

STATE OF DELAWARE
WORKPLACE SAFETY PROGRAM QUESTIONNAIRE

Please submit your application five months prior to your policy renewal date.Ucxg'hqto 'lp"{'qwt'f tkxg0
Remember to include your inspection fee when mailing.Vj gp'go ckr'cu'cwcej o gpv'vq<
.....uchgv{ B urcvgf g0wu

GENERAL INFORMATION -- TYPE OR PRINT CLEARLY

Business Name: _____

Mailing Address: _____ Street Address: _____

City/Town: _____ Zip: _____ Telephone #: _____

Person and Title Completing Form: Mr./ Ms./Dr. _____ Date: _____

Contact Person and Title: Mr./Ms. Dr. _____
(If different than person completing form)

Point of Contact E-mail: _____ Point of Contact Cell Phone #: _____

No. of Full Time Employees: _____ Part time employees: _____ Is any off-site work done? _____

Type of Business/SIC Code: _____

Are you seasonal? _____ If yes, please provide the dates you are open for business: _____

Describe Operation: _____

List All **Delaware** Locations or Sites Covered By Policy: _____

Have you had any Workers Compensations Claims in the last twelve months? _____

DEPARTMENT USE ONLY

RENEWAL DATE: _____ FILE #: _____ # OF YEARS: _____ PERCENTAGE: _____

INSPECTION DUE DATE: _____ CHECK #: _____ AMOUNT: _____

AMOUNT PAID LAST YEAR: _____ LOCATION(S): _____ INSPECTION(S): _____

COMMENTS: _____

WORKPLACE SAFETY INSPECTION FEE SCHEDULE

For Property Management, Artisans, and Contractors (General, Building, Custodial, Lawn Service, etc.):

EFFECTIVE AS OF NOVEMBER, 1 2003

	1 st YEAR	ALL CONSECUTIVE YEARS
Home Base plus 2 Sites or Less	\$700	\$350
Home Base plus 3 to 5 Sites	\$1,000	\$500
Home Base plus 6 to 10 Sites	\$1,500	\$750
Home Base plus 11 to 15 Sites	\$2,000	\$1,000
Home Base plus 16 or More	\$3,000	\$1,500

For Most Other Businesses:

	1 st YEAR	ALL CONSECUTIVE YEARS
One Building	\$300	\$150
One Building Plus CDLs	\$400	\$200
Two Buildings/ Car Dealerships/Country Clubs	\$600	\$300
Four Buildings	\$1,200	\$600
Six Buildings	\$1,800	\$900
Eight Buildings	\$2,400	\$1,200
Ten Buildings	\$3,000	\$1,500

Only Delaware work sites are eligible for the Workplace Safety Program. The safety credit applies to Delaware premiums only in multi-state policies.

***FEES MAY BE ADJUSTED UNDER CERTAIN CIRCUMSTANCES**

**Please make check payable to:
DELAWARE INSURANCE DEPARTMENT**

DELAWARE EMPLOYERS' WORKPLACE HEALTH AND SAFETY INCENTIVE PROGRAM

I. SAFETY PROGRAMS/PHILOSOPHY

- 1. Do you have a complete safety program with a written policy statement? _____
(please attach a copy of the index; have complete copy available for the inspector)
- 2. Who is your Safety Director/Coordinator? _____
- 3. Do you have a safety committee? _____ How often do you conduct safety meetings? _____
- 4. Do you follow OSHA records keeping procedures? _____
Please have your latest OSHA 300/300A log available.

5. Do you maintain written programs on the following?	Yes	No	N/A
a. Emergency Plan and Fire Prevention Plan	Yes	No	N/A
b. Occupational Noise Program	Yes	No	N/A
c. Tag/Lockout Program	Yes	No	N/A
d. Chemical Hazard Communication (MSDS)	Yes	No	N/A
e. Driver/Vehicle Safety	Yes	No	N/A
f. Industrial Truck Operators' Program	Yes	No	N/A
g. Respiratory Protection Program	Yes	No	N/A
h. Personal Protective Equipment/Clothing	Yes	No	N/A
i. Lifting/ Back Safety	Yes	No	N/A
j. Ergonomics	Yes	No	N/A
k. Blood Borne Pathogens	Yes	No	N/A

