

## Contractor Safety Survey

* Part- Time include any out-sourced consultant (insurance carrier or agent)
** Part-time would include any in-house employee who's part time responsibility is for company wide safety duties
*** OSHA 300 Log columns H / I / J (200000 X Number of Recordable Cases divided by Man-hours worked )
**** OSHA 300 Log column H ( 200000 X Number of lost time Cases divided by Man-hours worked)
Verification of Experience Modifier Rate (EMR) must be on insurance company letter head ( contact your broker for this information)
Attach last three years OSHA 300 A log

**Check all that apply**

Flintco Tulsa	<input type="checkbox"/>	Flintco Oklahoma City	<input type="checkbox"/>	Flintco Memphis	<input type="checkbox"/>	Flintco Albuquerque	<input type="checkbox"/>
Flintco Springfield	<input type="checkbox"/>	Flintco Folsom	<input type="checkbox"/>	Flintco Springdale	<input type="checkbox"/>	Oakridge Builder Tulsa	<input type="checkbox"/>
Flintco Austin	<input type="checkbox"/>						

Name of Company (Legal Name )	Company Address	Company Phone number
NAICS CODE ( see attached)		
Internal use Only: Preferred	Internal use Only: Standard	Internal use Only: At-Risk

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Item						
////////////////////////////////////	0	1	2	3	4	5
<b>1. OSHA Recordable Incident Rate ***</b>	8.2 or >	8.1 to 7.4	7.3 to 6.6	6.5 to 5.8	5.7 to 5.0	<5.0
<i>Calendar year 200</i>						
<i>Calendar year 200</i>						
<i>Calendar year 200</i>						
<b>2. OSHA Lost time incident rate ****</b>	5.0 or >	4.0 to 4.9	3.0 to 3.9	2.0 to 2.9	1.0 to 1.9	< 1.0
<i>Calendar year 200</i>						
<i>Calendar year 200</i>						
<i>Calendar Year 200</i>						
<b>3. OSHA Trending</b>	Up	////////////////////////////////////	Flat	////////////////////////////////////	////////////////////////////////////	Down
<b>4. Current EMR</b>	1.00 or >	.99 - .90	.89 - .80	.79 - .70	.69 - .60	<.59
<b>5. Last three year EMR</b>	1.0 or >	////////////////////////////////////	////////////////////////////////////	.99 to .75	////////////////////////////////////	<.74
<i>200</i>		////////////////////////////////////	////////////////////////////////////		////////////////////////////////////	
<i>200</i>		////////////////////////////////////	////////////////////////////////////		////////////////////////////////////	
<i>200</i>		////////////////////////////////////	////////////////////////////////////		////////////////////////////////////	
<b>6. Safety Orientation</b>	NONE	////////////////////////////////////	ONCE	YES/YEARLY	////////////////////////////////////	YES/Project
<i>Check your Frequency</i>						
<b>7. Pre-Task Planning (JHA)</b>	NONE	////////////////////////////////////	ONCE	WEEKLY	////////////////////////////////////	DAILY
<i>Check your Frequency</i>						
<b>8. Jobsite Safety Meetings</b>	NONE	////////////////////////////////////	MONTHLY	WEEKLY	////////////////////////////////////	DAILY
<i>Check your Frequency</i>						
<b>9. Safety Inspections</b>	NONE	////////////////////////////////////	MONTHLY	WEEKLY	////////////////////////////////////	DAILY
<i>Check your Frequency</i>						
<b>10. Safety Director</b>	NONE	////////////////////////////////////	*PART TIME	**PART TIME	////////////////////////////////////	FULL TIME
<i>Check one</i>						
<b>11. Hours of Safety Training/Year Supervisors</b>	Less Than10	10 to 14	15 to 19	20 to 24	25 to 29	30 or Greater
<i>Check One</i>						

<b>12. Hours of Safety Training/Year-Workers</b>	0 to 1	2 to 3	4 to 5	6 to 7	8 to 9	10 or greater
<i>Check One</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Fatality in last three years</b>	1 or >	////////////////////	////////////////////	////////////////////	////////////////////	None
<i>Check one</i>	<input type="checkbox"/>					<input type="checkbox"/>
<b>14. OSHA citations past three years</b>	Repeat	////////////////////	Serious	////////////////////	////////////////////	None
<i>Check all that apply</i>	<input type="checkbox"/>		<input type="checkbox"/>		////////////////////	<input type="checkbox"/>
<b>15. Drug free work place policy</b>	None	////////////////////	////////////////////	////////////////////	////////////////////	Yes
<i>Check one</i>	<input type="checkbox"/>					<input type="checkbox"/>
<b>16. Confined space program</b>	None	////////////////////	////////////////////	////////////////////	////////////////////	Yes
<i>Check one</i>	<input type="checkbox"/>					<input type="checkbox"/>
<b>Total Score</b>						

**MAIL COMPLETED FORM TO:**

**Flintco, Inc. or Oakridge Builders Inc.**

**Attn:**