



## SECTION 1: COMPANY INFORMATION

**Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Type of business:** \_\_\_\_\_  
**Primary NAICS Code (as entered in your OSHA 300A)** \_\_\_\_\_

## SECTION 2: SAFETY PERFORMANCE DATA

You must attach the OSHA 300A Summary reports for years 2018,2019, and 2020 for all work performed by your company. **Combine injury data for field and office employees.**

	2018	2019	2020
<b>Fatalities</b>			
<b>Total Recordable Cases</b>			
<b>Total Lost Workday Cases</b>			
<b>Total Workdays Lost</b>			
<b>Total Hours Worked</b>			

## SECTION 3: KEY COMPONENTS SAFETY PROGRAM:

(This information is to be completed for all submissions)

Indicate elements that are contained within your safety program. Provide a copy of your safety program index page.

- a. Length of safety orientation for new employees (in minutes) \_\_\_\_\_
- b. Toolbox safety talks frequency: Daily Weekly Bi-weekly Monthly Other \_\_\_\_\_
- c. Do you have a substance abuse program that includes a drug/alcohol screening process?  
please check: yes \_\_\_ or no \_\_\_ Type of Testing: \_\_\_\_\_
- d. Employer Involvement: please check: yes \_\_\_ or no \_\_\_
- e. Employer Policy Statement on Safety please check: yes \_\_\_ or no \_\_\_
- f. Responsibility for Safety: please check: yes \_\_\_ or no \_\_\_
- g. Safety Program Goal Setting please check: yes \_\_\_ or no \_\_\_
- h. Employer Supervisory Meetings on Safety Issues please check: yes \_\_\_ or no \_\_\_
- i. Pre-planning for Job Safety please check: yes \_\_\_ or no \_\_\_
- j. Employee Participation please check: yes \_\_\_ or no \_\_\_
- k. Safety Rules please check: yes \_\_\_ or no \_\_\_
- l. Inspections please check: yes \_\_\_ or no \_\_\_
- m. Supervisory Training Topics please check: yes \_\_\_ or no \_\_\_
- o. Incident Investigation please check: yes \_\_\_ or no \_\_\_
- p. Use of Personal Protective Equipment (PPE) please check: yes \_\_\_ or no \_\_\_
- q. Safety Program Performance Review please check: yes \_\_\_ or no \_\_\_

If more space is needed attached a separate sheet.

Submitted By: \_\_\_\_\_ Date \_\_\_\_\_  
Company: \_\_\_\_\_