



ERMCO Safety Pre-qualification

Company Name: _____

Person Completing Form: _____

Company Address: _____

Signature: _____ Date Completed: _____

1. List your Firm's Experience Modification Rate (EMR) for the three most recent years.

2. Please use your OSHA 300 Log to complete this section:

Number of Injuries and Illnesses:	2006	2005	2004
a. Number of Fatalities (Column G)	_____	_____	_____
b. Number of Lost workday cases (Column H)	_____	_____	_____
c. Number of Job transfer or restricted Duty cases (Column I)	_____	_____	_____
d. Number of cases defined as other recordable cases (Column J)	_____	_____	_____
e. Total Number of cases for a,b,c, and d above	_____	_____	_____
f. Number of employee hours worked	_____	_____	_____

3. Safety Information

- Do you have a written safety program that includes Hazardous Communication? Yes ___ No ___
- Do you have a mandatory substance abuse program? Yes ___ No ___
- Do you have a light duty / restricted work policy? Yes ___ No ___
- Do all new employees complete a safety orientation? Yes ___ No ___
- Do you conduct jobsite safety inspection? Yes ___ No ___
- Do you require the OSHA 10-hour for all supervisors? Yes ___ No ___
- Do you conduct documented post-accident investigations? Yes ___ No ___

Name of Company Designated Safety Representative: _____

Contact Phone # for Designated Safety Representative: _____

Return to: JD Kyle, Health and Safety Director, PO Box 1507 Indianapolis, IN 46206-1507 (317) 780-2923 jdkyle@ermco.com