

# Disposal Systems, Inc.

## Subcontractor Health and Safety Evaluation

### Contractor Information

Company Name:		Date Submitted:
Name & Title of Person Completing Form:		Email Address:
Telephone:	Company Website:	
Address:	Fax:	
Number of Employees:	Types of Services Provided:	

Please provide data for the last three years of your Total Recordable Incident Rate (TRIR) & Workers Compensation Experience Modification Rating (EMR). \*If your company has less than 10 employees, you may be exempt.

Year	TRIR	EMR
2010		
2009		
2008		

TRIR =  $\frac{\text{Total OSHA Recordable Injuries/Illness} \times 200,000}{\text{Total Employee Hours Worked}}$

Has your company experienced any work related fatalities in the past (5) years (yes or no)? _____ If yes, please provide date of fatality _____	Has your company received any regulatory citations in the last (3) years (yes or no)? (OHSA, EPA, DOT, etc.) _____ if yes, please attach copies of citations & corrective actions taken to mitigate.
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Are all employees knowledgeable in the work practices needed to safely perform his/her job (yes or no)? \_\_\_\_\_

Will your company adhere to DSI's health & safety plan when working on any DSI job site (yes or no)? \_\_\_\_\_

Does your company hold jobsite safety meetings (yes or no)? \_\_\_\_\_  
If yes, how often are jobsite safety meetings held? (daily, weekly, monthly) \_\_\_\_\_

Does your company have a drug & alcohol policy or program (yes or no)? \_\_\_\_\_  
If yes, does this policy include drug testing & at what frequency? (Pre-employment, Annual, Random, Other) \_\_\_\_\_

### ***Please provide copies of the following items along with this completed form:***

1. OSHA 300A Summary Log for 2008, 2009, 2010.
2. Photo copy of written Health & Safety Program Table of Contents.
3. Letter from Insurance Carrier indicating EMR data for last (3) years.

### SIGNATURE

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_