

Figure 5.3
Subcontractor Prequalification Scorecard
Camp Stanley Storage Activity Project Safety Plan

Subcontractor _____ Date _____

Project/Task Order No. _____

Representative Signature & Title _____

HEALTH and SAFETY

Please answer the following questions.

1. ___ Yes ___ No Do you have a written safety program? If yes, provide a copy of the table of contents and a copy of your firm's policy statement.
2. ___ Yes ___ No Do your safety procedures comply with government agency requirements? If yes, provide name of agency/agencies.
3. ___ Yes ___ No Do you require and use site-specific safety plans?
4. ___ Yes ___ No Does your worker's compensation carrier provide site audits on a regular basis?
5. ___ Yes ___ No Does your company have a written drug/substance abuse policy?
6. ___ Yes ___ No Do you have an orientation program for new hires?
7. ___ Yes ___ No If you have an orientation program for new hires, does it include subcontractors?
8. ___ Yes ___ No Do you require subcontractors to submit safety plans?
9. ___ Yes ___ No Do you hold site safety meetings for field supervisors?
 How often? Weekly ___ Biweekly ___ Monthly ___ Daily _____
10. ___ Yes ___ No Do you hold craft toolbox safety meetings?
 How often? Weekly ___ Biweekly ___ Monthly ___ Daily ___
11. ___ Yes ___ No Have you been inspected by OSHA or received any OSHA citations in the past 3 years? If yes, provide an attachment describing the outcome of the inspection along with copies of citations received. Provide a description of the actions taken to abate the citations as an attachment to this application. Respond to any open citations shown on the OSHA website (www.osha.gov).
12. Identify below by name, phone number, and title the person in your firm directly responsible for the firm's Safety Program management and attach a copy of his or her resume to this application.

Subcontractor Prequalification Scorecard (Contd)

Date: _____

13. How do you conduct project safety inspections, and how often are they performed?

14. Describe your firm's program to motivate, encourage, and monitor safe work performance.

OSHA INFORMATION:

*Please use your OSHA 200 Log and/or 300 Log to fill in the number of injuries and illnesses for the last 3 years				Total employee hours worked in the last 3 years (do not include any non-work time, even though paid)	
Year	1	2	3	Year	Hours (B)
				1	_____
				2	_____
				3	_____
Number of lost/restricted workday cases (Totals OSHA 200 Log, columns 2 and 9; Totals OSHA 300 Log, columns K and L).	_____	_____	_____	Recordable Injury Frequency Rate	
Number of recordable cases without restricted activity or lost workdays (Totals OSHA 200 Log, columns 6 and 13; Totals OSHA 300 Log, column I and J).	+ _____	_____	_____	Multiply total for each year (A) x 200,000 and divide by total employee hours for that year (B)	
				$\frac{A \times 200,000}{B}$	
				Year	Rate
				1	_____
				2	_____
				3	_____
Number of fatalities (Totals OSHA 200 Log, columns 1 and 8; Totals OSHA 300 Log column G).	+ _____	_____	_____	Experience Modification Rate (EMR)	
Total OSHA Log (A)	_____	_____	_____	Policy Year	EMR
				1	_____
				2	_____
				3	_____

Are the following accident records and accident summaries kept? How often are they recorded?

	No	Yes	Monthly	Annually
Accidents totaled for the entire company	_____	_____	_____	_____
Accidents totaled by project	_____	_____	_____	_____

The Applicant shall maintain records of such evaluations and make them available for review and approval of Parsons representatives at all reasonable times should Applicant be awarded a contract based on this application.

By submitting this application, the Applicant agrees to use the above criteria and this form when selecting lower tier subcontractors.

Subcontractor _____ **Task Order** _____