LANGAN Subcontractor Information Form

1. Company Information

Company Name: _____		Federal Tax ID #: _____
Mailing Address: _____		
City: _____	State: __	Zip Code: _____
Phone: _____	Fax: _____	Web Site: _____

2. General Information

2.1 North American Industry Classification Code (NAICS): _____

2.2 In which states do you do business? _____

2.3 Type of work: _____

3. Health & Safety Program

3.1 Identify person directly responsible for the Health & Safety Program at your company.

Name: _____	Title: _____	
Email: _____	Phone: _____	Fax: _____

3.2 **Workers Compensation Experience Modification Rates (EMR)**: Provide below information:

State/Interstate: _____ ; EMR for the last three years: 2018/ _____ 2017 / _____ 2016/ _____

☐ *Do not have an EMR.*

3.3 **Summary of Incidents / Injuries**: Provide the following data regarding illnesses and injuries. (If maintained, information can be taken from OSHA 300 Forms.)

Are OSHA 300/300A logs for work-related injuries/illnesses maintained for company? Yes ☐ No ☐

Number of Incident / Injuries that resulted in: (Column on OSHA Log)	2018	2017	2016	**Current YTD**
Death* (*Column G*) (*Provide description on separate page.*)	_____	_____	_____	_____
Days Away from Work *(Column H)*	_____	_____	_____	_____
Job Transfer / Restriction *(Column I)*	_____	_____	_____	_____
Treatment exceeded First Aid *(Column J)*	_____	_____	_____	_____
Total Incidents *(Column G + H + I + J)*	_____	_____	_____	_____
Total Employee Hours Worked	_____	_____	_____	_____

3.4 Do you have a written Health & Safety Program? Yes ☐ No ☐

3.5 Do you conduct health and safety inspections? Yes ☐ No ☐

Are the inspections documented Yes ☐ No ☐

Are deficiencies and corrections documented? Yes ☐ No ☐

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3.6 Do your employees have documented training in the following:

- Hazard Communication Yes ☐ No ☐ How Often:_____
- Respiratory Protection Yes ☐ No ☐ How Often:_____
- PPE Yes ☐ No ☐ How Often:_____
- Hearing Conservation Yes ☐ No ☐ How Often:_____
- HAZWOPER Yes ☐ No ☐ How Often:_____
- Confined Space Entry Yes ☐ No ☐ How Often:_____
- Fall Protection Yes ☐ No ☐ How Often:_____
- Scaffolding Yes ☐ No ☐ How Often:_____
- Excavations Yes ☐ No ☐ How Often:_____

3.7 Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?

Yes ☐ No ☐

3.8 Do you hold site health and safety meetings for employees: Yes ☐ No ☐

If "Yes", are the meetings held: Daily ☐ Weekly ☐ Monthly ☐ Other: _____

Are the meetings documented? Yes ☐ No ☐

3.9 Do you have a substance abuse program? Yes ☐ No ☐

If yes, indicate whether it includes the following:

- Pre-employment Testing Yes ☐ No ☐
- Random Testing Yes ☐ No ☐
- Testing for Cause Yes ☐ No ☐
- Post-Accident Testing Yes ☐ No ☐
- DOT Testing Yes ☐ No ☐

4. Additional Documentation Required – Provide copies of the following:

- OSHA 300 Logs and 300A Summary for the last 3 years;
- EMR documentation from your insurance carrier for the last 3 years; and
- Copies of any regulatory (EPA, OSHA, etc.) civil or criminal citations that occurred in the last three years or a summary describing the incident(s) and how it was resolved.

5. Certification

I certify, to the best of my knowledge, the information provided above is accurate and correct.

Name: _____	Signature: _____.
Date: _____	Phone: _____

Completed form is to be faxed or emailed to the attention of:

Tony Moffa, Associate/Corporate H&S Manager; Langan
P.O. Box #1569, Doylestown, PA 18901
Phone: (215) 491-6500; Fax: (215) 491-6501; Email: tmoffa@langan.com