**FORM G**

**SAFETY QUESTIONNAIRE**

Name of Proposer:

Name of entity completing this Form G:

Role of entity completing this Form G:

□ Lead Contractor; or

□ Construction Team Member

**Instructions for completion:** Should additional lines or space be needed to address the subject areas below, the entity completing this Form G may add additional lines within each subject area as appropriate. Form G has no QS page limitation.

**Part A**

1. Please provide the total number of fatalities and the **incidence rates** for each of the cases listed below for the past three years for all projects nationwide. Please note that the incidence rate is calculated as follows: Rate = (Number of cases\*200,000)/total employee hours worked.\* Additional information on how to calculate these incidence rates is available in the instructions on completing “OSHA Forms for Recording Work-Related Injuries and Illnesses” (OSHA Forms 300, 300A, 301).

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **2010** | **2011** | **2012** |
| Number of Fatalities |  |  |  |
| **Incidence Rate of Injury and Illness Cases per 100 Full-Time Workers** | **2010** | **2011** | **2012** |
| Total Recordable Cases |  |  |  |
| Cases with Days Away from Work, Job Transfer or Restriction |  |  |  |
| Cases with Days Away from Work |  |  |  |
| Cases with Job Transfer or Restriction |  |  |  |
| Other Recordable Cases |  |  |  |

\* Note: The 200,000 hours in the formula represents the equivalent of 100 employees working 40 hours per week, 50 weeks per year and provides the standard base for the incidence rates.

1. Please provide the firm’s NCCI Experience Modifier for the past three years for all projects in the United States. Additionally, you must include with this Form G, an NCCI letter or a letter from an insurance agent identifying the firm’s NCCI Experience Modifier.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **2010** | **2011** | **2012** |
| NCCI Experience Modifier |  |  |  |

**Part B**

For purposes of this Part B, describe your firm’s *standard or typical* safety program or practices.

1. To whom and how often are internal accident reports and report summaries sent to your firm’s management?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Monthly** | **Quarterly** | **Annually** | **Other** (specify) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Do you hold site meetings for supervisors? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

How often? Weekly \_\_\_ Biweekly \_\_\_ Monthly \_\_\_ Less often, as needed \_\_\_

1. Do you conduct Project Safety Inspections? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, who conducts them?

How often? Weekly \_\_\_ Biweekly \_\_\_ Monthly \_\_\_

1. Does the firm have a written Safety Program? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_
2. Does the firm have an orientation program for new hires? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, what safety items are included?

1. Does the firm have a program for newly hired or promoted foremen?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, does it include instruction of the following?

|  |  |  |
| --- | --- | --- |
| **Topic** | **Yes** | **No** |
| **Safety Work Practices** |  |  |
| **Safety Supervision** |  |  |
| **On-site Meetings** |  |  |
| **Emergency Procedures** |  |  |
| **Accident Investigation** |  |  |
| **Fire Protection and Prevention** |  |  |
| **New Worker Orientation** |  |  |

1. Does the firm hold safety meetings which extend to the laborer level?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

How often? Daily \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Less often, as needed \_\_\_

1. Does the firm have a program or written practices that expressly address the safety of the traveling public?

Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If yes, describe such programs or practices.

**Part C**

Identify any differences between the firm’s standard or typical safety program or practices, as described above, and the firm’s safety program or practices on projects similar to this Project in size and scope.