

Maine Department of Transportation
Safety Supplemental

CONTRACTOR SAFETY QUESTIONNAIRE

Company Name _____

- A. Our contracts require that your company meet certain requirements related to safety achievements. Using your OSHA 300 recordkeeping forms and statements provided by your insurance, please provide the following for the immediate past (3) three years:

Year	20__	20__	20__
1. Workers' compensation *EMR (interstate)	_____	_____	_____
2. Total employee hours worked (May be obtained from OSHA form 300A)	_____	_____	_____
3. Total number of cases (columns G, H, I, J from the OSHA form 300)	_____	_____	_____
4. Total lost work day cases (column H from the OSHA form 300)	_____	_____	_____
5. Total number of cases with job transfer or restriction (column I from OSHA form 300)	_____	_____	_____
6. **TCIR (item #3 above x 200,000/ #2 above)	_____	_____	_____
7. *** TLWDI (#4 above x 200,000/ #2 above)	_____	_____	_____
8. Total fatalities (column G taken off the OSHA form	_____	_____	_____

*EMR= Experience Modification Rate

**TCIR= Total Case Incidents

***TWDI= Total Lost Work Day Incidents

- B. Has your company sustained any work-related fatalities during the past (3) three years?

Yes ☐ No ☐

If yes, please provide full details of each fatality by attachment, include corrective actions identified and implemented to prevent reoccurrence.

- C. State to whom and how often incident/accident report summaries are distributed.

	Monthly	Quarterly	Annually	No
CEO	_____	_____	_____	_____
President	_____	_____	_____	_____
Manager of Construction	_____	_____	_____	_____
Site Managers	_____	_____	_____	_____

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- D. Has your company received an OSHA (or state OSHA) citation within the last 5 years?

Yes ☐ No ☐

If yes, provide the number and type of violation?

- E. Are on site safety meetings conducted for field supervisors?

Yes ☐ No ☐

If yes, how often

- F. Does your company have a safety officer/department?

Yes ☐ No ☐

If yes,

Name:

Title:

Telephone/Cell Phone #

Email: _____

- G. Does your company conduct field safety inspections to determine compliance with applicable regulatory standards and company procedures?

Yes ☐ No ☐

If yes, who conducts these inspections?

Name

Title

How Often?

- H. Does your company have a written Safety and Health Policies, Program, and Procedure manual?

Yes ☐ No ☐

If yes, please provide electronic copy (CD, USB Flash Drive or e-mail attachment) for review.

- I. Has your company developed any job/site-specific policies and procedures manuals?

Yes ☐ No ☐

If yes, please provide electronic copy (CD, USB Flash Drive or e-mail attachment) for review.

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- J. Has your company developed and utilized an orientation program for new employees? New employees would include those persons who are new to each specific location.

Yes ☐ No ☐

If yes, does it include instruction and/or training in the following areas?

	Yes	No
1. Personnel Protection Equipment	☐	☐
2. Eye Protection	☐	☐
3. Hearing Protection	☐	☐
4. Respiratory Protection	☐	☐
5. Fall Protection/Prevention	☐	☐
6. Silica Exposure Control	☐	☐
7. Lead Exposure Control	☐	☐
8. Scaffolds/ Ladders/Aerial Lifts	☐	☐
9. Working over or near Water	☐	☐
10. Hot Work - Welding & Cutting	☐	☐
11. Hand & Power Tool Safety	☐	☐
12. Perimeter Guarding	☐	☐
13. Fire Protection	☐	☐
14. Emergency Response	☐	☐
15. First Aid Procedures	☐	☐
16. Hazard Communications, as per OSHA 1910.1200, including Safety Data Sheets (SDS)	☐	☐
17. Electrical Safety	☐	☐
18. Lock-Out/Tag-Out Procedures	☐	☐
19. Trenching and Excavation	☐	☐
20. Substance Abuse	☐	☐
21. Rigging and Crane Safety	☐	☐
22. Confined Spaces	☐	☐
23. Work Zone Safety	☐	☐
24. Traffic Control (MUTCD)	☐	☐
25. COVID-19 Response and Procedures	☐	☐

- K. Does your company have a formal Hazardous Communication program as per OSHA 1926.59 (1910.1200)?

Yes ☐ No ☐

Please provide in its entirety (note: 1910.1200 was updated in 2013 and must include the Global Harmonization Standard).

- L. Does your company have a foreman-supervisor's training program?

Yes ☐ No ☐

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If yes, does it include instruction and/or training in the following areas?

	Yes	No
1. New Work/Work Site Orientation	☐	☐
2. First Aid	☐	☐
3. Emergency Response Procedures	☐	☐
4. Incident Investigation	☐	☐
5. Hazard Communication	☐	☐
6. Fire Protection and Prevention	☐	☐
7. Conducting Craft Safety Meetings	☐	☐
8. Safety Work Practices	☐	☐
9. Job Safety/Hazard Analysis	☐	☐
10. Where applicable, are foremen trained in Process Safety Management requirements as state in OSHA 1910.119?	☐	☐

M. Are weekly craft safety meetings held? If yes, submit a sample of meeting notes

Yes ☐ No ☐

N. Do you hire subcontractors?

Yes ☐ No ☐

Do you use a subcontractor prequalification process?

If yes, please attach method used to qualify lower-tier subcontractors.

Yes ☐ No ☐

O. Have you had an incident in the past three years that caused over \$50,000 in property damage?

Yes ☐ No ☐

If YES, please provide full details of each such incident by attachment.

It is imperative that all contractors, subcontractors, and lower-tier contractors adhere to all applicable Federal, State, Local, and client safety rules and regulations.

Please print and sign below. Either mail to Contracts Section, Maine Department of Transportation, 16 SHS, Child St., Augusta, ME 04333-0016 or Fax to 207-624-3431, Attn: Prequalification Section or send by email to contractor.prequal@maine.gov .

Title:

Date:

Sign: