



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

Company Name \_\_\_\_\_

Person completing Questionnaire \_\_\_\_\_

Phone number of person completing Questionnaire: \_\_\_\_\_

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

**Highway - Building - Utility - Industrial - Other: \_\_\_\_\_**

Submit the 2009 OSHA Summary 300A Log totals for your company by attaching copies 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** \_\_\_\_\_. If you are unsure, refer to your workers' compensation insurance carrier to obtain your correct EMR.

**Contractor members** complete all questions.

1. Does your company have a written safety 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 priority topic during top management meetings?
  - a) No
  - b) Intermittently
  - c) On a regular basis

4. Do newly hired employees receive specific instruction on the company's safety program, goals and procedures?
  - a) Yes, always
  - b) If they are hired at the beginning of the season
  - c) Occasionally
  
5. 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
  
6. Does your company display necessary employee notices, i.e., Federal Minimum Wage Notice, E.E.O. Notice, OSHA Notice, etc.?
  - a) In compliance
  - b) Uncertain
  - c) No
  
7. 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
  
8. 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
  
9. 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, but not all
  - c) No
  
10. 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

11. 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
  
12. Does your firm conduct no nonsense sessions (toolbox talks, etc.) on the jobsite for all employees?
  - a) Daily
  - b) Weekly
  - c) Monthly
  - d) No
  
13. Are the topics for these sessions filed at the office or worksite?
  - a) Yes
  - b) No
  - c) Do not know
  
14. 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, after initial warning, it is their responsibility
  
15. Do you have someone within your firm who trains your field employees in specific hazard awareness at the time of hire?
  - a) Yes
  - b) We plan to
  - c) No, we hire outside sources to train
  - d) No plans presently

16. Have you established and are you documenting your personal protective equipment training program.
- a) We have a system
  - b) No, not at this time
17. 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
18. Does your company provide required personal protective equipment, i.e., hard hats, earplugs, safety glasses, etc.?
- a) Yes, with documentation
  - b) Yes
  - c) No
19. Which of the following does your company keep records of: (please circle all that apply)?
- a) OSHA Log-Form 300
  - b) Training Records
  - c) Inspections
  - d) Near Misses
  - e) Accident Investigations
  - f) JSA's
  - g) Tool Box Talks
  - h) CDL-Driver files
20. Does your company have a person dedicated to managing and administrating safety?
- a) Yes, full time
  - b) Yes, with other duties included in job functions
  - c) No

21. Does your company have an emergency action plan for threats from fire, severe weather, terrorist attacks, and chemical releases?
- a) Yes
  - b) No
  - c) Yes, for some emergencies, but not all.
22. Does your company have an emergency action plan for a fatality or catastrophic accident?
- a) Yes
  - b) No
- 23) Does your company have a drug testing / substance abuse screening program?
- a) Yes
  - b) No
- 24) Does your company have a procedure to allow employees to make suggestions for improvement regarding safety issues?
- a) Yes
  - b) No
- 25) Who in your company is responsible to see that your safety policy is followed?
- Name: \_\_\_\_\_
- Title: \_\_\_\_\_

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

Contact the CAWV at 304-342-1166 or e-mail [pmcdonald@cawv.org](mailto: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**