

# CLIENT SSR QUESTIONNAIRE

Airswift is committed to providing a safe, injury-free, and productive working environment for our employees as well as delivering the highest quality of service to our clients. Management is committed to the health and safety including physical, psychological, and social well-being of our employees, contractors, visitors, and the general public on the worksites. Ongoing hazard analysis, communication and training will provide our workers with the skills and knowledge to perform their jobs efficiently and with reduced risk.

In order to reduce safety risks, it is important that Airswift has necessary information to ensure our employees are safe when they are performing work on client sites. Completing the below list of requirements will help keep our employees safe. If there are any updates or changes on this form, please email [safety@airswift.com](mailto:safety@airswift.com). Airswift Safety Team will keep the updated form on file for reference.

## CLIENT INFORMATION:

**Client Name:**

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**Complete Job Site Address:**

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Job Site Name

Street Address

City

State

Zip

**Airswift Contact:**

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**Client Safety Contact:**

Name

Title

Email

Phone Number

**Airswift Safety Representative Required?**

Yes

No

**Airswift Safety Rep Onsite (if applicable):**

Name

Title

Email

Phone Number

**Describe Scope of Work:**

**List Job Titles Required for Scope of Work:**

## CLIENT SPECIFIC HSE POLICIES:

Contractors to sign off and follow client specific HSE policies?

Yes

No

### Required Policies:

Provide a list of specific HSE policies

## CLIENT EMERGENCY PROCEDURE:

How are site specific emergency procedures shared with contractors?

*NOTE: Copies of any client provided training records or sign in sheets need to be provided to Airswift for recordkeeping purposes.*

## INCIDENT PROCESS REQUIREMENTS:

**Client**

**Onsite Contact:**

Name

Title

Email

Phone Number

Onsite clinics available?

Yes

No

Can contractors use onsite clinics?

Yes

No

**Client Approved Clinic:**

Clinic Name

Street Address

City

**Nearest Occupational Clinic:**

Occupational Clinic Name

Street Address

City

**Client Incident Investigation Reporting Requirements:**

Client Specific Incident Forms?  Yes  No

**SAFETY MEETINGS REQUIREMENTS:**

Airswift led safety meetings required?  Yes  No

Frequency of safety meetings: Provide a number

Required attendance of client led meetings?  Yes  No

Provide details

**SITE ORIENTATION AND TRAININGS:**

Site Specific Orientation Required?  Yes  No

**If yes, topics covered:**

List topics covered in orientation

Delivery method of site orientation: Third party, on line, on site, etc.

Refresher training required?  Yes  No

If yes, frequency: Provide a number

**Additional required trainings:**

List any client required safety trainings to be provided by Airswift based on hazards on site or job requirements

*NOTE: Copies of any client provided training certificates or sign in sheets need to be provided to Airswift for recordkeeping purposes.*

**MAINTAIN COMPLIANCE WEBSITES:**

Avetta  Yes  No

PEC  Yes  No

ISN  Yes  No

**Other**      Provide the name of the website

**Completed by:**                      Enter name

**Date completed:**                      Enter date