

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: 2020/ _____ 2019/ _____ 2018/ _____ <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)	2020	2019	2018	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 <input type="checkbox"/> | No <input type="checkbox"/> | How Often: _____ |
| • Respiratory Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> | How Often: _____ |
| • PPE | Yes <input type="checkbox"/> | No <input type="checkbox"/> | How Often: _____ |
| • Hearing Conservation | Yes <input type="checkbox"/> | No <input type="checkbox"/> | How Often: _____ |
| • HAZWOPER | Yes <input type="checkbox"/> | No <input type="checkbox"/> | How Often: _____ |
| • Confined Space Entry | Yes <input type="checkbox"/> | No <input type="checkbox"/> | How Often: _____ |
| • Fall Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> | How Often: _____ |
| • Scaffolding | Yes <input type="checkbox"/> | No <input type="checkbox"/> | How Often: _____ |
| • Excavations | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| • Random Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Testing for Cause | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Post-Accident Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • DOT Testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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*