

**Daniels & Daniels Construction Company, Inc.**  
Contractor Safety Worksheet

Organization Name \_\_\_\_\_ Contracted Project Name \_\_\_\_\_

D&D will use the following survey to determine your organization's level of compliance with safety & health-related requirements. This survey will establish a safety program baseline within your organization. D&D will use this information to reinforce and build upon that foundation. This process will also assist in bridging safety program gaps between D&D and your organization, resulting in a mutually beneficial relationship. Just "Checking Yes" defeats the purpose of this exercise. Using this worksheet, please answer all questions accurately and truthfully. Tiered contractors must also complete a worksheet.

1. Is your organization committed to providing a workplace free from serious recognized hazards and complying with standards, rules, and regulations issued under the OSH Act?  
Yes ☐ No ☐
2. Does your organization examine and document workplace conditions to ensure they conform to applicable OSHA standards? (site inspections)  
Yes ☐ No ☐
3. Does your organization ensure employees have safe tools, equipment, and PPE and properly maintain this equipment?  
Yes ☐ No ☐
4. Does your organization have a safety & health manual?  
Yes ☐ No ☐
5. Does your organization provide all safety & health training required by OSHA and training required by your specific scope of work? (i.e., fall protection, first aid, OSHA 10/30, scaffolding, tool & equipment operation, PPE, trench/excavation, rigging, load handling, cranes, task-specific, focus four, fire protection (hot work), electrical, ladders, confined space, etc.)  
Yes ☐ No ☐
6. Does your organization have a written Hazard Communication program and maintain current SDS sheets for employees?  
Yes ☐ No ☐
7. For organizations with over ten employees. Does your organization maintain OSHA 300 logs?  
Yes ☐ No ☐ NA ☐

An officer of the company must sign this Document. By signing this document, I attest that all information provided is truthful and accurate and that our organization will do our due diligence to maintain compliance with all applicable OSHA regulations and D&D requirements.

Signee Name (Print) \_\_\_\_\_ Signee Name (Signature) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_