

**2025 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 2025 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 2025** \_\_\_\_\_? 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.**



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, February 20, 2026.**

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  
Fax 304-342-1074  
Or via email to  
[pmcdonald@cawv.org](mailto:pmcdonald@cawv.org)**

