

Exhibit E

KANAWHA STONE COMPANY, INC.

SUBCONTRACTOR HEALTH AND SAFETY QUESTIONNAIRE

| | | |
|---|-----------|--------------------|
| Sub Contractor Name: | | |
| Firm's Standard Industrial Classification (SIC) No. : | | |
| Project: | Location: | Date: |
| Purchase Order/Contract Number: | | Work Order Number: |

1a) List your firm's Worker's Compensation Experience Modification Rates (or equivalent statistics for the last three years:

| | | |
|------|------|------|
| 20__ | 20__ | 20__ |
|------|------|------|

1b) If your EMR is exactly 1.0 for any policy year, it is because your firm is (or was) ___ too new or ___ too small to have an EMR calculated?

1c) Is your firm self-insured for Workers Compensation Claims?

_____ Yes _____ No

2) We require back up for the above information. Any of the following methods will be acceptable:

- a. Furnish a letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR data listed above; or
- b. Furnish copies of the last three (3) years Experience Rating Calculation Sheets which your insurance carrier should forward to you annually; or
- c. Furnish a copy of the page from each of your last three (3) years annual statement pages showing the modification rate and coverage period.

If you're in a "state fund" furnish a copy of the state's last three (3) years annual statement pages showing the modification rate and the coverage period.

3) Using the information from your OSHA 300 Log, provide injury and/or illness data for the last three years for your firm.

| | 20__ | 20__ | 20__ |
|--|------|------|------|
| Number of Fatalities (Column G) | | | |
| Number of cases with lost workdays (Column H) | | | |
| Number of cases with job transfer or restrictions (Column I) | | | |
| Number of other recordable cases (Column J) | | | |
| Employees hours worked (do not include non-worktime, even though paid) | | | |

4a) Some firms are not required to complete the OSHA 300 Log, because they have too few employees or are exempted by virtue of the services they perform. If you don't complete an OSHA 300 Log, is it because your firm has too few employees?

_____ Yes _____ No

4b) Or is it because your firm performs a service that is exempted from completing an OSHA 300 Log?

_____ Yes _____ No

4c) If you do not complete an OSHA 300 Log and you answered "No" to the above questions, please explain.

5) Written Safety Program:

| | | |
|---|---------|--------|
| Does your firm have a written safety program | ___ Yes | ___ No |
| Does your firm have written substance abuse policies and procedures | ___ Yes | ___ No |

6) Do you have one or more full time, part time, or consulting:

| | | |
|-----------------------|---------|--------|
| Physicians | ___ Yes | ___ No |
| Safety Professionals | ___ Yes | ___ No |
| Industrial Hygienists | ___ Yes | ___ No |
| Nurses | ___ Yes | ___ No |

7) Do you have a new employee orientation program? ___ Yes ___ NO. If yes, does it include instructions on the following

| | | | | | |
|-------------------------------|---------|--------|----------------------------------|---------|--------|
| Company Safety Policy | ___ Yes | ___ No | Fire Protection | ___ Yes | ___ No |
| Company Safety Rules | ___ Yes | ___ No | Housekeeping | ___ Yes | ___ No |
| Safety Meeting Attendance | ___ Yes | ___ No | Toxic Substances | ___ Yes | ___ No |
| Company Safety Record | ___ Yes | ___ No | Electrical Safety/Lockout/Tagout | ___ Yes | ___ No |
| Hazard Recognition | ___ Yes | ___ No | Safety Belts/Lifelines | ___ Yes | ___ No |
| Hazard Reporting | ___ Yes | ___ No | First Aid (CPR) | ___ Yes | ___ No |
| Injury Reporting | ___ Yes | ___ No | Driving Safety | ___ Yes | ___ No |
| Personal Protective Equipment | ___ Yes | ___ No | Hazard Communications | ___ Yes | ___ No |
| Hearing Protection | ___ Yes | ___ No | Confined Space | ___ Yes | ___ No |
| Respiratory Protection | ___ Yes | ___ No | Safety Audits | ___ Yes | ___ No |
| Proper Lifting | ___ Yes | ___ No | Perimeter Guarding | ___ Yes | ___ No |
| Scaffolding | ___ Yes | ___ No | Trenches/Excavations | ___ Yes | ___ No |
| Barricades/Signs | ___ Yes | ___ No | Rigging/Cranes | ___ Yes | ___ No |
| Emergency Procedures | ___ Yes | ___ No | HAZWOPER | ___ Yes | ___ No |

