



**WEST VIRGINIA  
INDUSTRIAL COUNCIL**

**2012 REPORT TO THE  
JOINT COMMITTEE ON  
GOVERNMENT AND FINANCE**

**REGARDING SAFETY INITIATIVES  
IN THE WV WORKERS'  
COMPENSATION MARKET**

**(In Consultation With The West Virginia University Safety And  
Health Extension And West Virginia Offices Of The Insurance  
Commissioner)**

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## **SAFETY STUDY RESULTS:**

### **AGRICULTURE/FORESTRY/FISHING**

Pilgrims

### **MINING**

Patriot Coal Corporation

Exxon Mobil Corporation, including XTO Energy, Inc

EQT Corporation

U.S. Silica Company

Alliance Coal, LLC.

Alpha Natural Resources, Inc.

Consol Energy, Inc.

### **CONSTRUCTION**

Kvaerner North American Construction, Inc.

### **MANUFACTURING**

Coca-Cola Bottling Co. Consolidated

Jeld-Wen, Inc.

Ball Corporation

Kingsford Manufacturing Company

E.I. dePont de Numours and Company  
The Dow Chemical Company  
Alliant Techsystems Operations, LLC  
Columbia West Virginia Corporation  
Century Aluminum of West Virginia  
Goodrich Corporation  
Guardian Fiberglass, Inc.  
Pepsi Cola Metropolitan Bottling, Inc.  
PPG Industries, Inc.  
Royal Vendors, Inc.  
Special Metals Corporation  
SWVA, Inc.  
Toyota Motor Manufacture of West Virginia  
Weyerhaeuser

## **TRANSPORTATION/COMMUNICATIONS/ELECTRIC/GAS/SANITARY**

Virginia Electric and Power Company  
Dominion Transmission, Inc.  
FedEx Freight, Inc.  
FedEx Ground Package System  
Federal Express Corporation  
FedEx Smart Post, Inc.  
Hope Gas, Inc.  
UPS Ground Freight  
United Parcel Service, Inc.  
American Electric Power Company

## **RETAIL TRADE**

Lowe's Home Centers, Inc.  
Kmart Corporation  
The Wendy's International, Inc.  
TA Operating, LLC  
Family Dollar Stores of West Virginia, Inc.  
Cracker Barrel Old Country Store, Inc.  
The Bon-Ton Stores, Inc.  
Dollar General  
Macy's Retail Holding's, Inc.  
The Kroger Company

Wal-Mart Associates, Inc.

## **FINANCE/INSURANCE/REAL ESTATE**

Huntington Bancshares Incorporated  
Western and Southern Life Insurance Company

## **SERVICES**

HealthSouth Corporation  
Heartland Employment Services, LLC  
Marriott International  
Wheeling Hospital, Inc.  
Asplundh Tree Expert Co.  
General Motors Customer Care and Aftersales

## **PUBLIC ADMINISTRATION**

West Virginia Counties Risk Pool  
City of Fairmont Utility Department  
City of Wheeling  
Wheeling Park Commission  
City of Huntington  
City of Parkersburg

## **INSURERS**

Brickstreet Mutual Insurance Company  
The Travelers Indemnity Company and its P&C Affiliates  
Zurich American Insurance Company and its Affiliates  
Liberty Mutual Insurance  
Rockwood Casualty Insurance Company  
WestField Insurance Company  
FirstComp Insurance Company  
American Mining Insurance Company, Inc.



**REPORT TO  
JOINT COMMITTEE**

**WEST VIRGINIA UNIVERSITY SAFETY AND HEALTH EXTENSION WEB-BASED SURVEY  
DISSEMINATION, DATA COLLECTION AND ANALYSIS of the SAFETY INITIATIVES IN THE WV  
WORKERS' COMPENSATION MARKET REPORT**

**Introduction**

Pursuant to W. Va. Code §23-2C-5(c)(6), every two years, the Industrial Council, a governmental entity within the West Virginia Offices of the Insurance Commissioner, is required to conduct an overview of the safety initiatives currently being utilized or which could be utilized in the workers' compensation insurance market and make a report of the findings to the WV Legislative Joint Committee on Government and Finance. Pursuant to this requirement, The West Virginia University Safety and Health Extension (WVUSHE), working with the West Virginia Offices of the Insurance Commissioner and Industrial Council, developed, disseminated and analyzed two categories of web based surveys:

(1) A survey to West Virginia's top ten workers' compensation carriers (by premium dollar) regarding the safety programs, initiatives and services they offer to West Virginia employers; and

(2) A survey to West Virginia's eighty-eight (88)<sup>1</sup> workers' compensation self-insured employers regarding their safety programs.

*It should be noted that, consistent with the above noted code section, the survey and this report were performed only for informational purposes, and not as part of an official regulatory examination. Therefore, the data in this report was based solely on responses provided by those being surveyed, and the specific individual(s) at those firms assigned to responding, and has not been independently verified.*

Ten (10) of ten (10) total carriers surveys, and eighty-two (82)<sup>2</sup> of the eighty-eight (88) total active self-insured employers responded to the survey. It should be noted that there are subsidiaries of some of the responding companies that are separate self-insured entities yet have the same safety program as their parent company. For this reason, their responses were not duplicated and the numbers reflect the single safety program applying to all the subsidiaries only. These instances are footnoted in the summary data below.

A report of findings regarding the responses from West Virginia's self-insured employers is enclosed separately as well as some brief conclusions regarding how the data reflects on safety initiatives in WV's workers' compensation market. The appendix of this report includes all of the individual surveys.

