

**2009 CAWV SAFETY AWARDS
ASSOCIATE QUESTIONNAIRE**
Read Instructions and Questions Carefully



Company Name: _____

Person completing Questionnaire: _____

Phone number of person completing questionnaire: _____

Associate Category (circle your primary category only below) If your company is applying for a safety award in more than one category, make a copy of this Questionnaire and submit separately.

Professional - Retail - Manufacturing - Install & Maintain - Other _____

Submit copy of the 2009 OSHA Summary 300A log by attaching a copy to this questionnaire.

Total Manhours Worked **in WV** _____ Total Loss Workday Injuries **in WV** _____

Total Cases **in WV** _____ Total Days Lost **in WV** _____

Percentage of employees working in non-office situations _____ %.

What is your Experience Modification Rate (EMR) for **WV for 2009** _____. Refer to your workers' compensation agent to obtain your correct EMR.

Associate Members who are not under OSHA's regulation should complete **questions 1 through 10 only**. Associate members under OSHA regulations (manufacturers & installers) should complete all 20 questions.

1. Does your company have a written safety & health program?
 - a) Published and distributed to all employees
 - b) Published but not uniformly distributed
 - c) No, not at this time

2. If you have a program, is it reviewed yearly to update any regulatory or industry changes?
 - a) Yes, every year
 - b) Sometimes
 - c) Has not been reviewed since inception

3. Is safety a topic during top management meetings?
 - a) No
 - b) Intermittently
 - c) On a regular basis

4. Does your company have a person dedicated to managing and administrating safety?
- a) Yes, Full Time
 - b) Yes, with other duties included in job function
 - c) No
5. Do newly hired employees receive specific instruction on the company's safety program, goals and policy / procedures?
- a) Yes, always
 - b) If they are hired at the beginning of the season
 - c) Occasionally
6. Do you maintain a fire protection / emergency action plan that is well communicated to employees?
- a) Yes
 - b) No
7. Does your company display necessary employee notices, i.e., Federal Minimum Wage Notice, E.E.O. Notice, OSHA Notice, etc., at all work locations?
- a) In compliance
 - b) Uncertain
 - c) No
8. Do you perform an investigation to determine the cause of accidents?
- a) Yes, if it is severe
 - b) Yes, on all accidents
 - (c) Sometimes
 - (d) Unsure
9. If you do perform investigations on accidents, are the findings and corrections communicated to management and other jobsites if relevant?
- a) Always
 - b) Sometimes
 - (c) Never
 - (d) Unsure of Procedure
10. At each work location, does your firm have at least one employee who has been through a certified First-Aid/CPR training course?
- a) Yes
 - (b) Some Locations, Not all
 - (c) No

STOP !!! Associate Members not under OSHA regulations stop answering here. Do Not answer following questions.

All other Associate Members continue to answer questions that follow

11. Does top management regularly review progress and problems within the company's safety program?
 - a) No
 - b) Sometimes
 - (c) Often, but not scheduled
 - (d) At scheduled Intervals

12. Does management consider the safety performance of supervisors and superintendents when conducting annual evaluations for raises, bonuses, and advancement?
 - a) Do not know
 - b) Yes, on a consistent basis
 - (c) Sometimes
 - (d) No

13. Does your firm have no nonsense sessions (toolbox talks) on the jobsite for all employees?
 - a) Daily
 - b) Weekly
 - (c) Monthly
 - (d) No

14. Are the topics for these sessions documented and filed at the office or worksite?
 - a) Yes
 - b) No
 - c) Do not know

15. Do employees receive verbal warnings, warning slips, or face possible suspension if they violate company safety policy?
 - a) Yes, on a consistent basis
 - b) Yes, occasionally
 - (c) Unsure
 - (d) No

16. Do you use Job Safety Analysis (JSA's) on all projects to assure that all work crews are aware of hazards involved in their daily job tasks and locations.
 - a) Yes
 - b) No

17. Have you established and are you documenting your personal protective equipment training program.
- a) We have a system
 - b) No, not at this time
18. Does your competent person perform daily jobsite inspections to check for possible safety hazards?
- a) Yes
 - b) Sometimes, but not daily
 - (c) Only when there is an accident
 - (d) No
19. Does your company provide required personal protective equipment, i.e., hardhats, earplugs, safety glasses, etc.?
- a) Yes, with documentation
 - b) Yes, but no documentation
 - c) No
20. Of which of the following does your company keep records: (please circle all that apply)
- a) OSHA Log-Form 300
 - b) Training Records
 - c) Inspections
 - d) Accident Investigations
 - e) Tool Box Talks

Questionnaire MUST be received at the CAWV by the end of the day, Friday, January 29, 2010

Contact the CAWV at 304-342-1166 or e-mail pmcdonald@cawv.org if you have questions.

**Please complete and return this form to:
CAWV, 2114 Kanawha Boulevard, Charleston, WV 25311
By Friday, January 29, 2010**

