**Safety Information**

## OSHA Form 300A must be attached

**Project Name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your company have a written safety policy? Yes [ ] No [ ]**

**Does your company have a substance abuse policy: Yes [ ] No [ ]**

|  |  |  |
| --- | --- | --- |
| **Do you preform drug testing on employees?** | **Yes [ ] No [ ]** |  |
| **Do you hold regular site safety training?** | **Yes [ ] No [ ].** |  |
| **Is your field team OSHA certified?** | **Yes [ ] No [ ]** |  |
| **Do you hold regular site safety meetings?** | **Yes [ ] No [ ].** |  |
| **Do you preform safety inspections of machines tools?** | **Yes [ ] No [ ]** |

**Who is responsible for safety within your company? \_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you received any OSHA violations in the past 3 years? Yes [ ] No [ ]**

**(If Yes, explain:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the procedure for employees who do not follow safety policy?**

**(Please explain:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**References**

1. **Company Name:**

**Type of work performed:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact:** |  |  | **Email Address:** |
| **Address:** |  |  |  |
| **City:** | **State:** | **Zip:** | **Telephone No.:** |
| 1. **Company Name:** |  |  |  |
| **Type of work performed:** |  |  |  |
| **Contact:** |  |  | **Email Address:** |
| **Address:** |  |  |  |
| **City:** | **State:** | **Zip:** | **Telephone No.:** |

**Acknowledgement:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_certify that the statements and information provided herein, including attached documents, are complete, true and correct to the best of my knowledge. I understand that falsification and or willful omission of information will be sufficient cause for disqualification and removal off jobsite.

This prequalification questionnaire must be signed by an authorized representative of the company.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_