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<sup>1</sup> DuPont, a single self-insured entity, has two separate safety programs for its two separate facilities in West Virginia. Therefore, they submitted two responses, making the true "field" of surveys 89 rather than 88.

<sup>2</sup> See footnote 1 – DuPont submitted two surveys for each of their West Virginia facilities even though they are only a single self-insured employer entity, so the total number of entities represented in responses is 83, but only 82 self-insured entities.

**EXECUTIVE  
SUMMARY FOR  
WORKERS'  
COMPENSATION  
INSURANCE  
CARRIERS SAFETY  
SURVEY**

## **1. Executive Summary for Workers' Compensation Carriers Safety Survey**

WVUSHE developed and disseminated web-based surveys with the assistance of the West Virginia Offices of the Insurance Commissioner to West Virginia's top ten (10) workers' compensation carriers, based on premium dollar. The electronic survey was a revision of the hard copy survey distributed in 2010.

The survey was comprised of nineteen (19) questions. A response summary is provided for each of the questions when applicable. Additionally the appendix contains all the responses to this survey. The survey was distributed through an online survey software program (surveymonkey.com) and was analyzed utilizing the text analysis software provided with survey monkey access as well as SPSS statistical analysis software. This survey reports the descriptive analysis of the responses collected.

These ten (10) Workers' compensation carriers provide coverage to 21,755 West Virginia companies. The majority of the carriers offer safety and loss control services to the employers they insure. There are 2,090 West Virginia companies, eleven percent (11%), which utilize the safety and loss programs and initiatives offered by the workers' compensation carriers. There are 822 West Virginia companies, four percent (4%), which utilize the safety audit process provided by the workers' compensation carriers.

### **Summary of Workers' compensation carriers Safety Survey Responses**

#### **1. Name of Carrier<sup>3</sup>**

Q1 Name of Carrier	Number of responses	Submission Date
The Travelers Indemnity Company and its P&C Affiliates	1	6/8/2012
Charter Oak (included under Traveler's response)	-	
BrickStreet Mutual Insurance Company	1	4/5/2012
WestField Insurance Company	1	4/3/2012
Liberty Mutual Insurance	1	3/26/2012
Wausau Underwriters (included under Liberty Mutual)	-	
Rockwood Casualty Insurance Company	1	3/26/2012
Zurich American Insurance Company and its affiliates	1	3/26/2012
FirstComp Insurance Company	1	3/15/2012
American Mining Insurance Company, Inc.	1	3/14/2012

#### **2. Name and address for contact person regarding survey (refer to Appendix 1)**

<sup>3</sup> Many workers' compensation insurers have multiple subsidiary companies which write policies. Travelers, Zurich and Liberty Mutual responses were for all of their companies which write insurance in West Virginia. Especially noted is that the Travelers response includes Charter Oak and the Liberty Mutual response includes Wausau Underwriters. We have confirmed from both companies that the responses given included numbers and premium for all companies and that the safety programs are the same for all companies.

### 3. Approximate number of WV insured employers

Responses	8
Sum	21,755
Mean	2,719.38
Std. Dev.	5,439.644
Minimum	10
Maximum	16,000

#### Raw Responses

# WV insured	freq.
Rockwood 10	1
American Mining 64	1
Westfield 191	1
Zurich 639	1
Liberty Mutual 932	1
FirstComp 1,156	1
Travelers 2,763	1
Brickstreet 16,000	1
answered	8
(no answer provided)	0

### 4. Approximate amount of WV Workers' Compensation Carrier premium dollar

Responses	8
Sum	\$267,330,119
Mean	\$33,416,264.88
Std. Deviation	\$65,789,824.958
Minimum	\$978,382
Maximum	\$194,815,312

#### Raw Responses

WV WORKERS' COMPENSATION CARRIER premium dollar	freq.
Westfield \$978,382	1
FirstComp \$3,073,015	1
American Mining \$3,679,369	1
Rockwood \$6,372,817	1
Liberty Mutual \$14,300,000	1
Zurich \$17,793,300	1
Travelers \$26,317,918	1
Brickstreet \$194,815,312	1
answered	8
no answer	0

**5. Do you offer safety and loss programs and initiatives to your WV insured employers?**

	%	freq.
Yes	87	7
No	13	1 <sup>4</sup>
answered		8

**6. Please provide in detail the types of safety programs and initiatives you offer (i.e., resources, consultation, on-site assistance, etc.)Multiselection.**

The types of safety programs and initiatives reported by the carriers in the survey were identified and categorized utilizing text analysis software. The table below identifies the top seven (7) answers. A total of forty-five (45) responses were identified and are reported by category in the chart below.

