

## SUBCONTRACTOR QUESTIONNAIRE

Business Name:

Contractor's Name:

Physical Business Address:

Mailing Address: *(if different than business address)*

Phone #:

Fax #:

After Hours #:

License #:

Tax ID #:

Corporation?      YES      NO  
*(circle one)*

### SAFETY QUESTIONS

1. Is your OSHA 300 log maintained for the entire company or by project?

2. Do you have a written Injury and Illness prevention program?

*(circle one)*              YES      NO

*If yes, please include a copy.*

3. Do you have a written hazard communication program?

*(circle one)*              YES      NO

*If yes, please include a copy.*

4. Do you conduct job safety and health training?

*(circle one)*              YES      NO

*If yes, who conduct them and how often?*

5. Do foreman, supervisors and other management receive safety and health training?

*(circle one)*              YES      NO

*If yes, who conducts it and how often?*

6. Who conducts accident investigations?

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