

SAFETY - OSHA RATING

	2004	2005	2006
LOST WORKDAY CASES USING FORMULA #1	_____	_____	_____
RECORDABLE INJURY CASES USING FORMULA #2	_____	_____	_____

NOTE: SEE PAGE 5 OF THIS FORM FOR ABOVE FORMULAS

LIST YOUR FIRM'S INTER-STATE MODIFICATION RATE FOR THE LAST THREE (3) YEARS:

YEAR	EMR
_____	_____
_____	_____
_____	_____

PLEASE USE YOUR OSHA NO. 200 LOG TO FILL IN NUMBER OF INJURIES AND ILLNESSES FOR THE LAST THREE (3) YEARS

YEAR	2004	2005	2006
NUMBER OF LOST WORKDAY CASES	_____	_____	_____
NUMBER OF RESTRICTED WORKDAY CASES	_____	_____	_____
NUMBER OF CASES WITH MEDICAL ATTENTION ONLY	_____	_____	_____
NUMBER OF FATALITIES	_____	_____	_____

TOTAL EMPLOYEE HOURS WORKED IN THE LAST THREE (3) YEARS (DO NOT INCLUDE ANY NON-WORK TIME, EVEN THOUGH PAID)

ARE ACCIDENT REPORTS (OSHA 200) AND REPORT SUMMARIES SENT TO THE FOLLOWING?

HOW OFTEN?

	No	Yes	Monthly	Quarterly	Annually
FIELD SUPERINTENDENT	_____	_____	_____	_____	_____
VICE PRESIDENT OF CONST.	_____	_____	_____	_____	_____
PRESIDENT OF FIRM	_____	_____	_____	_____	_____

DO YOU HOLD SITE SAFETY MEETINGS FOR FIELD SUPERVISORS?

NO _____ YES _____

HOW OFTEN: WEEKLY _____ BI-WEEKLY _____ MONTHLY _____ LESS OFTEN, AS NEEDED _____

DO YOU CONDUCT PROJECT SAFETY INSPECTIONS?

NO _____ YES _____

IF YES, WHO CONDUCTS THIS INSPECTION (TITLE)?

HOW OFTEN?

HOW ARE ACCIDENT RECORDS AND ACCIDENT SUMMARIES KEPT? HOW OFTEN ARE THEY RECORDED?

NO YES MONTHLY ANNUALLY

ACCIDENTS TOTALED FOR THE ENTIRE COMPANY	_____	_____	_____	_____
ACCIDENTS TOTALED BY PROJECT	_____	_____	_____	_____
SUBTOTALED BY SUPERINTENDENT	_____	_____	_____	_____
SUBTOTALED BY FOREMAN	_____	_____	_____	_____

HOW ARE THE COSTS OF INDIVIDUAL ACCIDENTS KEPT? HOW OFTEN ARE THEY REPORTED?

NO YES MONTHLY ANNUALLY

COSTS TOTALED FOR THE ENTIRE COMPANY	_____	_____	_____	_____
COSTS TOTALED BY PROJECT	_____	_____	_____	_____
SUBTOTALED BY SUPERINTENDENT	_____	_____	_____	_____
SUBTOTALED BY FOREMAN	_____	_____	_____	_____

LIST KEY PERSONNEL PLANNED FOR THIS PROJECT. PLEASE LIST NAMES, EXPECTED POSITIONS AND SAFETY PERFORMANCE ON LAST THREE (3) PROJECTS WORKED ON:

DO YOU HAVE A WRITTEN SAFETY PROGRAM? NO _____ YES _____

DO YOU HAVE A WRITTEN SUBSTANCE ABUSE POLICY? NO _____ YES _____

DO YOU HAVE AN ORIENTATION PROGRAM FOR NEW HIRES? NO _____ YES _____

IF YES, DOES IT INCLUDE INSTRUCTION ON THE FOLLOWING?