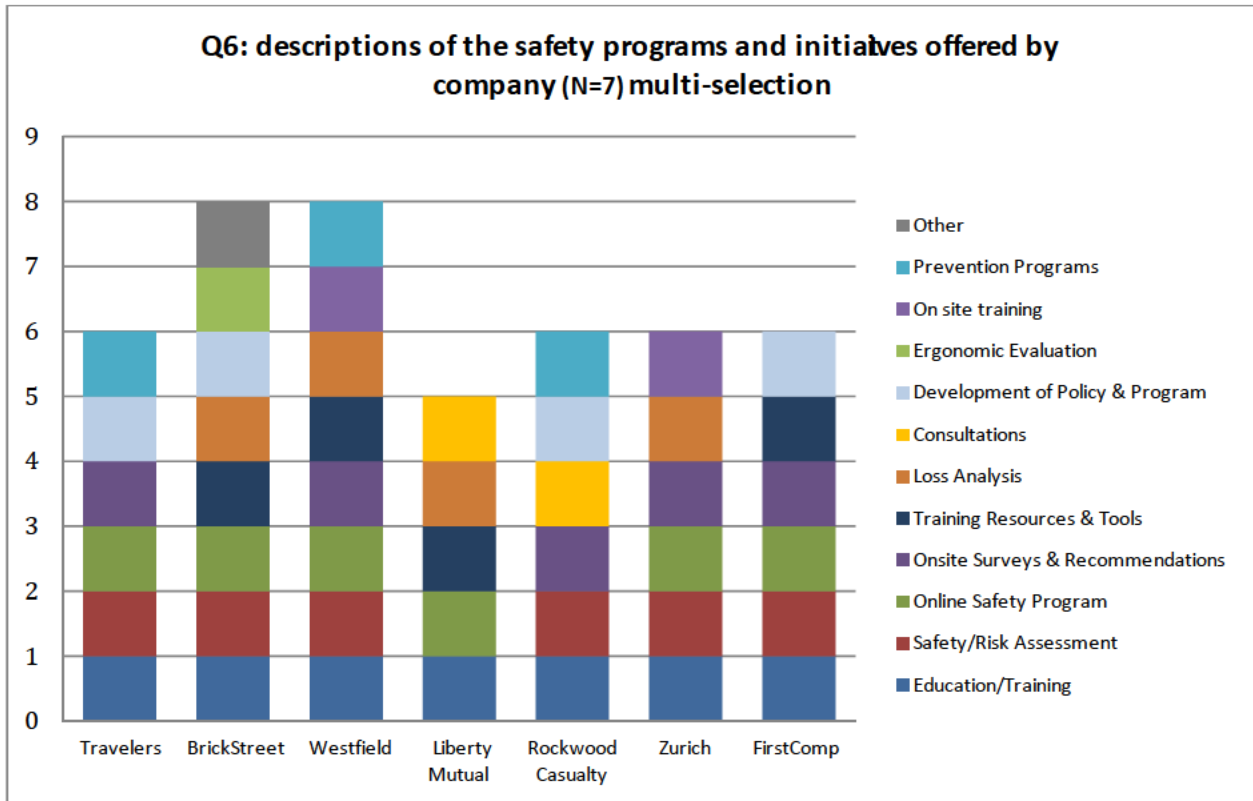
	%	freq.
Education/Training	88	7
Safety/Risk Assessment	75	6
Online Safety Program	75	6
On Site Survey & Recommendation	63	5
Training Resources & Tools	50	4
Loss Analysis	50	4
Development of Policy & Program	50	4
Other*		
answered	87	7
(no answer provided)	13	1

***\*This is an open-ended response (n=45), see the graph for possible responses***

***\*\*On-site consulting, virtual consulting, risk management courses, and e-tools are stated in responses as well although not frequently enough to be identified by the text analysis tool utilized.***

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<sup>4</sup> This company indicated that they did not offer a safety and loss program to its West Virginia insured employers, not that the WV insured employers do not operate a safety and loss program. For this reason, many of the following questions will either have a non-response, a no, or a zero.



**7. Do you offer the services of a unit dedicated (soldy to safety and loss) to your WV insured employers? If yes, please describe this unit.**

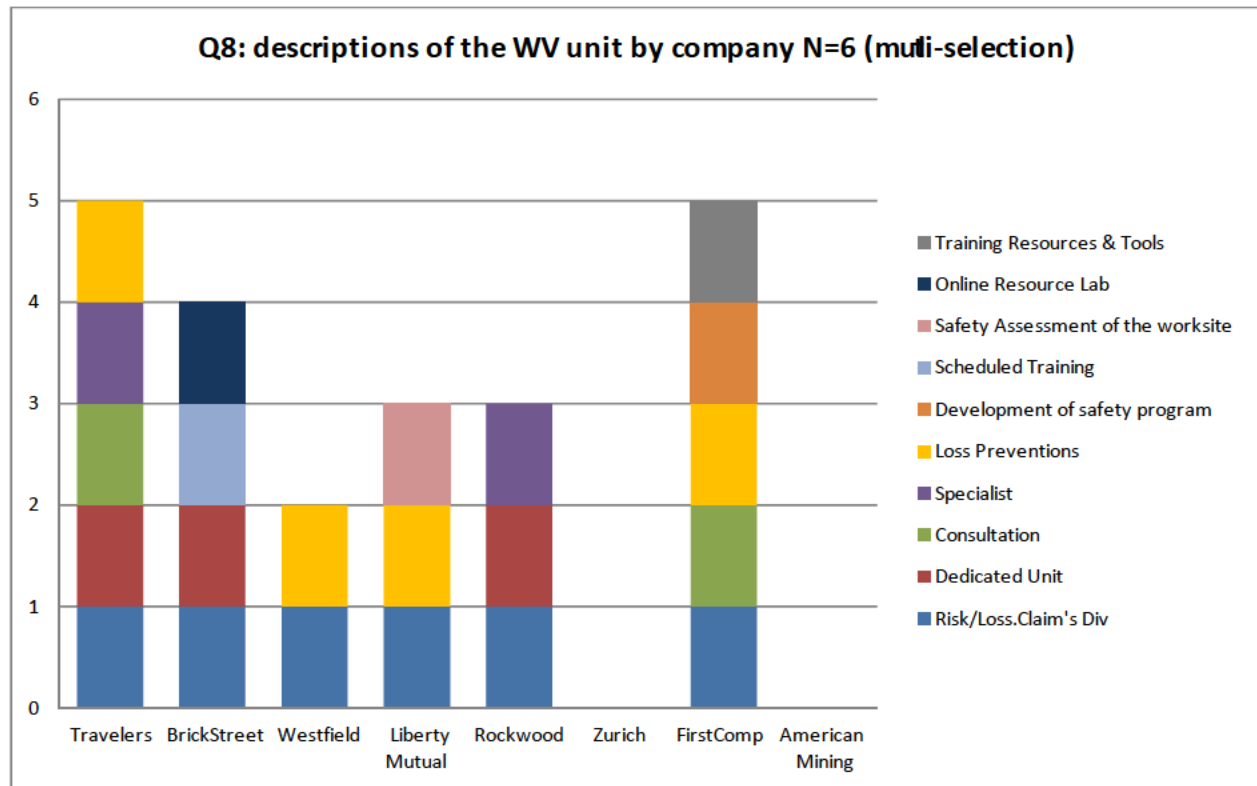
	%	freq.
Yes	78	6
No	22	2
Answered	100	8
(No answer provided)	0	0

