

H and M Construction Co., Inc.
Subcontractor Emergency Contact Form



Subcontractor Name: _____

Project Name/Address: _____

Job Number: _____

Project Manager:

Name: _____

Phone/Pager: _____

Project Foreman:

Name: _____

Phone/Pager: _____

On-Site Safety Rep:

Name: _____

Phone/Pager: _____

Name of On-Site "Competent Person" (If applicable) regarding:

Trenching/Excavation _____

Fall Protection _____

Rigging _____

Ladders/Scaffolds _____

Other _____