A. HEAD PROTECTION NO _____ YES _____

B. EYE PROTECTION NO _____ YES _____

C. HEARING PROTECTION NO _____ YES _____

D. RESPIRATORY PROTECTION NO _____ YES _____

E. SAFETY BELTS & LIFELINE NO _____ YES _____

F. SCAFFOLDING NO _____ YES _____

G. PERIMETER GUARDING NO _____ YES _____

H. HOUSEKEEPING NO _____ YES _____

I. FIRE PROTECTION NO _____ YES _____

J. FIRST AID FACILITIES NO _____ YES _____

K. EMERGENCY PROCEDURES NO _____ YES _____

L. TOXIC SUBSTANCES NO _____ YES _____

M. TRENCHING & EXCAVATION NO _____ YES _____

N. SIGNS, BARRICADES, FLAGGING NO _____ YES _____

O. ELECTRICAL SAFETY NO _____ YES _____

P. RIGGING & CRANE SAFETY NO _____ YES _____

DO YOU HAVE A PROGRAM FOR NEWLY HIRED OR PROMOTED FOREMAN? NO _____ YES _____

IF YES, DOES IT INCLUDE INSTRUCTION ON THE FOLLOWING?

A. SAFE WORK PRACTICES NO _____ YES _____

B. SAFETY SUPERVISION NO _____ YES _____

- C. TOOLBOX MEETINGS NO _____ YES _____
- D. EMERGENCY PROCEDURES NO _____ YES _____
- E. FIRST AID PROCEDURES NO _____ YES _____
- F. ACCIDENT INVESTIGATION NO _____ YES _____
- G. FIRE PROTECTION & PREVENTION NO _____ YES _____
- H. NEW WORKER ORIENTATION NO _____ YES _____

DO YOU HOLD CRAFT "TOOLBOX" SAFETY MEETINGS? NO _____ YES _____
 HOW OFTEN? WEEKLY _____ BI-WEEKLY _____ MONTHLY _____ LESS OFTEN, AS NEEDED _____

IN THE PREVIOUS THREE (3) YEARS, HAS YOUR FIRM BEEN CITED FOR ANY SERIOUS VIOLATIONS? NO _____ YES _____

IF YES, EXPLAIN:

THIS FORM MUST BE SIGNED BY AN OFFICER OF THE FIRM OR AN INDIVIDUAL SO AUTHORIZED BY AN OFFICER OF THE FIRM

SIGNATURE	NAME	TYPE OF FIRM
		_____ CORPORATION
TITLE	FEDERAL IDENTIFICATION NUMBER	_____ PARTNERSHIP
		_____ SOLE PROPRIETORSHIP

IF YOUR COMPANY ADDRESS IS DIFFERENT FOR REMITTANCE PURPOSES, PLEASE INDICATE BELOW:

REMITTANCE: STREET ADDRESS/CITY/STATE/ZIP

ADDITIONAL COMMENTS:

SAFETY - OSHA RATING WORKSHEET

TO OBTAIN THE SAFETY - OSHA RATINGS IN THE LAST SECTION OF PAGE 1 OF THIS FORM, USE THIS WORKSHEET FOR FORMULA #1 AND #2 RATES.
 ENTER THE CALCULATED RATES IN SPACES PROVIDED ON PAGE 1.

USING YOUR OSHA 200 LOG, PLEASE PROVIDE THE FOLLOWING:

	2004	2005	2006
A. NUMBER OF LOST WORKDAY CASES	_____	_____	_____
B. NUMBER OF RESTRICTED WORKDAY CASES	_____	_____	_____
C. NUMBER OF CASES WITH MEDICAL TREATMENT ONLY	_____	_____	_____
D. NUMBER OF FATALITIES	_____	_____	_____

FORMULA #1

PLEASE CALCULATE INCIDENT RATES FOR LOST WORKDAY CASES IN EACH YEAR USING FORMULA #1 AS FOLLOWS:

$$\frac{N \times 200,000}{\text{EMPLOYEE HOURS WORKED (YEAR)}}$$

N - LOST WORKDAY CASES (OSHA 200 LOG) A & D ABOVE

SAFETY RATING: 2004_____ 2005_____ 2006_____

FORMULA #2

PLEASE CALCULATE INCIDENT RATES FOR RECORDABLE INJURY CASES IN EACH YEAR USING FORMULA #2 AS FOLLOWS:

$$\frac{N \times 200,000}{\text{EMPLOYEE HOURS WORKED (YEAR)}}$$

N - LOST WORKDAY CASES (OSHA 200 LOG) A, B, C, & D ABOVE

SAFETY RATING: 2004_____ 2005_____ 2006_____