

Sub-Contractor Safety Evaluation



Contractor: _____ **Date:** _____
Address: _____ **Name:** _____
 _____ **Title:** _____
Telephone Number: _____ **Signature:** _____

Copperrock Construction is committed to working with safe contractors. Copperrock Construction has established a "PASS/FAIL" criteria to help find contractors with effective safety programs.

Before your organization will be allowed to work at a Copperrock site, your safety performance will be compared to the criteria specified below. If your performance does not "pass", Copperrock can utilize your company only on an exceptional basis. An explanation of our "PASS/FAIL" criteria is provided.

Please provide the following information

- 1). Copy of your organizations health & safety program (Safety manual)
- 2). Worker's Compensation Insurance-Experience Modification Rate (EMR) letter.
- 3). Please record your EMR for the last three (3) rating periods.

| | Effective Dates | Modification Rates |
|---------------------|-----------------|--------------------|
| Current Policy Year | | |
| 1 year previously | | |
| 2 year previously | | |

- 4). Furnish a copy of your organization's OSHA 300 log for the last three (3) years.

- 5). Do you hold safety meetings for:

| | YES | NO | Frequency |
|-------------------|-----|----|-----------|
| Field Supervisors | | | |
| Employees | | | |
| New Hires | | | |
| Subcontractors | | | |

Copperrock Official Use Only:

Date: _____

Approved: Yes No

Reason for Disapproval: _____

Initials: _____

- 6). Do you conduct job safety inspections? Yes No