



Safety Questionnaire

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|---|--|
| Contractor's Name | |
| Contractor's Project Manager and phone number | |
| Contractor Safety Representative and phone number | |
| NAICS Code | |
| Scope/Summary of the Service(s) provided (Include expected start and completion dates). | |

| | DESCRIPTION | 2024 | 2023 | 2022 | 2021 | 2020 |
|---|---|------|------|------|------|------|
| | (Note: E-J required regardless of company size) | | | | | |
| A | Experience Modification Rate (EMR) | | | | | |
| B | Total Recordable Incident Rate Rate = $D \times 200,000 \div I$ | | | | | |
| C | DART Rate Rate = $(E + F) \times 200,000 \div I$ | | | | | |
| D | Number of Injuries and Illnesses | | | | | |
| E | Number of Restricted or Transferred Workday Cases | | | | | |
| F | Number of Lost Workday Cases | | | | | |
| G | Number of Work Related Fatalities | | | | | |
| H | Total Number of Employees | | | | | |
| I | Employee Hours Worked Per Year (If unknown use # of employees \times 2080) | | | | | |



Safety Questionnaire

Does your company have written safety and health programs? **Y** **N**
Please list the date that the program was last reviewed or updated

Does your company have a Written Hazard Communication Program? **Y** **N**

Has your company received any "Willful" citations (including pending) from either Federal or State OSHA in the past five years? **Y** **N**

If Yes (Y), please describe:

Has your company received any "Repeat" citations (including pending) from either Federal or State OSHA in the past five years? **Y** **N**

If yes, please describe:

Has your company received any "Serious" citations (including pending) from either Federal or State OSHA in the past five years? **Y** **N**

If yes, please describe:

Does your company conduct accident/incident investigating? **Y** **N**

Does your company document, investigate, and discuss near-miss accidents? **Y** **N**

Are accident/incident reports reviewed by managers/supervisors? **Y** **N**

Does your company have a written policy regarding drug screening or testing of employees? **Y** **N**

If yes, does your drug-testing program conform to DOT requirements? **Y** **N**

OTP is committed to providing a safe and healthy workplace for employees, contractors, and the general public. Additional supporting documentation may be requested for further review.