

FORM S

SAFETY QUESTIONNAIRE

Project Name: _____

Key Number: _____

Proposer's Name: _____

Principal Participant's/Construction Major Subcontractor's Name:

Respond for each Principal Participant and Construction Major Subcontractor.

1. Provide the following information for the last three years:

Item	[Insert Third Year]	[Insert Second Year]	[Insert Last Year]
Employee hours worked (Do not include non-work time, even though paid)			
Number of lost workday cases			
Number of restricted workday cases			
Number of cases with medical attention only			
Number of fatalities			

2. Are internal accident reports and report summaries sent to management? To what levels and how often?

Position	No	Yes	Monthly	Quarterly	Annually

3. Do you hold site meetings for supervisors? Yes _____ No _____

How Often?

Weekly _____ Bi-Weekly _____ Monthly _____ Less often, as needed _____

4. Do you conduct project safety Inspections? Yes _____ No _____

By whom? _____

How Often?

Weekly _____ Bi-Weekly _____ Monthly _____

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5. Do you have a written safety program? Yes _____ No _____

6. Do you have an orientation program for new hires?

Yes _____ No _____ If yes, what safety items are included?

7. Do you have a program for newly hired or promoted foremen?

Yes _____ No _____ If yes, does it include instruction of the following?

Topic	Yes	No
Safety Work Practices		
Safety Supervision		
On-site Meetings		
Emergency Procedures		
Accident Investigation		
Fire Protection and Prevention		
New Worker Orientation		

8. Do you hold safety meetings which extend to the laborer level?

Yes _____ No _____

How often? Daily ____ Weekly ____ Bi-Weekly ____ Less often, as needed ____

9. For Proposer only, indicate the safety record on the last project to which the indicated Key Personnel were assigned:

Key Person	Total hours worked by all employees on project	Number of lost workday cases on project	Number of restricted workday cases on project	Number of cases with medical attention only on project	Number of fatalities on project
Project Manager					

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WORK ZONE SAFETY

1. Do you keep track of Work Zone Accidents? (Y/N) _____
2. If Yes, Please provide:
 - a. Number of Accidents (non-alcoholic), last 3-years _____ from ____ Projects
 - b. Loss of Life Number (non-alcoholic), last 3-years _____ from ____ Projects
3. Does your weekly safety meeting include lessons learned and improvements to Work Zone Safety? (Y/N) _____
 - a. If Yes, provide a sample of Meeting Minutes that address Work Zone discussion. The sample should have name of project, location, and date.
4. How do your Safety Plans address Work Zone Safety?
 - a. Provide sample table of contents from a transportation project.
5. What mitigation measures or improvements have been made to minimize traffic congestion and delays? (List 3)
 - a. _____
 - b. _____
 - c. _____
6. Over the last 3 years, what five (5) top improvements have you employed to Work Zone Safety:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____