

SAFETY RECORD FORM

I. General Information

Name of Firm:	
Business Address:	
Telephone:	Fax:
Prepared by/Title:	Date prepared:

II. Experience Modification Rates

A. List your firm's Workers Compensation Experience Modification Rates (EMR) for the last three years.

Year	Experience Modification Rate (EMR)

III. OSHA Incidence Rates

A. List your firm's Occupational Safety Health Administration (OSHA) total recordable incidence rates for the last three years.

Year	Total Recordable Incidents	Total Hours Worked	OSHA Incidence Rate*

* Use your OSHA Form No. 200 and the formula:

$$(\text{Total Incidents} \times 200,000 \text{ hours}) \div (\text{Number of hours worked}) = \text{Incidence Rate}$$

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III. OSHA Incidence Rates (cont'd)

B. Provide your incidence rates over the last three years for the following categories:

Category	Incidence Rate by Year*		
	Year _____	Year _____	Year _____
Injuries and Illness with Lost Work Days			
Injuries and Illness with Job Transfer or Restricted Work Days			

* Use your OSHA Form No. 200 and the formula:

$$(\text{Total Incidents} \times 200,000 \text{ hours}) \div (\text{Number of hours worked}) = \text{Incidence Rate}$$

C. Provide your incidences of fatality over the last five years:

Category	Fatalities by Year				
	Year _____	Year _____	Year _____	Year _____	Year _____
Number of Fatalities					

D. Does your firm have any upheld OSHA citations in the past five years?

Yes No (If yes, attach explanation)

IV. Safety Program Information

A. Do you have a written safety program?

Yes No (If yes, attach outline)

B. Which of the following does your safety program contain:

1. Does your company require health and safety training of its subcontractors?

Yes No

2. Is documentation of health and safety training required?

Yes No

3. Do you have a Hazard Communication Program (29 CFR 1910.1200, CCR Title 8 Section 5194)?

Yes No

4. Do you have a Confined Space Entry and Rescue Program (29 CFR 1910.146, CCR Title 8 Section 5156-5159)?

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Yes No (If yes, attach explanation)

5. Do you have a "Hot Work" permit program (29 CFR 1910.146, CCR Title 8 5156-5159)?

Yes No (If yes, attach explanation)

6. Do you have a "Lock-Out/Tag-Out" program (29 CFR 1910.417)?

Yes No (If yes, attach explanation)

C. Do you have an Equipment Maintenance Program for the following:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Miscellaneous construction tools and equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Ladders? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Scaffolds? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Heavy Equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Vehicles? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

D. Do you have a new employee safety orientation program?

Yes No

1. If yes, does it include instruction in the following:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| (a) Company Safety Policy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Company Safety Rules | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Safety Meeting Attendance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Company Safety Record | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Hazard Recognition | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Hazard Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (g) Injury Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (h) Non-Injury Accident Reporting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (i) Personal Protective Equipment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (j) Respiratory Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (k) Fire Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (l) Housekeeping | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (m) Toxic Substance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (n) Electrical Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (o) Fall Protection | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (p) First-Aid/CPR | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (q) Driving Safety | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (r) Hearing Conservation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (s) Lock-Out/Tag-Out | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (t) Bloodborne Pathogens | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (u) Asbestos | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (v) Confined Spaces | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (w) Hazard Communication | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

IV. Safety Program Information (cont'd)

E. Do you conduct safety meetings for your employees? Yes No

1. If yes, how often:

Daily Weekly Bi-weekly Monthly As Needed

F. Do you conduct health and safety audits of work in progress?

Yes No

1. If yes, who conducts the audits?

2. How often are the audits conducted?

G. Do you notify all employees of accidents and precautions related to accidents and near misses?

Yes No

1. If yes, how is this notification accomplished?

(a) Safety meetings	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Post notification in office	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Post notification at the site where the incident occurred	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Other _____		

H. Is safety a criteria in evaluating the performance of:

1. Employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Supervisors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I. Does your firm hold "tailgate" safety meetings? Yes No

1. If yes, how often:

Daily Weekly Bi-weekly Monthly As Needed

J. Does your company have a drug and alcohol testing policy?

Yes No

K. Does your company require that subcontractors participate in a drug surveillance/testing program?

Yes No

L. Does your company have a method of disseminating safety information?

Yes No