



Sub-Contractor Prequalification Form

Company Name:	
Company Address:	
Point of Contact:	
Phone Number:	
Primary NAICS #	

1. List your company's Work Comp EMR (Experience Modification Rate) for last three years;

Year	EMR
20	
20	
20	

2. List your company's accident data from OSHA 300 Log;

	Year	20	20	20
A. Number of OSHA recordables: (Column G, H, I & J).				
B. Number of cases w/ Days Away & Job Transfer/Restricted: (Column H & I).				
C. Number of Fatalities: (Column G).				
D. Number of Hours Worked:				
RIR (Recordable Incident Rate): Total from Line A X 200,000 / Number of Hours Worked.				
DART (Incident Rate for Days Away, Restricted or Transferred): Total from Line B X 200,000 / Number of Hours Worked.				

3. Has your company had any OSHA citations within last 3 years?

If YES, list date & description of citation;

	YES	NO
4. Do you have a written safety program?		
5. Do you have a written substance abuse program?		
6. Are your employees properly trained in accordance with OSHA?		
7. Do you have a "QUALIFIED" person responsible for safety?		

Completed By:	Signature:	Date Completed:
Safety Representative:	Signature:	Date Reviewed: