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: _____City:_____ State:_____ Zip:_____

CONTACT PERSON:_____ TITLE:_____

PHONE #:_____ FAX #:_____

EMAIL:_____

FED. ID. #: _____ NUMBER OF EMPLOYEES: _____

STANDARD INDUSTRIAL CODE (SIC CODE): _____

NATURE OR TYPE OF BUSINESS IN NH: _____

_____

NH COMPANY LOCATIONS (List all covered by this report: Provide Name, Address, City, Number of Employees and Fed Id# if different from above.):

1. Name:_____ Number of Employees: _____ Fed Id: _____

Street: _____ City: _____

2. Name: _____ Number of Employees: _____ Fed Id: _____

Street: _____ City: _____

Please list additional NH locations, if any, at end of document.

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

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

(continued)

SUMMARY OF SAFETY AND HEALTH PROGRAM

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.

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.

(continued)

SUMMARY OF SAFETY AND HEALTH PROGRAM

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?

Form completed by: _____Title: _____ Date: _____

ADDITIONAL NH COMPANY LOCATIONS

COMPANY NAME	STREET	CITY	NUMBER OF EMPLOYEES	FED-ID# (If different)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____