**8. If yes, please describe this (response was open ended text and resulted in more than one response per respondent)**

The services reported by the carriers in the survey were identified and categorized utilizing text analysis software. The table below identifies the top three answers. A total of twenty-two (22) responses were identified and are reported by category in the chart below.

	%	freq.
Risk/Loss/Claims Division	75	6
Loss Preventions	50	4
Dedicated Unit	38	3
*Other		
Answered	75	6
(No answer provided)	25	2

***\*This is an open-ended response (n=22), see the graph for possible responses***





**9. What criteria do you use to determine whether to offer debits or credits to a WV employer pursuant to the NCCI scheduled rating plan? Please specify for each of the following categories in the scheduled rating plan.**

Below is a summary as to how the responding carrier s approach each category of the scheduled rating plan (premises, medical facilities, safety d evices, employees – selection, training, and supervision, and management – safety supervision). It is assumed that the carrier which did not respond to this question does not use NCCI’s schedu le rating plan. All questions are muti selection, which allows the respondent to select mo re than one response per category.

Premises	%	freq.
Conditions & Maintenance of the worksite	50	4
Hazards Control Procedures	38	3
Work type, conditions, equipment	25	2
Answered	87	7
No answer provided	13	1

Premises- include the following: how effectively hazards are controlled on the premises, adequacy of the premises for its current use and protection systems such as automatic sprinklers or fire detection, life safety systems, fire doors and walls as well as suitability of the structure for occupancy and the potential for both expected and unexpected hazard exposure. Housekeeping and maintenance activities are also co nsiderations.

Medical Facilities	%	freq.
Proximity to medical facility	50	4
On-site medical unit	25	2
Health care provided	25	2
Trained employees	25	2
Answered	87	7
No answer provided	13	1

Medical Facilities – Access to medical facilities, availability of on-site first aid and first aid training provided within the insureds’ businesses a re common considerations.

Safety Devices	%	freq.
Personal Protective Equipment Policy & Enforcement	50	4
Safety Equipment	38	3
Safety Training	25	2
Answered	87	7
No answer provided	13	1

Safety Devices – Survey results indicate that the appropriate use of personal protection equipment and safety devices/equipment by the workforce is a consideration.

Employees - Selection, Training and Supervision	%	freq.
Effective Hiring Practice, Seasonal Employees	75	6
Safety Training	50	4
Turnover Rate	38	3
Employee Supervision	25	2
Answered	87	7
No answer provided	13	1

Employees – Selection, Training & Supervision – Employer’s ability to select and train individuals who are most likely to avoid injuries and return to work quickly if an injury is incurred. Pre-employment drug testing was a common practice for the insurers. Others discussed job descriptions, safety analyses, on-the-job training, supervision, hazard recognition, and employee access to safety training and access to safety data. Some insurers investigate the process of application, interview, health screening, background checks and selection of employees. A documentation review relating to training and disciplinary policies of the insured employers was also listed as considerations.

Management	%	freq.
Safety Compliance	50	4
Safety Program/Procedures	50	4
Management Involvement	38	3
Answered	87	7
No answer provided	13	1

Management – Safety Organization – Safety compliance, written safety programs and procedures and management involvement represented the majority of responses that are the primary factors that carriers utilize to determine whether or not to offer debits or credits.

**10. Do you offer regular safety audits to your WV insured employers?**

	%	freq.
Yes	87	7
No	13	1
Answered	100	8
(No answer provided)	0	0

**11. Are these audits utilized in determining whether to apply a credit or debit under scheduled rating?**

	%	freq.
Yes	75	6
No	12	1 <sup>5</sup>
Answered	87	7
(No answer provided)	13	1

**12. Do you take into account whether an employer has a drug and/or alcohol testing program in determining whether to apply a credit or a debit under scheduled rating?**

	%	freq.
Yes	75	6
No	25	2
Answered	100	8
(No answer provided)	0	0

**13. How many WV insured employers regularly utilize the safety and loss programs and initiatives offered by you?**

	Responses	7
	Sum	2,333
Mean		14%*
		333
Std. Dev.		32%*
		733
Minimum		1
Maximum		1,984

*\*%'s are based on the WORKERS' COMPENSATION CARRIER data provided in q3*

<sup>5</sup> This company does not offer a regular safety audits to its West Virginia insured employers, therefore does not utilize safety audits in determining whether to apply a credit or debit under a scheduled rating.

