



# Subcontractor Prequalification Form Sample #1

Name of Subcontractor: \_\_\_\_\_

1. Check your type of work:
  - General Construction \_\_\_\_\_
  - Carpentry \_\_\_\_\_
  - Plumbing, Heating, Air Conditioning \_\_\_\_\_
  - Electrical \_\_\_\_\_
  - Fire Protection \_\_\_\_\_
  - Maintenance, General \_\_\_\_\_
  - Other \_\_\_\_\_
  
2. Please use your last year's OSHA No.300 Log to fill in:  
 Number of injuries and illnesses:
  - a) Number of lost workday cases \_\_\_\_\_
  - b) Number of restricted work \_\_\_\_\_
  - c) Number of cases with medical attention only \_\_\_\_\_
  - d) Number of fatalities \_\_\_\_\_
  
3. Employee hours worked last year (do not include any non-work time, even though paid). \_\_\_\_\_
  
4. List your firm's Insurance Experience Modification Rate for the three most recent years.
  - Year: \_\_\_\_\_ Mod: \_\_\_\_\_
  - Year: \_\_\_\_\_ Mod: \_\_\_\_\_
  - Year: \_\_\_\_\_ Mod: \_\_\_\_\_
  
5. Do you have a written safety program? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, provide a copy.
  
6. Do you hold site safety meetings for field supervisors? Yes \_\_\_\_\_ No \_\_\_\_\_  
 How often?  
 Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
 Bi-weekly \_\_\_\_\_ Less often, as needed \_\_\_\_\_
  
7. Do you hold craft "toolbox" safety meetings? Yes \_\_\_\_\_ No \_\_\_\_\_  
 How often?  
 Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
 Bi-weekly \_\_\_\_\_ Less often, as needed \_\_\_\_\_
  
8. Do you conduct project safety inspections? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, who conducts this inspection (title)? \_\_\_\_\_  
 How often? \_\_\_\_\_



9. Do you have a program for newly hired or promoted foremen? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does it include instruction on the following:

	<u>Yes</u>	<u>No</u>
A. Safe work practices	_____	_____
B. Safety supervision	_____	_____
C. Toolbox meetings	_____	_____
D. Emergency procedures	_____	_____
E. First aid procedures	_____	_____
F. Accident investigation	_____	_____
G. Fire protection and prevention	_____	_____
H. New work orientation	_____	_____

10. Do you have an orientation program for newly hired employees? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does it include instruction on the following?

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Head protection	_____	_____	_____
B. Eye protection	_____	_____	_____
C. Hearing protection	_____	_____	_____
D. Respiratory protection	_____	_____	_____
1. Are employees fit tested?	_____	_____	_____
2. Medically cleared?	_____	_____	_____
E. Safety belts and lifelines	_____	_____	_____
F. Scaffolding	_____	_____	_____
G. Perimeter guarding	_____	_____	_____
H. Housekeeping	_____	_____	_____
I. Fire protection	_____	_____	_____
J. First-aid facilities	_____	_____	_____
K. Emergency procedures	_____	_____	_____
L. Hazard communication	_____	_____	_____
N. Trenching and excavation	_____	_____	_____
N. Signs, barricades, flagging	_____	_____	_____
O. Electrical safety	_____	_____	_____
P. Rigging and crane safety	_____	_____	_____
Q. Confined space entry	_____	_____	_____
R. Lock-out	_____	_____	_____
S. Hot work	_____	_____	_____
T. Fork lifts	_____	_____	_____
U. Hydroblasting	_____	_____	_____

Who does the training? \_\_\_\_\_

11. Are licenses or certificates required for any work performed? Yes \_\_\_\_\_ No \_\_\_\_\_

A. Do employees possess these licenses? Yes \_\_\_\_\_ No \_\_\_\_\_

12. List key personnel planned for this project. Please list names and expected positions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



13. Are accident reports (OSHA 200) and report summaries sent to the President of Firm?

Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby certify that the information provided in this questionnaire is accurate to the best of my knowledge.**

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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