



CONTRACTOR SAFETY INFORMATION

A Service of the Metro Indianapolis Coalition for Construction Safety, Inc. (MICCS)

COMPANY NAME: _____

PERSON COMPLETING FORM: _____

COMPANY ADDRESS: _____

SIGNATURE: _____ DATE COMPLETED: _____

1. List your firm's experience modification rate (EMR) for the three most recent years.

_____	_____
_____	_____
_____	_____

2. Please use your OSHA 300 logs to complete this section.

Number of injuries and illnesses:	2008	2007	2006
a. Number of lost workday cases including restricted days.	_____	_____	_____
b. Number of OSHA recordables	_____	_____	_____
c. Number of fatalities	_____	_____	_____
3. Total employee hours worked:	_____	_____	_____
4. Do you have a written safety program that includes hazardous communication?		Yes___	No___
5. Do you have a mandatory substance abuse program?		Yes___	No___
6. Do you have a light duty/restricted work policy?		Yes___	No___
7. Do all new employees complete a safety orientation before performing any work activities?		Yes___	No___
8. Do you conduct jobsite safety inspections?		Yes___	No___
9. Do you require the OSHA 10-hour course for all supervisors?		Yes___	No___
10. Do you conduct documented post accident investigations?		Yes___	No___