*Raw Responses*

Carrier	Employers utilize programs (q13)	Total Employers Insured (q3)	Percentage
Brickstreet	1,984	16,000	12%
Westfield	3	191	2%
Liberty Mutual	58	932	6%
Zurich	33	639	5%
FirstComp	1 <sup>6</sup>	1,156	1%
American Mining	0 <sup>7</sup>	64	0%
Rockwood	10	10	100%
Travelers	244	2,763	9%

**14. What amount of premium dollar does this represent?**

	Responses	7
	Sum	\$172,388,773
Mean		\$5,885,000
Std. Dev.		\$59,534,597
Minimum		\$117,000
Maximum		\$150,000,000

*Raw Responses*

	Premium Dollar	freq.
FirstComp	\$117,000 <sup>8</sup>	1
Travelers	<\$263,179 <sup>9</sup>	1
Westfield	\$376,322	1
Liberty Mutual	\$5,400,000	1
Rockwood	\$6,370,000	1
Zurich	\$10,060,891	1
Brickstreet	\$150,000,000	1
Answered		7
(No answer provided)		1

<sup>6</sup> In this instance this means that only one employer utilized this company's safety and loss programs offered by the insurance company, not that the employer does not have a safety and loss program.

<sup>7</sup> This company does not offer safety and loss programs to insured employers.

<sup>8</sup> In this instance, this means that for the one employer utilizing the safety audit process in question 16; this represents only \$117,000 of that carrier's \$3,073,015 in total premium written.

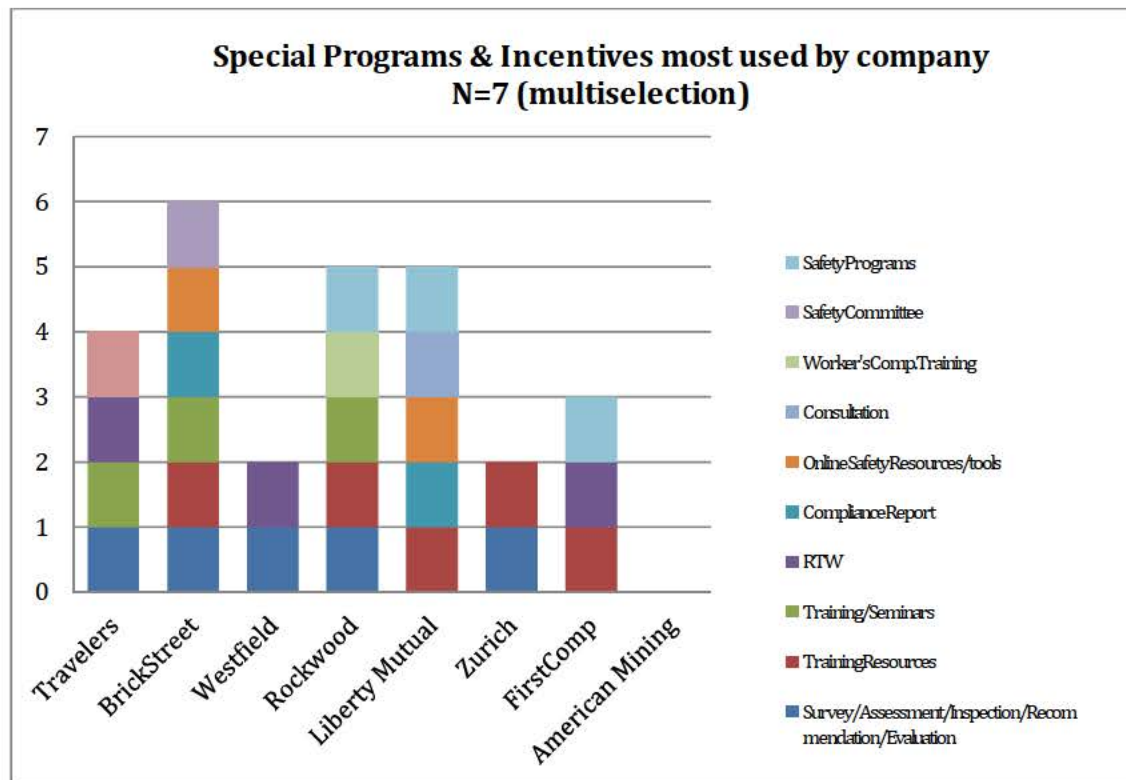
<sup>9</sup> Travelers Indemnity Company didn't specify an amount when answering this question. They indicate that this number represents less than 1% of their total premium. This amount was included by the Offices of the Insurance Commissioner.

**15. What specific programs and incentives are most commonly used?**

The programs and incentives reported by the carriers in the survey were identified and categorized utilizing text analysis software. The table below identifies the top five responses. A total of twenty-seven (27) responses were identified and are reported by carrier and category in the chart below.

