



GENERAL SAFETY INCIDENT STATISTICS SECTION

Wednesday, September 02, 2009

QUESTIONNAIRE IS INCOMPLETE

11. Enter the approximate date your company started operations.

10/10/2008

12a. List Incident Details for each QTR as indicated:

Year	Quarter	Average Number of Employees	Exposure Hours	Recordable Cases				Total Recordable Cases (Calculated)	Total Recordable Incident Rate (Calculated)	Number of Days		EMR	DART	Incident Rate of Away from Work Cases	Severity Rate	LTA / Total Accident Ratio	Fatality Ratio
				Deaths (G)	Away From Work Cases (H)	Remained At Work				Away From Work (days) (K)	On Job Transfer or Restriction (days) (L)						
						Job Transfer or Restriction Cases (I)	Other Recordable Cases (J)										
2009	2	1	10	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2009	1	1	10	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
Summary	2009	1	20	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2008	4	1	10	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2008	3	1	10	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2008	2	0	0	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2008	1	10	20000	1	0	0	0	1	10	0	1.00	0	0	0	0	10	
Summary	2008	4	20020	1	0	0	0	1	9.99	0	1.00	0	0	0	0	9.99	
2007	4	0	0	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2007	3	0	0	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2007	2	0	0	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2007	1	0	0	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
Summary	2007		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2006	4	0	0	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2006	3	0	0	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2006	2	0	0	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
2006	1	0	0	0	0	0	0	0	0	0	1.00	0	0	0	0	0	
Summary	2006		0	0	0	0	0	0	0	0	0	0	0	0	0	0	

12b. Three Year Summary

Latest Complete Year	Latest Complete Quarter	Average Number of Employees	Exposure Hours	Recordable Cases				Total Recordable Cases (Calculated)	Total Recordable Incident Rate (Calculated)	Number of Days		EMR	DART	Incident Rate of Away from Work Cases	Severity Rate	LTA / Total Accident Ratio	Fatality Ratio
				Deaths (G)	Away From Work Cases (H)	Remained At Work				Away From Work (days) (K)	On Job Transfer or Restriction (days) (L)						
						Job Transfer or Restriction Cases (I)	Other Recordable Cases (J)										
2008	Q2 2009	1.00	20020.00	1.00	0	0	0	1.00	9.99	0	0	1.00	0	0	0	0	9.99

13. Please enter any comments below on information in the incident tables:

No Answer Provided.

14a. Specify the basis for exposure or employee hours:

Other

14b. If "Other" above: please explain the basis for exposure or employee hours:

N/A



27a. Do you or your company have scheduled documented employee safety meetings?

Yes

27b. If "Yes" above: (you or your company does have scheduled documented employee safety meetings), how often does your company have scheduled documented safety meetings?

Monthly

27c. If "Yes" above: (you or your company does have scheduled documented employee safety meetings), are meetings reviewed and critiqued by managers / supervisors?

Yes

28. Who conducts the scheduled documented employee safety meetings?

Enter Names and Titles:

John Doe, HSE Supervisor

29a. Do you or your company hold on-site (tailgate / toolbox / pre-tour) safety meetings and / or attend customer sponsored on-site safety meetings?

Yes

29b. If "Yes" above: (you or your company does hold on-site (tailgate / toolbox / pretour) safety meetings), how often?

Weekly

30. Who conducts the on-site (tailgate / toolbox / pre-tour) safety meetings?

Enter Names and Titles:

John Doe, Training Manager

31. Is documentation available for the on-site (tailgate / toolbox / pre-tour) safety meetings?

Yes

32a. Do you or your company perform Job Safety Analysis (JSA) / Job Risk Analysis (JRA) or equivalent?

Yes

32b. If "Yes" above: (you or your company does perform Job Safety Analysis (JSA) / Job Risk Analysis (JRA) or equivalent), are they documented?

