

Louisiana Department of Transportation and Development

FORM S
SAFETY QUESTIONNAIRE

Proposer's Name: _____

Firm Name: _____

1. Provide the following information for the last three years:

Item	2005	2006	2007
Employee hours worked (Do not include non-work time, even though paid)			
Number of lost workday cases			
Number of restricted workday cases			
Number of cases with medical attention only			
Number of fatalities			
Experience modifier for workers' compensation			

2. Are internal accident reports and report summaries sent to management? To what levels and how often?

Position	No	Yes	Monthly	Quarterly	Annually

3. Do you hold site meetings for supervisors? Yes _____ No _____

How Often? Weekly ____ Bi-Weekly ____ Monthly ____ Less often, as needed ____

4. Do you conduct project safety inspections? Yes _____ No _____

By whom? _____

How Often? Weekly ____ Bi-Weekly ____ Monthly ____

5. Does the firm have a written safety program? Yes _____ No _____

6. Does the firm have an orientation program for new hires? Yes _____ No _____

If yes, what safety items are included? _____

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7. Does the firm have a program for newly hired or promoted foremen? Yes ___ No ___

If yes, does it include instruction of the following?

Topic	Yes	No
Safety Work Practices		
Safety Supervision		
On-site Meetings		
Emergency Procedures		
Accident Investigation		
Fire Protection and Prevention		
New Worker Orientation		

8. Does the firm hold safety meetings which extend to the laborer level? Yes ___ No ___

How often? Daily ___ Weekly ___ Bi-Weekly ___ Less often, as needed ___

9. For the Proposer only, indicate the safety record on the last Project to which the indicated key personnel were assigned:

Key Person	Total hours worked by all employees on the Project	Number of lost workday cases on the Project	Number of restricted workday cases on the Project	Number of cases with medical attention only on the Project	Number of fatalities on the Project
Project Principal					
Project Manager					
Construction Manager					