	%	freq.
Survey/Inspection/Assessment/Recommendation and Evaluation	63	5
Training Resources	63	5
Training/Seminar	38	3
RTW	38	3
Safety Programs	38	3
Other*		
Answered	87	7
(No answer provided)	13	1

*\*This is an open-ended response (n=27), see the graph for possible responses*



**16. How many WV insured employers engage in the safety audit process offered by you?**

	Responses	6
	Sum	1,065
Mean		4%
		177.5
Std. Dev.		33%
		307.3
Minimum		1
Maximum		775

*\*%’s are based on the WORKERS’ COMPENSATION CARRIER data provided in q3*

*Raw Responses*

Carrier	Employers that conduct safety audits (q16)	Total Employers Insured (q3)	Percentage
Brickstreet	775	16,000	5%
Westfield	8	191	4%
Liberty Mutual	0 <sup>10</sup>	932	0%
Zurich	27	639	4%
FirstComp	1 <sup>11</sup>	1,156	1%
American Mining	0 <sup>12</sup>	64	0%
Rockwood	10	10	100%
Travelers	244	2,763	9%

**17. What amount of premium dollar does this represent?**

	Responses	6
	Sum	\$161,035,678
Mean		\$26,872,382
Std. Dev.		\$57,515,833
Minimum		\$117,000
Maximum		\$144,000,000

<sup>10</sup> Safety Audit information is not tracked by this company.

<sup>11</sup> In this instance this means that only one employer utilized this company’s safety audit process offered by the insurance company, not that the employer does not conduct safety audits.

<sup>12</sup> This company does not offer safety audits to its insured employers.

*Raw Responses*

	Premium Dollar	freq.
FirstComp	\$117,000 <sup>13</sup>	1
Westfield	\$687,558	1
Rockwood	\$6,370,000	1
Zurich	\$9,796,560	1
Travelers	<\$263,179 <sup>14</sup>	1
Brickstreet	\$144,000,000	1
Answered		6
(No answer provided)		2 <sup>15</sup>

**18. Generally speaking, how do your WV insured employees compare regarding effective use of safety and loss programs?**

	%	freq.
Lower than other states	13	1
Same or greater than other states	50	4
Answered	63	5
(No answer provided)	37	3 <sup>16</sup>

**19. Do you have any suggestions of what the State of West Virginia could do in order to encourage its employers to engage in more safety and loss programs and initiatives?**  
**Multiselection**

	%	freq.
Work with the carrier	39	3
No Recommendation	25	2
Certified Safety Committee	25	2
Use the carrier effectively	13	1
Drug Free Workplace Credit	13	1
Answered	100	8

<sup>13</sup> In this instance, this means that for the one employer utilizing the safety audit process in question 16, this represents only \$117,000 of that carrier's \$3,073,015 in total premium written.

<sup>14</sup> Travelers Indemnity Company didn't specify an amount when answering this question. They indicate that this number represents less than 1% of their total premium. This amount was included by the Offices of the Insurance Commissioner.

<sup>15</sup> There is no answer provided here because these two companies either do not track this type of data or they do not offer a safety audit process to their insured employers.

<sup>16</sup> In the instance of the three non-responses, one carrier could not answer because they just began doing business in states other than West Virginia, so had nothing to compare their West Virginia experience to; one carrier has all their risk engineers based locally so have no comparative data to other states; and one carrier had no safety and loss program so had no comparison data.

Some comments from the open ended questions include d the following:

- Remind WV employers that their insurance carriers are a source of assistance with strengthening their safety and loss control programs.
- Approved Certified Safety Committee program
- Coordinate with the DOL to target industries with poor performance

## **Conclusions:**

The majority, seventy-five percent (75%), of the responding insurance carriers surveyed in this report offer safety and loss control services and assistance to the employers that they insure. A majority of the workers' compensation carriers have a unit solely dedicated to safety and loss and primarily define their units as general consulting or risk services. All that do provide services include loss control services and training and some provide additional services.

Methods of support were defined as risk (which included engineering and loss control), safety programs, related safety and health services, and portal (internet and email services). Often, the employers that receive the majority of this assistance are those that represent premium dollars that justify that cost of the services and assistance provided. This results in a small percentage of the total number of employers insured receiving the benefits of the safety and loss control services provided.

The workers' compensation carriers responded that they offer regular safety audits that are utilized in determining whether to apply a credit or debit. Also drug and alcohol programs are used to determine whether to apply a credit or debit. A small number, four percent (4%), of employers engage in the auditing process provided by the carriers. This could be again due in part to the resource allocation of the carriers' safety and loss control staff as well as the lack of awareness or understanding on the part of the employer.

Further, fifty percent (50%) of the respondents rate WV employers to be equal or greater to employers in other states in regards effective use of a safety and loss control program.

Additionally workers' compensation carriers provide written safety programs, on-site assistance, training, safety videos, toolbox safety talks, self-inspection forms, and other resources.

Finally, as for suggestions by carriers for how the State of West Virginia may encourage its employers to engage in more safety and loss programs and initiatives, responses varied. Suggestions included the following: "Remind WV employers that their insurance carriers are a source of assistance; approved safety committee programs; and coordination with Department of Labor to target industries with poor performance."



**CONTACT  
INFORMATION FOR  
WEST VIRGINIA  
WORKERS'  
COMPENSATION  
INSURANCE  
CARRIERS**

**Appendix 1. Contact Information for West Virginia Workers Compensation Carriers.**

1. BrickStreet  
Thomas W. Withrow II  
400 Quarrier St.  
Charleston, WV 25301
  
2. Zurich American Insurance Company and its affiliates  
Ms. Donna Durham  
15303 Dallas Parkway #800  
Addison, TX 75001
  
