

FORM H – SAFETY INFORMATION

SUBMITTING FIRM NAME:

Respondents should be able to demonstrate the quality of their overall safety program as evidenced by their history of citations, OSHA incident rate and Experience Modification Rate (EMR).

SAFETY INFORMATION

Does your organization have a safety program?

Yes No

Month and year first implemented or last updated:

Program compliance and implementation strategy:

Please indicate whether onsite safety meetings are held and how frequently.

PLEASE PROVIDE A COPY OF THE TABLE OF CONTENTS FROM YOUR FIRM'S SAFETY/LOSS CONTROL MANUAL

Have any citations been issued to your organization during the period of the last three years for workplace safety law violation?

Yes No

If yes, please provide detailed information for each occurrence regarding:

1. The nature of the violation for which your organization was cited.

2. Summary of your position on the matter

3. Official resolution of violation

Please provide your organization's OSHA reportable incident rate in the box:

(If this is greater than 3.0, please attach your OSHA Form 300A Summaries for the last three years and a written explanation to the qualification questionnaire. Please explain below or attach Narrative Statement, if necessary.)

Please provide a copy of your organization's National Council on Compensation Insurance ("NCCI") current Experience Modification Rate ("EMR"). If EMR rate this is greater than 3.0, please attach your OSHA Form 300A Summaries for the last three years and a written explanation to the qualification questionnaire. Please explain below or attach Narrative Statement, if necessary.)

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PLEASE PROVIDE NCCI RATING FOR THE PAST FOUR YEARS

Year	NCCI Rating	Year	NCCI Rating

PLEASE DESCRIBE IN DETAIL YOUR FIRM'S COVID-19 PROTOCOLS

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