

2016 - GTBR SAFETY SURVEY

(Golden Triangle Area Only)

COMPANY NAME: _____

COMPANY ADDRESS: _____

SIC Code* : 1500 _____
 1600 _____
 1700 _____

NOTE: Company name & address, SIC Code, EMR, and Golden Triangle Exposure Hours must be provided for a valid response.
*** Please see attached sheet for explanation of SIC Codes.**

SCOPE: The data collection survey requests data from all Contractor employers currently listed as subscribers to the International Safety Training Council and Golden Triangle Business Roundtable.

1. EXPERIENCE MODIFIER RATE (EMR) _____

2. EXPOSURE HOURS _____
(REPORT ONLY HOURS FOR PERSONNEL WORKING IN THE GOLDEN TRIANGLE)

3. STATISTICS FROM OSHA 300 LOG - Number of incidents involving:

FATALITIES (G) _____

MEDICAL TRTMT (J) _____

LOST TIME (H) _____

DAYS AWAY FROM WORK (K) _____

RESTRICTED DUTY (I) _____

RESTRICTED WORK DAYS (L) _____

****If answers to question three (3) are all zero "0" – stop here and return survey****

QUESTIONS 4-7: INDICATE NUMBER, EACH TYPE OSHA RECORDABLE

4. TYPE OF CONTACT

- | | | |
|----------------------------|----------------------------|-------------------------|
| ____ Struck By/Against | ____ Fire/Explosion | ____ Welding Flash |
| ____ Slip (Same Level) | ____ Thermal Exposure | ____ Radiation Exposure |
| ____ Fall (To Lower Level) | ____ Temp Exposure (other) | ____ Repetitive Motion |
| ____ Caught By/Between | ____ Chemical Exposure | ____ Overexertion |
| ____ Electrical Exposure | ____ Noise Exposure | ____ Other _____ |

5. NATURE OF ILLNESS/INJURY

- | | | |
|---------------------------|------------------------|-----------------------|
| ____ Death | ____ Cut/Puncture | ____ Electrical Shock |
| ____ Amputation | ____ Bruise | ____ Hernia |
| ____ Thermal Burn | ____ Fracture | ____ Inhalation |
| ____ Chemical Burn | ____ Sprain/Strain | ____ Poisoning |
| ____ Irritation/Infection | ____ Joint Dislocation | ____ Heat Disorder |
| ____ Crushed | ____ Repeated Trauma | ____ Other _____ |

6. BODY PART INJURED

- | | | |
|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hip | <input type="checkbox"/> Eye |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Knee | <input type="checkbox"/> Ear |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Foot/Toes | <input type="checkbox"/> Face/Head |
| <input type="checkbox"/> Finger/Hand | <input type="checkbox"/> Ankle | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Leg | <input type="checkbox"/> Internal |
| <input type="checkbox"/> Chest/Ribs | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Multiple |
| <input type="checkbox"/> Back | <input type="checkbox"/> Groin | <input type="checkbox"/> Other _____ |

7. POSSIBLE INCIDENT/ACCIDENT CAUSES

AT TIME OF ACCIDENT

PRE-EXISTING CAUSES

- | | | |
|---|--|---|
| <input type="checkbox"/> Use of Guards | <input type="checkbox"/> Physical Incapacity | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Use of PPE | <input type="checkbox"/> Knowledge (Skill) | <input type="checkbox"/> Error Inducing |
| <input type="checkbox"/> Tools/Equipment | <input type="checkbox"/> Internal Factors | <input type="checkbox"/> Organization Factors |
| <input type="checkbox"/> Workplace Hazards | <input type="checkbox"/> Risk Taking | <input type="checkbox"/> Training |
| <input type="checkbox"/> Decision Making | <input type="checkbox"/> Engineering/Design | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Physical Act | <input type="checkbox"/> Job Procedures | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Procedures | | |
| <input type="checkbox"/> Management Systems | | |

8. AGE (indicate number of incidents/accidents by age group)

- 18 – 25
- 26 – 32
- 33 – 40
- 41 – 47
- 48 – 55
- 55 and Up

9. CRAFT (indicate number of incidents/accidents by craft)

- | | |
|---|---|
| <input type="checkbox"/> BOILERMAKER | <input type="checkbox"/> IRON WORKER |
| <input type="checkbox"/> BRICK LAYER | <input type="checkbox"/> LABORER |
| <input type="checkbox"/> CARPENTER | <input type="checkbox"/> MILLWRIGHT |
| <input type="checkbox"/> CEMENT MASON | <input type="checkbox"/> PAINTER |
| <input type="checkbox"/> CRANE OPERATOR | <input type="checkbox"/> PIPEFITTER |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> SCAFFOLD BUILDER |
| <input type="checkbox"/> EQUIPMENT OPERATOR | <input type="checkbox"/> SHEET METAL |
| <input type="checkbox"/> FIREWATCH | <input type="checkbox"/> TRUCK DRIVER |
| <input type="checkbox"/> INSTRUMENTATION | <input type="checkbox"/> WELDER |
| <input type="checkbox"/> INSULATOR | <input type="checkbox"/> OTHER _____ |