6. Do you address the following in written program or employee training?	Yes	No	N/A
a. Portable ladders and stairway safety training	Yes	No	N/A
b. Scaffold Safety	Yes	No	N/A
c. Fall Protection	Yes	No	N/A
d. Cranes/Hoists (material/personnel)	Yes	No	N/A
e. Welding and Cutting	Yes	No	N/A
f. Steel Erection	Yes	No	N/A
g. Excavations	Yes	No	N/A
h. Aerial Lifts	Yes	No	N/A

7. Which chemicals are commonly used in the workplace?

8. List job titles and job descriptions of your employees:

9. Do you use any of the following tools to train your employees on safety? Please circle those that apply:

- a. On the job supervised training
- b. Videos
- c. Safety Seminars
- d. Safety Consultant
- e. Other

10. What actions have you taken within the last 6 to 12 months to enhance a safer work environment?

II. SAFETY EQUIPMENT/PROTECTIVE CLOTHING AND EQUIPMENT N/A

This section deals with protective clothing necessary for the job or jobs performed.

1. List Personal Protective Equipment (PPE) for your industry:

- 2. Does your PPE comply with applicable regulations and guidelines? Yes No
- 3. Is clothing designed well and made of proper materials? Yes No
- 4. Is clothing cleaned, maintained & inspected on a regular basis? Yes No
- 5. How do you enforce the use of PPE? _____
- 6. Do you partially or fully subsidize employees for their protective equipment? _____

III. EYE PROTECTION N/A

You should complete this section whenever employees are exposed to such hazards as chemical fumes, vapors, splashes, intense heat, molten metals, wood and metal chips, and high dust levels.

- 1. Are safety glasses worn which meet or exceed ANSI standards? Yes No
 - a) Do they have side shields? Yes No
 - b) Are goggles worn when they are needed? Yes No
 - c) Are all glasses regularly cleaned after each use, particularly the goggles? Yes No
- 2. Are safety shields worn over safety glasses (for protection against chemical splash, glass breakage & severe impact hazards)? Yes No
- 3. Are there eye or eye/face wash stations in areas where chemicals are handled? Yes No

IV. HEARING PROTECTION N/A

Complete this section if your business has a DBA level of 85 or more.

- 1. Do you have a hearing conservation program? Yes No
 - a) Do you comply with all OSHA or Delaware state standards where employees are exposed on a regular basis to high noise levels? Yes No
 - b) How and when are workplace noise levels monitored? _____
 - c) Do you give your employees annual hearing tests, with records maintained? Yes No
 - d) Is proper hearing protection (ear muffs or plugs) furnished and/or required to be worn? Yes No

e) How is this enforced? _____

2. How often are employees given rest periods or alternate work away from the noise? _____
3. Do you rotate or transfer personnel who show evidence of a significant shift in hearing threshold? Yes No

V. RESPIRATORY PROTECTION N/A

This section applies if your business has an exposure to respiratory hazards.

1. Do you have an oxygen deficiency hazard? Yes No
2. Do you have vapor and particulate hazards (dusts, sprays, fumes, mists, fogs, smoke or smog)? Yes No
3. Are employees exposed to any gaseous contaminants? Yes No
4. Are work areas monitored regularly for contaminant levels? Yes No
5. Are respirators required? Yes No
- a) Are they properly fitted? Yes No
- b) Are instructions given in proper use? Yes No
- c) Are they cleaned, inspected and disinfected after each use? Yes No
- d) Are filters replaced on a regular, routine basis? Yes No

***** If the answer to any of the above questions 1 through 5 is "yes," do you have a written respirator program in compliance with Federal Regulation 29 CFR 1910.134 ? YES NO *****

VI. SKIN PROTECTION N/A

This section applies if your business manufactures or uses irritation-producing substances.

