

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: <u>2016</u> / _____ <u>2015</u> / _____ <u>2014</u> / _____ <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>				
Number of Incident / Injuries that resulted in: (Column on OSHA Log)	2016	2015	2014	Current YTD
Death* (Column G) <i>(Provide description on separate page.)</i>	_____	_____	_____	_____
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 <input type="checkbox"/>	No <input type="checkbox"/>
3.5 Do you conduct health and safety inspections?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the inspections documented			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are deficiencies and corrections documented?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

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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