3. The Travelers Indemnity Company  
Robin Sage  
One Tower Square, 8MS  
Hartford, CT 06183
  
4. Rockwood Casualty Insurance Company  
Denny Weimer  
654 Main Street  
Rockwood, PA 15557
  
5. Liberty Mutual Insurance  
Robert B. Mindock  
2000 Westwood Dr.  
Wausau, WI 54401
  
6. American Mining  
Mike Carney  
3490 Independence Drive  
Birmingham, AL 35209
  
7. Charter Oak (Part of Travelers)
  
8. First Comp Insurance Company  
Kim E. Coonrod  
222 South 15<sup>th</sup> Street, Suite 1500N  
Omaha, NE 68102
  
9. Wausau Underwriters (Part of Liberty Mutual)

10. Westfield Insurance Company  
Cassie Van Valkenburgh  
1 Park Circle  
Westfield Center, OH 44251

**EXECUTIVE  
SUMMARY FOR  
WORKERS'  
COMPENSATION  
SELF-INSURED  
EMPLOYER SAFETY  
SURVEY**

## **2. Executive Summary for Workers' Compensation Self-insured Employer Safety Survey**

WVUSHE developed and disseminated web-based surveys with the assistance of the West Virginia Offices of the Insurance Commissioner to West Virginia's eighty-eight (88)<sup>17</sup> self-insured employers. The electronic survey was a revision of the hard copy survey distributed in 2010.

The survey included fifty (50) questions, many of them multi-part. A response summary is provided for each of the questions. Additionally the appendix contains all the responses to this survey. The survey was distributed through an online survey software program (surveymonkey.com) and was analyzed utilizing the text analysis software provided with survey monkey as well as SPSS statistical analysis software. This survey reports the descriptive analysis of the responses collected.

Of the responses received from West Virginia's self-insured employers sixty-two (62)<sup>18</sup> of the eighty-eight (88) active self-insured employers responded. It should be noted that there are subsidiaries of some of these companies that are separate self-insured entities yet have the same safety program as their parent company. For this reason, their responses were not duplicated and the numbers reflect the safety programs of the parent only.

There are fifty-three percent (53%) of the respondents that were larger companies with more than five hundred (500) employees and thirty-nine percent (39%) have one hundred (100) to four hundred ninety-nine (499) employees. The average payroll of the employer respondents was \$34,949,435. It was confirmed that all but one (1) of the state's 88 SIE's have a written safety and loss program.<sup>19</sup> The majority of the companies reported having other essential program elements including disciplinary policy, auditing procedures, a return to work program, safety training requirements, and methods in place for assessing program effectiveness and continuous improvement.

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<sup>17</sup> DuPont, which is a single self-insured employer in WV, sent in two responses, one for the safety program at each of its two West Virginia facilities.

<sup>18</sup> See footnote 1 above – DuPont, a single self-insured employer, provided two responses for each of its WV facilities.

<sup>19</sup> Among the 63 responses, three (3) of the respondents stated they do not have a written safety and loss program, and one (1) failed to answer this question. However, the OIC independently was able to verify that the answers of three (3) of these employers were in error, and that they do in fact have a written safety and loss program. The OIC is going to follow-up with the one SIE which has not been verified as to the accuracy of its response that they do not have a written safety and loss program.

## Summary of Workers' Compensation Self-insured Employer Safety Survey Responses

### 1. Name of Self Insured

Name of SI	Primary Industry	Count	Percentage SI (n=63)
Pilgrims	Div. A: Agriculture, Forestry, and Fishing	1	2
Patriot Coal Corporation <sup>20</sup> ; Exxon Mobil Corporation including XTO Energy Inc.; EQT; U.S. Silica Company; Alliance Coal; Alpha Natural Resources Inc. <sup>21</sup> ; Consol Energy <sup>22</sup>	Div. B: Mining	7	11
Kvaerner North American Construction Inc.	Div. C: Construction	1	2
Coca-Cola Bottling; Jeld-Wen, Inc.; Ball Corporation; Kingsford Manufacturing Company; E.I. dePont de Nemours and Company(2) <sup>23</sup> ; Dow Chemical Company; Alliant Techsystems Operations, LLC; Columbia West Virginia Corporation; Century Aluminum of West Virginia; Goodrich Corporation; Guardian Fiberglass, Inc.; Pepsi Cola Metropolitan Bottling Inc.; PPG Industries Inc.; Royal Vendors Inc.; Special Metals Corporation; SWVA Inc.; Toyota Motor Manufacture of WV; Weyerhaeuser	Div. D: Manufacturing	19	30

<sup>20</sup> Patriot Coal Corporation is the parent company to the following subsidiaries: Appalachia Mine Services, LLC; Eastern Associated Coal LLC; Pine Ridge Coal Company LLC; and Rivers Edge Mining, Inc.

<sup>21</sup> Alpha Natural Resources is the parent company to the following subsidiaries: Alex Energy Inc.; Amfire, LLC; Aracoma Coal Company, Inc.; Cobra Natural Resources LLC; Highland Mining; Kingston Mining Inc.; Performance Coal Company; Rockspring Development Inc.; and Spartan Mining Company.

<sup>22</sup> Consol Energy is the parent company to the following: Consol of Kentucky Inc.; Consol Pennsylvania Coal Company LLC; Consolidation Coal Co-Eastern Region; Consolidation Coal Co-Morgantown; Fola Coal Company LLC; and McElroy Coal Company.

<sup>23</sup> As noted above, E.I. dePont de Nemours and Company submitted two surveys, one for their Belle Plant and one for their Washington Works Plant in Parkersburg. These are two separate sites with separate safety programs so both surveys are being included.

