: Yes: _____ No: _____

Hazard Communication: Yes: _____ No: _____

FirstAid/CPR: Yes: _____ No: _____

Other: _____

Printed Name

Position

Date