

Contractors Safety Supplemental	
Do you have a formal safety program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a person responsible for safety (if so, name & title)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there pre-planning meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a site safety inspection performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are written records maintained of safety activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an accident reporting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a drug & alcohol testing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No