10. NUMBER OF YEARS IN CRAFT (indicate number of incidents/accidents by number of years)

- Less than 5
- 5 – 10
- 11 – 15
- 16 – 20
- 21 – 25
- 25 or more

11. TYPE OF FACILITY OCCURRED AT (indicate number of incidents/accidents by type of facility)

- REFINING
- CHEMICAL
- POWER
- PIPELINE
- FORREST PRODUCTS
- STEEL
- MANUFACTURING

12. LENGTH OF TIME AT FACILITY OCCURRED AT (indicate number of incidents/accidents)

- LESS THAN 6 MONTHS
- 6 MONTHS – 1 YEAR
- 1 YEAR – 5 YEARS
- 5 YEARS – 10 YEARS
- 10 YEARS AND UP

SIC CODES 1500, 1600, 1700

1500 - Building Construction - General Contractors and Operative Builders

- 1521 General Contractors - Single Family Houses
- 1522 General Contractors - Residential Buildings, Other Than Single Family
- 1531 Operative Builders
- 1541 General Contractors - Industrial Buildings and Warehouses
- 1542 General Contractors - Nonresidential Buildings, Other Than Industrial Buildings and Warehouses

1600 - Heavy Construction Other Than Building Construction - Contractors

- 1611 Highway and Street Construction, Except Elevated Highways
- 1622 Bridge, Tunnel, and Elevated Highway Construction
- 1623 Water, Sewer, Pipeline, and Communications and Power Line Construction
- 1629 Heavy Construction, N.E.C., EXCEPT Dredging and Surface Cleanup Activities

1700 - Construction - Special Trade Contractors

- 1711 Plumbing, Heating, and Air-Conditioning
- 1721 Painting and Paper Hanging
- 1731 Electrical Work
- 1741 Masonry, Stone Setting, and Other Stone Work
- 1742 Plastering, Drywall, Acoustical and Insulation Work
- 1743 Terrazzo, Tile, Marble, and Mosaic Work
- 1751 Carpentry Work
- 1752 Floor Laying and Other Floor Work, N.E.C.
- 1761 Roofing, Siding, and Sheet Metal Work
- 1771 Concrete Work
- 1781 Water Well Drilling
- 1791 Structural Steel Erection
- 1793 Glass and Glazing Work
- 1794 Excavation Work
- 1795 Wrecking and Demolition Work
- 1796 Installation or Erection of Building Equipment, N.E.C.
- 1799 Special Trade Contractors, N.E.C., EXCEPT Base Housing Maintenance

DEFINITIONS OF POSSIBLE CAUSES

AT TIME OF ACCIDENT - Act/condition which immediately led to the incident

<u>Use of Guards</u>	Guards, alarms, etc., not used, not used properly, disabled, faulty, or inadequate, or equipment not properly secured or isolated
<u>Use of PPE</u>	PPE not used, not used properly, faulty or inadequate
<u>Tools/Equipment</u>	Wrong tool used, correct tool unavailable or failed during use
<u>Workplace Hazards</u>	Dangers in the work setting - poor lighting, walking or working surfaces, housekeeping clearances, ventilation, heights
<u>Decision Making</u>	Inappropriate decision - unaware of hazards, distraction, inattention, improper work speed, poor judgment, body position or overexertion
<u>Physical Act</u>	Activity inappropriate, horseplay, operating equipment without authority, improper mixing of chemicals, poor placement/loading of materials
<u>Procedures</u>	Written procedures available but not used (Safety Procedures, Operating Procedures, or Maintenance Practices)

PRE-EXISTING CAUSES - Underlying factors contributing to the incident

<u>Physical Incapacity</u>	Permanent/temporary disability contributed (vision, hearing, injury, illness, drugs, alcohol, fatigue)
<u>Knowledge/Skills</u>	Lacked experience/training, misunderstood directions
<u>Risk Taking</u>	Actions taken without evaluation of consequences, actions could have been rewarded or not properly punished in the past, improper expectations from supervision
<u>Engineering/Design</u>	Improper/incomplete design/construction, field change orders not evaluated, released by operations before ready
<u>Job Procedures</u>	Task procedures not available/inadequate (standards, reference documents, hazard evaluation, etc.)
<u>Maintenance</u>	Improper/incomplete preventative/reparative maintenance (wear/corrosion, service life extension, etc.)
<u>Error Inducing</u>	Conditions conducive to errors (noise, repetitive tasks, physical demands, extreme concentration, O ₂ deficiency, etc.)
<u>Organization Factors</u>	Management systems inadequate or otherwise contributed (poor follow-up on unsafe conditions, inspection programs, purchasing procedures, job placement, management of change, etc.)
<u>Training</u>	Training was inadequate, unavailable or ineffective
<u>Communication</u>	Instructions not given, incomplete, unclear, ineffective, etc. (horizontally, vertically, between different organizations)
<u>Other</u>	Cause other than one mentioned