



1. All Subcontractors must fill out our Subcontractor/Vendor Evaluation form and submit to our office with all attachments*. Subcontractors will be prequalified by reviewing their safety programs, safety training documents and statistics. If the Subcontractor/Vendor fails to meet the requirements, they will be re-evaluated and inspected on a monthly basis until requirements are met in the following year.
2. Subcontractors will be required to pass certain safety metrics in order to work for SECC. We will accept the following:
 - TRIR- 5 or below
 - EMR- 140 or below
 - DART- 5 or below
 - FATALITY RATE- 0
3. After a job is completed the project manager and/or superintendent will review that job's Monthly Safety / Quality Observation Report and the Sub-Contractor Performance Checklist to determine if the subcontractor will be eligible to continue working as a subcontractor for our company.
4. It is mandatory that subcontractors attend/participate in pre-job or kick-off meetings, safety orientations and tailgate safety meetings. Subcontractors will also be required to supply us with copies of weekly site safety meetings if applicable.

*Required Attachments

OSHA 300 A

Safety Programs

Letter in good standing from Union if applicable



Subcontractor – Service Vendor Evaluation

Subcontractors shall complete this form and submit it to our Safety Director. The information will be reviewed as part of the prequalification/evaluation criteria. Provide the requested information completely to facilitate our review and evaluation. If you need more space to answer, please attach a separate page.

GENERAL INFORMATION			
Name:		Contact:	Phone Number:
Scope of Work:		Project:	
Project Manager:		Subcontractor/Service Agreement #:	
SAFETY CONSIDERATIONS			
Does your company document safety procedures, training, meetings and inspections?			Yes ___ No ___
Does your company have a DOT drug plan or DOT Op Qual. program.			Yes ___ No ___
Experience Modification Rate (EMR) last 3 years: Year ___ EMR ___ Year ___ EMR ___ Year ___ EMR ___			
If any year is over 140% please explain using a separate sheet of paper.			
Use your OSHA 300 logs to record the number of injuries, illnesses and fatalities for the last three years.			
	YEAR	_____	_____
*Number of fatalities			
Days away incident rate			
OSHA recordable incident rate			
The following formula is used for calculating the Days Away Incident Rate:		-	$\frac{\text{Number of Days Away Cases} \times 200,000}{\text{Number of Hours Worked}}$
The following formula is used for calculating the OSHA Recordable Incident Rate:		-	$\frac{\text{Number of OSHA Recordable Cases} \times 200,000}{\text{Number of Hours Worked}}$
Attach a copy of your OSHA Form 300A for the last three years.			
*If the answer is more than "0", provide a written explanation of any fatalities and what corrective measures have been put into place to prevent future incidents.			
SAFETY IN THE FIELD			
You will be required to attend any pre-job safety meetings.		Attach your current safety training log for all employees.	
You will have your site employees attend any required site orientation or special safety training classes.		Your employees if on site will be required to attend our weekly safety meetings.	
You will be required to supply us with copies of your weekly site safety meetings and hazard assessments/inspections.			
RISK TRANSFER CONSIDERATIONS			
Insurance Company:		Policy Expiration Date(s) ___/___/___	
Certificates of Insurance Current (attached)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Named Additional Insured Status? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Limits of Liability \$_____ (Min. \$500K?)		Favorable Hold Harmless Agreements <input type="checkbox"/> Yes <input type="checkbox"/> No	
UNION AFFILIATIONS			
<input type="checkbox"/> Carpenters	<input type="checkbox"/> Iron Workers	<input type="checkbox"/> Pipefitters	
<input type="checkbox"/> Cement Masons	<input type="checkbox"/> Laborers	<input type="checkbox"/> Teamsters	
<input type="checkbox"/> Electricians	<input type="checkbox"/> Operating Engineers	<input type="checkbox"/> Other _____	
Letters of Good Standing with Unions (attach) <input type="checkbox"/> Yes <input type="checkbox"/> No		If no explain:	
ADDITIONAL COMMENTS			

I acknowledge and confirm that the undersigned is an authorized representative of the above named company and to the best of my knowledge the information is complete and accurate.

Authorized Company Representative (Print Name and Signature)

Date Completed