1. Are employees with a current or prior work history of dermatitis identified and assigned to another job? Yes No
2. For workers working in skin disorder-producing environments:
- a) Are the least irritating substances provided? Yes No
- b) Is the process enclosed and separated from the worker? Yes No
- c) Is there continual good housekeeping, including **immediate cleanup of unavoidable spills**? Yes No
- d) Is proper protective clothing and equipment worn? Yes No
- e) Are water-soluble barrier creams used? Yes No
- f) Are wash-up facilities (including showers in certain work) provided? Yes No

VII. FIRST AID

1. Are emergency phone numbers posted in prominent places? Yes No
2. Do you keep first aid supplies highly visible, close to employees, inspected and replenished continuously? Yes No
3. Do you have an AED kit on hand? Yes No
4. Who is trained in First Aid/CPR? _____ Is training Red Cross approved? Yes No
5. Do you have emergency shower/eyewash facilities? Yes No
6. Do employees work outside? Yes No

VIII. MEDICAL EVALUATION

Where allowable under State and Federal guidelines:

1. Is the physical exam job-exposure oriented? Yes No
2. Does your examiner check for signs of drug or alcohol abuse? Yes No
3. Are pre-existing conditions noted and documented? Yes No

4. If respirators are worn, how often are pulmonary tests conducted? _____
5. In noisy areas, how often is audiometric testing conducted? _____
6. Do you encourage your employees to report any symptoms of illness between physical checkups? Yes No

IX. HOUSEKEEPING AND MAINTENANCE

1. Are any electrical cords strung across walkways? Yes No
 - a) If so, are they properly marked and guarded? Yes No
2. Do you have specific storage areas? Yes No
3. Are any loose floor mats safety-edged? Yes No
4. Any worn or frayed carpet, open carpet seams or curled edges? Yes No
5. Any holes, uncovered drains, protruding nails, splinters, loose boards or projections in floors? Yes No
6. Are there any false floors or platforms used to provide dry standing & walking surfaces? Yes No
7. Are all floors free of debris, lint, dust, oil, grease, paint or spray residue, granular materials, sand, mud, ice or other slippery traction-robbing material? Yes No
8. Is lighting adequate for all operations? Yes No
9. Do you have emergency lighting? Yes No
10. What type of ventilation system do you have? _____
11. What type of sprinkler and/or smoke detection system do you have? _____
 - a) When was it last tested? _____
12. Are all exits clearly marked and unobstructed? Yes No
13. Are there frequent refuse pickups? Yes No

X. MACHINE GUARDING

N/A

Complete this section only where machinery is in use.

1. List the types of equipment you have on hand:

2. Do you keep adequate machine guards in place where required? Yes No
3. Do you have only trained individuals operating or repairing machinery? Yes No
4. Do you implement a preventative maintenance program? Yes No
5. Are any defects remedied immediately? Yes No
6. Do you have maintenance employees on site? Yes No
7. If an employee removes a guard or disengages a safety device, what corrective action is taken? _____
8. Is the anchoring secure for fixed-location machinery? Yes No

XI. AUTOMOBILE

N/A

This section applies if you have employees who drive cars or trucks as a regular part of their work; also where employees drive their own cars on company business.

1. Are employees taught how to inspect vehicles/equipment before use? Yes No
2. Do employees required to operate motor vehicles participate in a Defensive Driving Program? Yes No
3. Are scheduling & driving speeds reflective of this? Yes No
4. Are employees required to have CDLs? Yes No
5. Are Motor Vehicle Reports (MVR's) requested on all drivers at regular intervals? Yes No

6. Are MVR's requested on all prospective employees, covering all states in which they have been licensed? Yes No
7. Are employees required to use seatbelts? Yes No
8. Are horns and back up alarms provided and operable on equipment/ vehicles that require them? Yes No
9. How often are driver training and safety meetings held? _____
10. What actions are taken in connection with accidents or violations, and have they proven effective? Describe. _____

11. Are there any time pressures inherent in your operations? Yes No
 If "yes", describe. _____

XII. GENERAL INFORMATION

1. When did your insurance carrier last conduct an engineering & loss control inspection of your premises and operations. Date: _____
2. What worker's compensation recommendations have been made by them?

3. Have they been complied with? Yes No
4. Has an OSHA inspection ever been done? Yes No
- a) If so, were any recommendations made, citations issued; fines or penalties levied? Yes No
 If "yes", explain.

5. What regulatory authorities inspect your operations?

a) How often? _____

Name of person completing this questionnaire: _____
 Title: _____
 Date: _____

Please visit our website at
www. delawareinsurance.gov