



FERMILAB SUBCONTRACTOR SAFETY INFORMATION QUESTIONNAIRE

Date \_\_\_\_\_

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

- 1. 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 \_\_\_\_\_

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

- 3. 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).

Table with 3 columns: Current Year, Prior Year, 2 Years Prior. Rows A-I: (RC) Number of recordable cases, (RCR) Recordable case rate, (LWC) Number of lost workday cases, (LWCR) Lost workday case rate, (LWD) Number of lost workdays, (LWR) Lost workday rate, Number of restricted days, (EHW) Employee hours worked, Number of fatalities.

- 4. Calculate the recordable case rate averaged over three years. \_\_\_\_\_
5. Calculate lost workday case rate average over three years. \_\_\_\_\_
6. Do you have a written safety plan? Yes [ ] No [ ]
7. Do you have a written hazard communication program? Yes [ ] No [ ]
8. 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)*

# Summary of Work-Related Injuries and Illnesses

Year 20\_\_



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35. If OSHA's recordkeeping rule, for further details or the access provisions for these forms.

## Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) _____	(H) _____	(I) _____	(J) _____

## Number of Days

Total number of days away from work \_\_\_\_\_ (K)

Total number of days of job transfer or restriction \_\_\_\_\_ (L)

## Injury and Illness Types

Total number of \_\_\_\_\_ (M)

(1) Injuries \_\_\_\_\_ (4) Poisonings \_\_\_\_\_

(2) Skin disorders \_\_\_\_\_ (5) Hearing loss \_\_\_\_\_

(3) Respiratory conditions \_\_\_\_\_ (6) All other illnesses \_\_\_\_\_

## Establishment information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*) \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., 3715) \_\_\_\_\_

OR \_\_\_\_\_

North American Industrial Classification (NAICS), if known (e.g., 35212) \_\_\_\_\_

## Employment information (If you don't have these figures, see the instructions on the back of this page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

## Sign here

Knowingly falsifying this document may result in a fine.

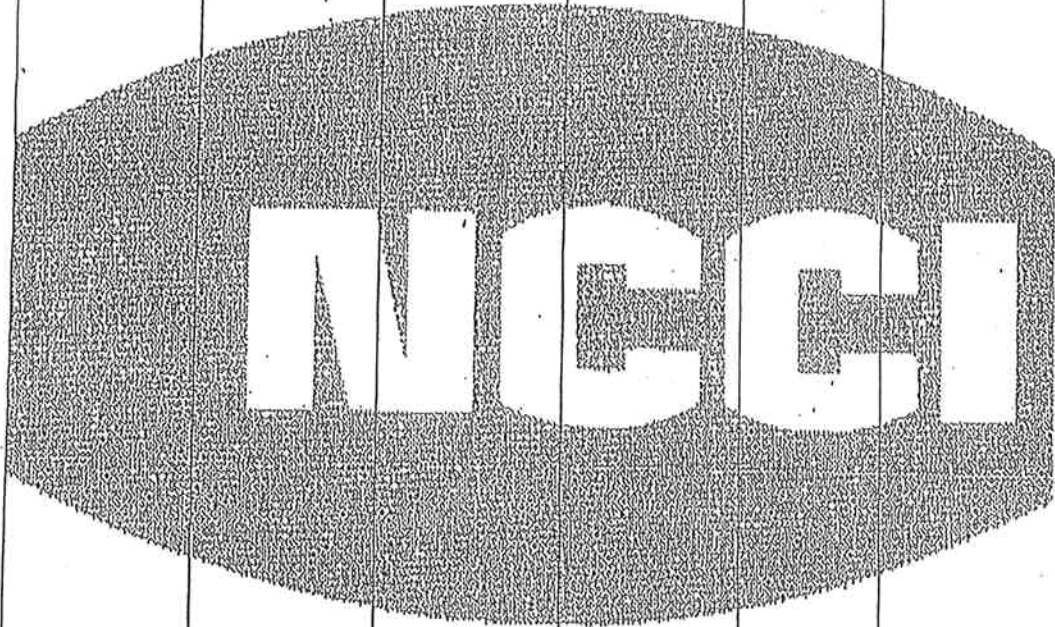
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Date

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 78 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3611, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED



RAP) IF APPL : 1 00

(A)	(B)	(C) EXPECTED EXCESS (D-E)	(D)	(E)	(F) ACTUAL EXCESS (G-H)	(G)	(H)	(I)
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(11) by Policy Year of all excess \$2,000 or less, including loss.

QE NUMBER 2

TE

	(11) PRIMARY LOGSES	(12) STABILIZING VALUE	(13) PAYABLE EXCESS	(14) TOTALS	(15) EXRMOO
ACTUAL	(H)	(I) X (1-W) + (J)	(K) X (L)	(M)	(N) / (O)
EXPECTED	(P)		(Q) X (R)	(S)	

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