8)

| | | |
|--|---------|--------|
| Do you have a training program for newly hired or promoted first line supervisors? | ___ Yes | ___ No |
|--|---------|--------|

Does it include instructions on the following:

| | | | | | |
|----------------------------------|---------|--------|--------------------------------|---------|--------|
| Hazard Recognition | ___ Yes | ___ No | Emergency Procedures | ___ Yes | ___ No |
| Safety Work Practices | ___ Yes | ___ No | Incident Reporting | ___ Yes | ___ No |
| Safety Supervision | ___ Yes | ___ No | Accident Investigation | ___ Yes | ___ No |
| New Employee Orientation | ___ Yes | ___ No | OSHA Ten Hour Training Program | ___ Yes | ___ No |
| Tailgate/Toolbox Safety Meetings | ___ Yes | ___ No | Fire Protection/Prevention | ___ Yes | ___ No |
| First Aid Procedures | ___ Yes | ___ No | | | |

9)

| | | |
|--|---------|--------|
| Do you hold periodic safety meetings for your employees? | ___ Yes | ___ No |
| Weekly | ___ Yes | ___ No |
| Monthly | ___ Yes | ___ No |
| Less often, as needed | ___ Yes | ___ No |

10)

| | | |
|--|---------|--------|
| Do you conduct field safety inspections of work in progress? | ___ Yes | ___ No |
| a. If yes, who conducts the inspections (title)? | | |
| b. How often | | |
| c. Is it documented? | ___ Yes | ___ No |

11)

| | | |
|---|---------|--------|
| Are accident reports circulated to your management? | ___ Yes | ___ No |
|---|---------|--------|

12) Is safety a criteria in evaluating the performance of:

| | | |
|-------------|------------------------------|-----------------------------|
| Foreman | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supervisors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13) Have you ever been inspected by OSHA?

| | | |
|--|------------------------------|-----------------------------|
| a. Were citations proposed or issued? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Attach a description of all proposed or cited violations in the past 5 years. | | |
| | | |

14) Attach copies of:

(Check if sent)

| | |
|--|--------------------------|
| a. Firm's written safety program, including excavation and fall protection | <input type="checkbox"/> |
| b. The SUB CONTRACTOR'S proposed staffing plan for conducting a safety program at this project. | <input type="checkbox"/> |
| c. A description of the initial employee safety orientation program proposed by the SUB CONTRACTOR. | <input type="checkbox"/> |
| d. Firm's disciplinary action procedure that addresses safety related infractions. | <input type="checkbox"/> |
| e. A description of how the SUB CONTRACTOR'S on-site manager and supervisors are held accountable for safety performance and how performance is monitored, assessed, and communicated to them. | <input type="checkbox"/> |
| f. Accident investigation forms used. | <input type="checkbox"/> |
| g. A description of the types of safety and health training the SUB CONTRACTOR'S work force has received. | <input type="checkbox"/> |
| h. SUB CONTRACTOR'S safety incentive program (if the SUB CONTRACTOR uses one). | <input type="checkbox"/> |
| i. A description of the SUB CONTRACTOR'S hazard communication program. | <input type="checkbox"/> |
| j. SUB CONTRACTOR'S policies and programs relating to alcohol, controlled substances, and firearms. | <input type="checkbox"/> |
| k. A description of the SUB CONTRACTOR'S respiratory program. | <input type="checkbox"/> |
| l. A description of the SUB CONTRACTOR'S policies and programs relating medical treatment for injured employees. | <input type="checkbox"/> |

| | | |
|--------------------------|--------|-------|
| SUB CONTRACTOR Signature | Title: | Date: |
| SUB CONTRACTOR Address | | |

- Notes:
1. SUB CONTRACTOR must have each SUB CONTRACTOR and ALL of its tiered SUB CONTRACTORS complete and submit a copy of this form and its attachments to Kanawha Stone Company, Inc..
 2. SUB CONTRACTOR must complete and submit this form annually.

Copy to: One (1) **Kanawha Stone** Project Manager
 One (1) **Kanawha Stone** Safety Department