Pre-Qualifed Electrical Contractor Safety Questionnaire

Company Name: _____

Contact Name: _____

Phone: _____

Please use your (2025) OSHA 300 Log to complete the following information:

Number of non-disabling accidents	_____
Number of lost workday accidents	_____
Number of fatalities	_____
Your company's lost time incident rate	_____
Average number of employees in your company last year	_____
Highest number of employees at any one time last year	_____
Employee hours worked last year	_____

Your company's Worker's Compensation Experience Modification Rate for:

2025 _____ 2024 _____ 2023 _____

The following questions address your safety program:

Does your company have an accident prevention program/manual that includes an emergency action plan?	☐Yes ☐No
If so, is it project or site specific?	☐Project ☐Site
Does your company have a formal policy concerning safety?	☐Yes ☐No
If requested, may we obtain a copy of the policy?	☐Yes ☐No
Does your company have safety person/officer?	☐Yes ☐No
If so, where is this person located?	☐On-site ☐Office
What percentage of the time does this person spend on safety?	_____%
Does your company conduct on-site safety inspections?	☐Yes ☐No
If so, how often?	_____/mo
Does your company hold craft "tool box" safety meetings?	
If so, how often are they held?	_____/mo

Pre-Qualifed Electrical Contractor Safety Questionnaire

The following questions concern employee training and programs:

Does your company have an orientation program for new hires?	☐Yes	☐No
Do you have a training program for newly hired or promoted foremen?	☐Yes	☐No
Are your employees trained in First Aid and CPR?	☐Yes	☐No
How often is updated training offered?	_____/year	
What percentage of employees are trained?	_____%	
Do you have a written program for bloodborne pathogens?	☐Yes	☐No
Do you have a substance abuse program	☐Yes	☐No
Does your company conduct drug testing?	☐Yes	☐No
Do all employees have a valid driver's license and a Commercial Driver License when required?	☐Yes	☐No

Who is responsible for training?

Name: _____

Position: _____

Phone: _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Company Name: _____

Phone/Cell Phone: _____

Email: _____