Yes



- 46a. Do you or your company have a written policy that describes roles and responsibilities that will be initiated in the event of an accident?
- 46b. If "Yes" above: (you or your company has a written policy in the event of an accident), is this policy communicated so all employees understand your company's position?
47. Do you or your company require an authorized individual to accompany injured employees to the medical provider for initial treatment?
48. Do you or your company have a policy requiring written accident / incident reports (spills, injuries, property damage, near misses, fires, explosions, etc.)?
49. Do you or your company conduct accident / incident investigations?
50. Are accident / incident reports reviewed by managers / supervisors?
- 51a. Does the company document, investigate, and discuss near miss incidents?
- 51b. If "Yes" above: (your company does document, investigate, and discuss near miss incidents), is the documentation available?
52. Do you or your company have a written Restricted Duty / Light Duty policy?
53. Do you or your company utilize a specific medical provider that understands your company's Restricted Duty / Light Duty policy?
54. Comments on your company's Restricted Duty / Light Duty policy:
55. Do you or your company have a written process in place to share the lessons learned from accidents with the entire workforce?
56. On large projects, does your company employ a paramedic, nurse, or physician with "occupational medicine" experience at the worksite?
57. Do you or your company have a system in place to track incident investigation corrective action findings to closure?



SAFETY, HEALTH, AND ENVIRONMENTAL MANAGEMENT SECTION

PEC/PREMIER (DEMO CONTRACTOR)
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67a. Do you or your company have a written environmental program?

NA

67b. If "Yes" above: (you or your company does have a written environmental program), describe the training and documentation aspects of the program:

68a. Do you or your company allocate time and resources to train all supervisors in environmental and regulatory compliance?

Yes

68. If "Yes" above: who is responsible for training supervisors in environmental and regulatory compliance?

Name

b. Chris Kuiper

Title:

c. HSE Coordinator

68d. Is this a full time responsibility for the person assigned to training all supervisors in environmental and regulatory compliance?

No

68e. If "No" above: and this is not a full time responsibility for the person assigned to training all supervisors in environmental and regulatory compliance, list the time devoted to environmental and regulatory compliance:

4 Hrs / Month

69. Does your company have waste management plans?

NA

70a. Does your pre-job planning process include environmental concerns? (Waste, Release, Permit Violation, JSA/JHA)

NA

70b. If "Yes" above: (your pre-job planning process does include environmental concerns), describe your pre-job planning processes below:

71. Do you or your company's mission statement include environmental goals?

Yes

72a. Do you or your company include environmental topics in conjunction with safety meetings?

NA

72b. If "Yes" above: (you or your company does include environmental topics in conjunction with safety meetings), please provide some examples below:

73. Does your company establish annual goals in any of the following? Safety, Health, Environmental, Spill Response, Waste Management.

Safety

a. Yes

Health

b. Yes

Environmental Issues

c. Yes

Spill Response

d. NA

Waste
Management

e. NA

- 73f. If "Yes" above: and your company does establish annual goals in one of the following: Safety, Health, Environmental, Spill Response, or Waste Management, please describe the training and documentation aspects of the goal program(s).

No Answer Provided.

74. Are employees provided with their own copy of the company's safety, health and environmental (SHE) handbook?

Yes

75. Does the company have a safety committee?

Yes

- 76a. Does the company have a SHE incentive / recognition program?

Yes

- 76b. If "Yes" above: and your company does have a SHE incentive / recognition program, please describe below:

Employee incentive bonus tied to SHE achievements.

- 76c. If "Yes" above: and your company does have a SHE incentive / recognition program, are awards earned based on individual/group performances?

Yes

- 76d. If "Yes" above: and your company does have a SHE incentive / recognition program, does management receive pay bonuses for the company's SHE performance?

Yes

- 76e. If "Yes" above: and management does receive pay bonuses for their company's SHE performance, describe the basis for earning a SHE performance bonus:

98% compliance (test data).

77. Describe the programs utilized to monitor and determine the progress of SHE performance in your company (for example, management meetings, safety committee / team, statistical reports, etc.):

Safety Committee

78. Do you or your company have a policy manual with a clearly written SHE policy endorsed by upper management?

Yes

- 79a. Do you or your company involve employees in SHE awareness programs?

NA

- 79b. If "Yes" above: (you or your company does involve employees in SHE awareness programs), please describe how they are involved:

80. Who in your company is responsible for coordinating your SHE program?

Name:

a. Kelly Brown

Title:

b. Instructor

- 81a. Is SHE a full time responsibility for the coordinator of your SHE program?

