

# CONTRACTOR SAFETY DATA

**1 Company Name** \_\_\_\_\_ **Company Address** \_\_\_\_\_ **Total # of Employee** \_\_\_\_\_

**2 Please list your Company's Worker's Compensation Experience Modification Rate (EMR) for the last 3 rating periods (3 previous years):**

Year	EMR	Year	EMR	Year	EMR
_____	_____	_____	_____	_____	_____

- A. List your type of Workers' Comp Insurance program:      Self Insured      State Fund  
 B. Are you an owner/operator?      Yes      No

**3 Please use the 3 most recent year's OSHA No. 300/300A Log to fill in the number of cases for each of the following categories:**

- A. Does your company employ more than (10) persons?      Yes      No      If "Yes", you must fill out this section

	Year	Year	Year
B. No. of fatalities (Column G from 300) or (Columns 1+8 from 300A)	_____	_____	_____
C. No. of lost & restricted workday cases (Column H & I) or (Columns 2+9)	_____	_____	_____
D. No. of medical treatment cases (Column J) or (Columns 6+13)	_____	_____	_____
E. No. of lost workday cases (Column H) or (Columns 3 +10)	_____	_____	_____
F. Employee Hours Worked	_____	_____	_____
G. OSHA Recordable Incidence Rate (See formula below)	_____	_____	_____
H. OSHA Lost Workday Incidence Rate (See formula below)	_____	_____	_____

Note:      Items in parenthesis come from your OSHA 300/300A log  
 Recordable Incidence Rate      [G, H, I, & J] or [1, 2, 6, 8, 9, 13] x 200,000/Employee Hours Worked  
 Lost Workday Incidence Rate      [H] or [3 + 10] x 200,000/Employee Hours Worked  
 Employee Hours Worked      total number of hours worked during the year by all employees

**4 Regulatory Citations:**

- A. List the number of Regulatory Citations your company received in the last three years (if any):

Year	Citations	Year	Citations	Year	Citations
_____	_____	_____	_____	_____	_____

B. List any "willful" Regulatory Citations: \_\_\_\_\_

C. Please give a brief description of any Regulatory Citations: \_\_\_\_\_

D. Has your company experienced any fatalities in the past 3 years?      Yes      No

E. If yes, please give a brief description of the circumstance: \_\_\_\_\_

**5 Safety Contact:**

A. List the name of the person responsible for safety on this project: \_\_\_\_\_

B. List two phone numbers which to contact this person: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

C. Please describe this individual's qualifications:

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D. Does this person do safety inspections on all of your projects:            Yes            No            Frequency \_\_\_\_\_

**5 Safety Policies:**

A. Do you have a written Company Safety Policy and Program?            Yes            No

B. Does your Company have a substance abuse policy:            Yes            No

C. If yes, please check which are included in the policy            Yes            No

Pre-hire/Initial Employment

Cause

Post Accident/Incident

Random

Periodic

D. Do you have a return to work/light duty program?            Yes            No

E. If yes, please describe: \_\_\_\_\_

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F. Does your company develop site specific safety plans?            Yes            No

G. Does your company conduct site specific safety orientations?            Yes            No

H. How often are your site safety meetings held?            Daily            Weekly            Monthly            Never

I. Do your supervisors hold safety meetings and Tailboards?            Yes            No

J. Will there be a trained "Competent Person" or "Qualified Employee" on this project?            Yes            No

K. Does your Company provide safety training for all employees:            Yes            No

L. If yes, please list training provided. \_\_\_\_\_

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M. Will a member of senior management visit and audit the safety performance on the project?            Yes            No

N. Does your Company set annual safety goals and targets?            Yes            No

P. If yes, please describe \_\_\_\_\_

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Q. Do you have a safety recognition program?            Yes            No

R. Do you have a formalized disciplinary program?            Yes            No

T. Does your Company conduct accident/incident investigations?            Yes            No

U. Who conducts the investigations? \_\_\_\_\_

**7 Sub-contractors**

A. Do you evaluate the safety performance of your subcontractors?            Yes            No

B. Are subcontractors required to attend your site safety meetings?            Yes            No

**The undersigned warrants and represents the above listed information to be accurate and correct.**

Prepared By: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_