



Contractor _____

DATE: _____

All Contractors who perform work at any S&W Ready Mixed Concrete Location must complete this document.

HAVE YOU EVER PARTICIPATED IN ANY OSHA CONSULTATIVE SERVICES? yes / no Dates: _____

	2006	2007	2008	2009
OSHA Recordables				
# of Lost Workday Cases				
Total Days Away				
# of Restricted Duty Cases				
Total Restricted Duty Days				
Number of Fatalities*				

	2007	2008	2009
INCIDENT RATE			
LOST TIME IR			

Total EE Hours				
Mod Rate (EMR)				

Safety Contact: _____

Telephone: _____

Email: _____

*Fatality Descriptions:

Documents Needed:

- Drug & Alcohol Policy
- A letter stating you have a written Safety Program with requirements equal to or better than Federal or State OSHA with an emphasis on the following programs:

Lockout / Tagout	Confined Space Entry	Hazcom	Emergency Response	Personal Protective Equip					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A letter stating you have provided your employees safety training regarding the listed written Safety Programs
- Updated certificate of Insurance
- Signed 'Notice of Insurance Requirements and Contractor's Responsibility Agreement'