## FORM S SAFETY QUESTIONNAIRE

Proposer's Name:							
Firm Name:							
1. Provide the following information	ation for	the last	three years:				
Item				2006	2007	2008	
Employee hours worked (Do not include non-work time, even though paid)							
Number of lost workday cases  Number of restricted workday of	PACAC						
Number of cases with medical a		only					
Number of fatalities	attention	Olliy					
Position	No	Yes	Monthly	Quarterly		Annually	
Position	No	Yes	Monthly	Quarterly		Annually	
3. Do you hold site meetings for How Often? Weekly B	•		Yes		en, as nee	_	
4. Do you conduct project safety	_			No _		-	
By whom?				-			
How Often? Weekly I	Bi-Week	aly	Monthly				
5. Does the firm have a written s	safety pi	rogram?	Yes	_ No	)		
6. Does the firm have an orienta	tion pro	gram fo	r new hires? Ye	es	No		
If yes, what safety items are i	ncluded	?					

## **Louisiana Department of Transportation and Development**

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7.	Does the firm have a program for newly hired or promoted foremen?	Yes 1	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	Does the firm hold safety meetings which extend to the laborer level? Yes No						
	How often?	Daily	Weekly	_ Bi-Weekly	Less often, as need	ed		

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					