No

- 81b. If "No" above: and SHE is not a full time responsibility for the coordinator of your SHE program, list the percentage of time devoted to SHE:

5

82a. Do you or your company perform self inspection of its SHE program?

Yes

82b. If "Yes" above: (you or your company does perform self inspection of its SHE program), are the inspections documented?

Yes

83. Who reviews the SHE audit/inspections?

Name: a. Gary Pohlmann

Title: b. Manager of Training

84. Do your managers, supervisors, and employees understand that no weapons or contraband of any type are allowed on the worksite?

Yes

85a. Do you or your company have a Short Service Employee (SSE) policy that identifies new employees or experienced employees new to your company or new in their position?

NA

85b. If "Yes" above: (you or your company does have a Short Service Employee (SSE) policy), does your SSE policy include means to visually identify an SSE?

86a. Does your SSE policy include a mentor being assigned to the SSE?

86b. If "Yes" above: and your SSE policy does include a mentor being assigned to the SSE, does it define the roles and responsibilities of the mentor?

87a. Do you or your company have documented training requirements (job specific) for new employees or experienced employees new to their position?

No

87b. If "Yes" above: (you or your company does have documented training requirements (job specific) for new employees or experienced employees new to their position), please describe below:

88a. Do you or your company have a behavioral based safety program in place?

Yes

88b. If "Yes" above: (you or your company does have a behavioral based safety program in place), what is the name of your program?

Behavioral-Based Safety

88c. Do you or your company have a documented inventory of critical safe behaviors associated with your work activities?

Yes

88d. Do all employees participate in documented behavior observations?

Yes

88e. Do you or your company perform formal, documented trend analysis of behavior observations?

Yes

89. Do you or your company have a policy / best practices on electronic devices (such as PDA, computer, cell phones, etc.) usage while operating a motor vehicle?

Yes

90. Do you or your company have a "Management of Change" process / program?



91. Do you perform Industrial Hygiene monitoring on your employees?

Yes

92. Please indicate for what substances:

Asbestos

a. NA

Benzene

b. NA

Lead

c. Yes

Radiation

d. Yes

Silica

e. NA

Total Hydrocarbons

f. NA

Welding Fumes

g. Yes

Other Monitoring (please list)

h.

93. Where are Industrial Hygiene monitoring records kept?

Corporate office

94. Do you or your company have a hearing conservation program with annual audiometric testing?

NA

95a. Does your company have offshore crane operators?

NA

95b. If "Yes" above: and your company does have offshore crane operators, do your offshore crane operators have API RP 2D physicals?

96a. Do you have employees who wear respirators? (Canister or SCBA)

No

96b. If "Yes" above and your company does have employees who wear respirators, are they medically cleared?

96c. If "Yes" above and your company does have employees who wear respirators, are they annually fit tested?

97. Does your company conduct fitness for work exams for any of the following?

Audiograms

a. NA

Pre-employment

b. Yes

Re-employment

c. Yes

Respiratory

d. NA

DOT Physical

e. Yes



102. Have you or your company received any citations or fines from a regulatory agency during the last three years?

Yes

103. If "Yes" above: (your company has received citations or fines from a regulatory agency during the last three years), indicate which agencies and how many citations or fines for each agency.

	Citation or Fine?	How Many?
USCG	a. No	b.
DOT	c. No	d.
MMS	e. No	f.
BLM	g. No	h.
EPA	i. No	j.
OSHA	k. Yes	l. 2
OTHER (Enter Name)	m.	n. No Answer Provided

104. If you or your company did receive any OSHA citations during the last three years, were any of the citations for willful violation?

Yes

105. If "Yes" above: (your company has received citations or fines from a regulatory agency during the last three years), please provide details of each incident below:

Test data entered here.

106a. If "Yes" above: (your company has received citations or fines from a regulatory agency during the last three years), have all issues been resolved with the regulatory agency?

No

106b. If "No" above: (your company has not resolved all issues with the regulatory agency), please provide details of each incident:

Test data entered here.