



FERMILAB SUBCONTRACTOR SAFETY INFORMATION QUESTIONNAIRE

Date _____

Company Name _____
 NAICS (6 digits)¹ _____
 Address _____
 Phone Number _____
 Owner _____

- List interstate experience modification rate for the past three consecutive years.
 (Provide a copy of the NCCI Workers Compensation Experience Rating form for each of the years being considered)

Current Year _____
 Prior Year _____
 2 Years Prior _____

- Name of the Workers' Compensation Carrier _____
 Policy Number _____
 Address _____
 Phone Number _____
 Name of Contact for Ins. Info _____

- Using the OSHA 300 log, fill in the number of injuries and illnesses for the past three years (**attach copies of the OSHA 300A Form log summary for the three years being considered**).

| | Current Year | Prior Year | 2 Years Prior |
|---------------------------------------|-----------------|---------------|------------------|
| A. (RC) Number of recordable cases | _____ | _____ | _____ |
| B. (RCR) Recordable case rate | _____ | _____ | _____ |
| C. (LWC) Number of lost workday cases | _____ | _____ | _____ |
| D. (LWCR) Lost workday case rate | _____ | _____ | _____ |
| E. (LWD) Number of lost workdays | _____ | _____ | _____ |
| F. (LWR) Lost workday rate | _____ | _____ | _____ |
| G. Number of restricted days | _____ | _____ | _____ |
| H. (EHW) Employee hours worked | _____ | _____ | _____ |
| I. Number of fatalities | _____ | _____ | _____ |

- Calculate the recordable case rate averaged over three years. _____
- Calculate lost workday case rate average over three years. _____
- Do you have a written safety plan? Yes No
- Do you have a written hazard communication program? Yes No
- Do you have an orientation program? Yes No

(See Instructions and formulas on the back)

9. List name and phone number of individual in company responsible for safety.
 Name _____ Phone Number _____
 Years of Service _____
 Safety Training/Qualifications/Certifications _____

I certify that the information provided on this document is true.

 Signature

Information supplied by:

 Printed Name

Instructions

- 1) *It is strongly recommended that the person completing this form is the person responsible for Safety. He/she should be familiar with the information requested.*

Formulas

$$RCR = \frac{(RC) \times (200,000)}{EHW} \quad LWCR = \frac{(LWC) \times (200,000)}{EHW} \quad LWR = \frac{(LWD) \times (200,000)}{EHW}$$

Item 4: Recordable Case Rate Average = $\frac{RCR(2003) + RCR(2004) + RCR(2005)}{3}$

Item 5: Lost Work Day Case Rate Average = $\frac{LWCR(2003) + LWCR(2004) + LWCR(2005)}{3}$

Note 1: NAICS- North American Industry Classification System, formerly known as SIC or Standard Industry Classification Code (Please enter all six digits)