

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 _____

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

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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 in any 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					

WORK ZONE SAFETY

1. Do you keep track of Work Zone Accidents? Yes _____ No _____

2. If Yes, please provide:

(a) Number of Accidents (non-alcoholic), last 3-years _____ from _____ Projects

(1) Of the above accidents, how many were designated in accordance with OSHA standards as under your control, last 3-years _____ from _____ Projects.

Attach an explanation of each such accident.

(b) Loss of Life Number (non-alcoholic), last 3-years _____ from _____ Projects

(1) Of those listed in (b), how many were designated in accordance with OSHA standards as resulting from actions under your control, last 3-years _____ from _____ Projects.

Attach an explanation of each such incidents.

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3. Does your weekly safety meeting include lessons learned and improvements to Work Zone Safety? Yes _____ No_____

(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 you made to minimize traffic congestion and delays? (List 3)

(1) _____

(2) _____

(3) _____

6. Over the last three (3) years, what five (5) top improvements have you employed to Work Zone Safety:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____