

Sample Contractor Safety Questionnaire

Company: _____ Date: _____

A. Your Company's Safety Performance and Program

1. Workers' Compensation Insurance — Experience Modification Rate (EMR) Please obtain from your insurance agent (or state fund, if applicable) your interstate EMR for the last three rating periods and complete the following.

	Policy Year	Modification Rate
Most recent policy year	_____	_____
One year previous	_____	_____
Are the above rates interstate or intrastate?	_____	
If intrastate, which state?	_____	

If your EMR is exactly 1.0 for any policy year, is it because your firm is (was) too new or too small to have an EMR calculated? ☐ Yes ☐ No

Is your firm self-insured for Workers' Compensation claims? ☐ Yes ☐ No

2. We require documentation for the above information. The following methods are acceptable:

- Furnish a letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR data listed above.
- Furnish a copy of the last three years' Experience Rating Calculation Sheets, which your insurance carrier should forward to you annually.
- Furnish a copy of the page of your last three years' insurance policies that shows the modification rate and the coverage period.
- If you're in a state fund state, furnish a copy of the state's last three years' annual statement page that shows the modification rate and the coverage period.

B. OSHA Recordable Incidents

1. Furnish a copy of your company's OSHA Log and total man-hours for each year from the last three years. Indicate which injuries occurred at your facility.

2. Some firms are not required to complete an OSHA Log because they have too few employees.

(a) If you haven't completed an OSHA Log, is it because your firm has too few employees?

☐ Yes ☐ No If you answer "NO," please explain.

(b) If your company does not have to keep an OSHA Log, provide a yearly list for the past three years of injuries resulting in lost time and a list of injuries not resulting in lost time along with total man-hours worked for each year.

3. Total employee-hours worked last year at your facility? _____

4. What was your OSHA Recordable Incidence Rate for the last three years?

Most recent year _____

One year previous _____

Two years previous _____

5. What was your Lost Workday Incidence Rate for the last three years?

Most recent year _____

One year previous _____

Two years previous _____

C. Industry Comparison Information

1. What is your company's Standard Industry Classification (SIC) Code? _____

2. What is the OSHA Recordable Incidence Rate for your SIC? _____

3. What is the Lost Workday Incidence Rate (most recent year) for your SIC? _____

4. If your OSHA Recordable Incidence Rate and/or Lost Workday Incidence Rate is greater than your SIC code rate, attach a brief explanation and describe the action plan that your company is using to improve your rates.

OSHA Recordable Incidence Rate = #Recordable Injuries X 200,000 / Man-hours

Lost Workday Incidence Rate = #Lost Workday Injuries X 2,000,000 / Man-hours

D. Safety Policy and Organization

1. Do you have a written statement of your safety policy? (Please provide a copy.)

2. How is the safety policy communicated to employees?

3. Do you have a safety organization? (Please provide an organization chart and description of responsibilities.)

4. Who is the most senior person for coordinating safety matters, and what is his/her experience?

5. Is management accountable for safety performance? If so, state how this is practiced.

E. Procedures

1. Do you have a safety manual? (Provide current copy.)

2. Do you have written safe working practices and safety policies, such as those covering hazard communications, use of scaffolding, etc.? (Provide a copy.)

F. Safety Training

1. What safety training is given to your employees? Up to what level of management is it given? (Provide details and examples.)

2. Have the personnel who will undertake specific work received formal training in safe working practices and in the use of protective equipment relating to the potential hazards of the work? (Provide details.)

3. What formal safety qualifications does your staff have? (Describe.)

G. Accident Investigation

1. Do you have a procedure for the investigation, reporting, and follow-up of accidents, near misses, and occupational injuries?

2. How are the results of accident investigations communicated to your employees? (Please give examples.)

H. Safety Awareness

1. Do you organize in-house safety meetings? (Describe the frequency, attendance, and topics.)

2. Do you have an established system for communicating safety matters to workers?

3. Do you conduct safety inspections on your own operations? If so, how are unsafe acts and/or conditions resolved?

I. Subcontractors

1. What safety requirements do you specify for your contractors?

2. Do you have procedures for the control of the safety performance of a contractor? (If so, please give details.)