



HEALTH & SAFETY SUMMARY FORM

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Safety Officer: _____ Phone: _____

1. List your firm's Worker's Compensation experience modification rates (EMR) for the last three years. If EMR is 1.0 or above, please attach an explanation.

| Year | EMR |
|------|-----|
| 2014 | |
| 2013 | |
| 2012 | |

2. List your firm's OSHA incidence rates for the last three years and attach OSHA 300 logs for last 3 years. Your incident rate is calculated using the following formula:

$$\frac{\text{Number of Incidents} \times 200,000 \text{ hours}}{\text{Number of hours worked}}$$

| Categories | 2013 Incident Rate | 2012 Incident Rate | 2011 Incident Rate |
|---|--------------------------|--------------------------|--------------------------|
| Total OSHA recordable cases. | | | |
| OSHA recordable cases resulting in days away from work. | | | |
| Fatalities. | | | |
| Average number of employees. | | | |

3. Has your firm been cited by WISHA/OSHA within the last 3 years? If yes, attach an explanation. Yes No

4. Do you have a written safety program? If yes, please attach a copy. Yes No