

STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR

PO BOX 2076

CONCORD, NH 03302-2076

FAX (603) 271-2668

SAFETY SUMMARY FORM FOR JANUARY 1, _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY LOCATIONS (Included in this form): _____

CONTACT PERSON: _____ TITLE: _____ PHONE #: _____
FAX #: _____
EMAIL: _____

NUMBER OF EMPLOYEES: _____

STANDARD INDUSTRIAL CODE (SIC CODE): _____ FED. ID. #: _____

NATURE OF BUSINESS: _____

- 1) List potential safety and health hazards of your company.

- 2) Who is responsible for your inspections and how often are they done?

- 3) List the members of your company's joint loss management committee by name and job title. Please indicate which members represent the employer and those which represent employees, identify chairperson.
Management Member(s) _____ Employee Member(s) _____

- 4) Specify your emergency response procedures. (*Example: fire, employee injuries, workplace violence, etc..*)

SUMMARY OF SAFETY AND HEALTH PROGRAM

- 5) Identify person(s) by name and title responsible for safety and health instruction for your employees and your joint loss management committee.

- 6) Identify person(s) by name and title qualified to take corrective actions on safety and health hazards.

- 7) Indicate your policy to communicate safety and health concerns with the activities of sub-contractors or outside service providers, when, or if utilized.

- 8) Summarize your disciplinary policy with regard to violations of your safety and health policies.

- 9) Summarize your policy for providing adequate resources dedicated to safety.

- 10) How are employees provided access to your safety and health policies?

Signature of person completing form

Date

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SAFETY SUMMARY FORM SUPPLEMENTAL INSTRUCTIONS*

THE INFORMATION ON THE SUMMARY OF SAFETY AND HEALTH PROGRAM FORM MUST BE SPECIFIC AND COMPLETED IN FULL. FORMS THAT ARE INCOMPLETE AND/OR ARE TOO GENERALIZED WILL BE SENT BACK FOR FURTHER INFORMATION. IF YOU DO NOT HAVE ENOUGH SPACE ON THIS FORM, PLEASE FEEL FREE TO USE ADDITIONAL PAPER AS NECESSARY. INFORMATION ON THIS FORM MUST BE COMPLETED, UPDATED AND FILED BI-ANNUALLY BY BUSINESSES WITH 10 OR MORE EMPLOYEES. IF YOU HAVE QUESTIONS ABOUT THE FORM ITSELF, OR WITH YOUR COMPANY'S NEEDS, PLEASE DO NOT HESITATE TO CALL A SAFETY INSPECTOR AT 271-6850 OR 271-6297.

Topics on form which need further instructions:

- ^ Please include Corporate address if filing for more than one New Hampshire Division.
- ^ You are accountable for your total number of employees for establishing your joint loss management committee and for your written safety program. If you have, at any time of the year 5 or more employees, you need to set up a joint loss management committee. If you have, at any time of the year 10 or more employees, you must have a written safety program.
- ^ On item #1, **be specific** about both existing or potential safety and health hazards or concerns of your company.
- ^ On item #3, be sure to identify by name and job title, employee representatives as well as employer representatives of your joint loss management committee. Also, identify chairperson. There should be equal representation of both employee/employer representatives.
- ^ On item #4, specify the emergency response procedures as outlined in your written safety program. This should include everything from emergency numbers and evacuation and head count to dealing with any minor or major injuries. Be specific about procedures used in case an emergency occurs.
- ^ On item #7, indicate the safety and health policies or procedures you use, **or would use** if sub-contractors perform work in your facility. This would include anyone from outside of your company coming in to perform any type of work or service.
- ^ On item #9, summarize your policy for providing adequate **time and resources** dedicated to safety. Resources could be equipment, training, personal time, commitment to safety and/or financial investments.

* Please refer to Chapter 600, Safety Programs and Joint Loss Management Committees for further information.