

**SUBCONTRACTOR  
ANNUAL  
UPDATE**





# Hubbard & Drake Safety Assurance Program Form HD-CQ1 Annual Update

## Sub-Contractor Annual Update

Company Name \_\_\_\_\_

Mailing Address:

Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (        ) \_\_\_\_\_ - \_\_\_\_\_

(1) Have you added or updated a Safety Policy Manual in the past year? (  ) Yes (  ) No

(2) Have you added or updated a Safety Training Program? (  ) Yes (  ) No

(3) Does your company conduct safety meetings? (  ) Yes (  ) No

(4) Does your company have an accident investigation procedure? (  ) Yes (  ) No

(5) What is your Recordable Incidence Rate (RIR) for the previous year: \_\_\_\_\_

(6) What is your Experience Modification Rate (EMR) for the previous year: \_\_\_\_\_

(7) Has OSHA issued any citations to you in the last year? (  ) Yes (  ) No

(8) Does your company have a Drug and Alcohol Policy? (  ) Yes (  ) No

(9) Does your company have a Random Drug Screening Program? (  ) Yes (  ) No

Safety Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Ph (        ) \_\_\_\_\_ - \_\_\_\_\_

### **Please include the following items with this update:**

- a) Copy of your OSHA 200 log for the previous year
- b) WCB firm experience rating statement, reflecting current EMR
- c) Copy of your company's safety policy manual (if new or significantly updated)
- d) Certificate of insurance naming Hubbard & Drake as additional insured for workers compensation and general liability insurance coverage
- e) Copy of the current injury/incident report in use by your company
- f) Copy of your company's drug and alcohol policy