In keeping with Lester Buildings, LLC commitment of ensuring a safe working environment, we require that the following safety questionnaire be completed by your Company.

The questions are related to federal, state and local environmental, safety and health regulations; including, but not limited to Occupational Safety and Health Administration (OSHA) 29 CFR 1910 and 29 CFR 1926, etc.

Completion of this questionnaire does not in any way relieve your firm of its obligations to comply with applicable laws and regulations, including those relating to your employee's safety and health.

This questionnaire has been developed to assist Lester Buildings, LLC to better understand your safety program, but in no way does it represent a complete list of your safety obligations.

Safety Evaluation Numbers should represent your Company only. EMR is obtained from your insurance carrier.	**1st Year** *(Last year)*		**2 years ago**	**3 years ago**	**4 years ago**	**5 years ago**
Please list your Company's EMR (**E**xperience **M**odification **R**ate) for the past 5 years.						
Please list your Company's TRIR (**T**otal **R**ecordable **I**ncident **R**ate) for the past 5 years*						
Please list your Company's LTFR (**L**ost **T**ime **F**requency **R**ate) for the past 5 Years **						
Please list your Company's total number of cases with Job Transfer or Restriction for the last 5 years.						
Please list the total number of **D**ays **A**way from work and **R**estricted/**T**ransferred work activity cases from the past 5 years. (DART)						
Please list the total number of employee hours worked for the last 5 years.						
	Yes	**No**	**Other information**			
Does your Company have a formal/written safety program?	☐	☐	If yes, please submit a copy. Electronic versions are acceptable.			
Is your Company self-insured for Workers Compensation claims?	☐	☐				
Does your Company hold on-site Safety Meetings with field supervisors? How often?	☐	☐	Frequency:			
Does your Company conduct project safety inspections? If yes, how often? If no, why not?	☐	☐				
Do you have a system to track issues identified during safety inspections?	☐	☐				
Does your Company hold weekly safety meetings? If so, how often? If no, why not?	☐	☐	Frequency:			
Does your Company have a written Fall Protection Plan?	☐	☐	**If yes, please submit a copy *when requested.***			
Does your Company have a written Hazard Communication plan?	☐	☐	**If yes, please submit a copy *when requested.***			
Does your Company investigate injuries, incidents and near-misses?	☐	☐				
Does your Company have a drug/alcohol screening program?	☐	☐				

Check those items covered by your drug/alcohol screening program:	☐ Pre-employment	☐ Post-incident	☐ Reasonable Suspicion	☐ Random

	Yes	**No**	
Does your Company have an early return-to-work policy?	☐	☐	
Does your Company provide formal safety orientation training for new-hires?	☐	☐	
Has *any* division of your Company received a citation and/or fine relating to health, safety, or environmental from *any* Local, State or Federal regulatory agency in the past 5 years? If so, please list and explain each instance.	☐	☐	
Has your Company been included in injury/illness litigation in the last 5 years? If so, list and explain each case.	☐	☐	
Has your Company experienced any work related fatalities in the past 5 years? If yes, please explain each case.	☐	☐	
Have any of your Company employees or subcontractors suffered permanently disabling/debilitating injuries or illnesses as a result of a work-related accident? If so, list and explain each case.	☐	☐	
Does your Company have an individual dedicated specifically to safety? If yes, please identify by name and title.	☐	☐	**Name:**_____ **Title:**_____
If no, identify the person (and their title) within your Company directly responsible for the management of your Company's Safety Program:			**Name:** _____ **Title:**_____

Explanation(s):

_____

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Attach additional pages, as needed.

* TRIR = $\frac{\text{Total \# of entries on OSHA 300 log x 200,000}}{\text{Total \# of employee hours worked}}$