Name of SI	Primary Industry	Count	Percentage SI (n=63)
Virginia Electric and Power Company; Dominion Transmission, Inc.; FedEx Freight, Inc.; FedEx Ground Package System; Federal Express Corporation; FedEx Smart Post Inc.; Hope Gas, Inc.; UPS Ground Freight; United Parcel Service, Inc.; American Electric Power Company	Div. E: Transportation, Communications, Electric, Gas, and Sanitary	10	16
	Div. F: Wholesale Trade	0	0
Lowe's Home Centers Inc.; Kmart Corporation <sup>24</sup> ; Wendy's Company; TA Operating LLC; Family Dollar Stores of West Virginia, Inc.; Cracker Barrel Old Country Store, Inc.; The Bon Ton Stores, Inc. <sup>25</sup> ; Dollar General; Macy's Retail Holding's Inc.; Kroger Company; Wal-Mart	Div. G: Retail Trade	11	17
Huntington Bancshares Incorporated; Western and Southern Life Insurance Co.;	Div. H: Finance, Insurance, and Real Estate	2	3
HealthSouth Corporation; Heartland Employment Services, LLC; Marriott International; Wheeling Hospital, Inc.; Asplundh Tree Expert Co.; General Motors Customer Care and Aftersales	Div. I: Services	6	11
WV Counties Risk Pool; City of Fairmont Utility Department; City of Wheeling; Wheeling Park Commission; City of Huntington; City of Parkersburg;	Div. J: Public Administration	6	10

## 2. Primary Industry (Please refer to Question #1)

<sup>24</sup> Kmart is a sister company of another self-insured entity, Sears Roebuck, both of which are subsidiaries of the parent Sears Holdings (not a self-insured entity). Kmart answered for both Kmart and Sears Roebuck, as the safety program is the same for both.

<sup>25</sup> Elder-Beerman is a subsidiary of The Bon-Ton Stores, Inc.

### 3. Name of Subsidiary Self Insured

(39) of SI's provided name given in Q1 and (31) did not respond.<sup>26</sup>

Parent Company	Subsidiary(ies) Name(s)	Total number of subsidiaries
Alliant Techsystems Operations, LLC.		0
Alpha Natural Resources, Inc.	Amfire, LLC; Rockspring Development, Inc.; Kingston Mining, Inc.; Cobra Natural Resources, LLC; Spartan Mining Company; Performance Coal Company; Highland Mining Company; Aracoma Coal Company, Inc.; Alex Energy, Inc.	9
Alliance Coal LLC		0
American Electric Power Company, Inc.		0
Asplundh Tree Expert Co	n/a	0
Ball Corporation		0
Century Aluminum of West Virginia	n/a	0
City of Fairmont Utility Department	n/a	0
City of Huntington	n/a	0
City of Parkersburg	n/a	0
City of Wheeling	n/a	0
Coca-Cola Bottling Co. Consolidated	n/a	0
Columbia West Virginia Corporation	n/a	0
Consol Energy Inc.	Consolidation Coal Company Morgantown Consolidation Coal Company Eastern Region; Fola Coal Company; CONSOL of Kentucky Coal Company, McElroy Coal Company and Pennsylvania Coal Company, LLC	6
Cracker Barrel Old Country Store, Inc.		0
Dollar General		0
Dominion Transmission, Inc.		0
E. I. DuPont	n/a	0
E.I. dePont de Nemours and Company	none	0
EQT Corporation		0
Exxon Mobil Corporation including XTO Energy Inc.		0
Family Dollar Stores of WV, Inc.		0
Federal Express Corporation (FedEx Express)		0
FedEx Smart Post, Inc.		0
FedEx Freight, Inc.		0
FedEx Ground Package System		0

<sup>26</sup> Some self-insured employers may have subsidiaries that are not listed as a separate self-insured entity(s) because they choose to just have their parent be the only self-insured entity or because some of their subsidiaries are included under the larger self-insured subsidiary company.



Parent Company	Subsidiary(ies) Name(s)	Total number of subsidiaries
General Motors Customer Care and Aftersales		0
Goodrich Corporation	n/a	0
Guardian Fiberglass, Inc.		0
HealthSouth Corporation		0
Heartland Employment Services, LLC		0
Hope Gas, Inc.		0
Huntington Bancshares Incorporated		0
JELD-WEN, Inc.		0
Kvaerner North American Construction Inc.		0
Kingsford Manufacturing Company		0
Kmart Corporation <sup>27</sup>	Sears Roebuck & Company	1
Lowe's Home Centers, Inc.		0
Macy's Retail Holding's, Inc.		0
Marriott International	Residence Inn	1
Patriot Coal Corporation	Pine Ridge Coal, LLC, Eastern Associated, LLC, Appalachia Mine Service, LLC and Rivers Edge Mining, Inc.	4
Pepsi Cola Metropolitan Bottling Inc.		0
Pilgrims		0
PPG Industries, Inc.		0
Royal Vendors Inc.		0
Special Metals Corporation		0
SWVA, Inc.	none	0
TA Operating LLC		0
Bon Ton - 61000205-202/Elder Beerman - 43000054-202	Bon Ton - 61000205-202/Elder Beerman - 43000054-202	1
The Dow Chemical Company <sup>28</sup>	Union Carbide Corporation	0
The Kroger Company		0
The Wendy's International, Inc.		0
The Western and Southern Life Insurance Co		0
Toyota Motor Manufacture of WV	n/a	0
UPS Ground Freight		0
United Parcel Service, Inc.		0
US Silica Company		0
Virginia Electric and Power Company		0
Wal-Mart Associates, Inc.		0

<sup>27</sup> Kmart is a sister company of another self-insured entity, Sears Roebuck, both of which are subsidiaries of the parent Sears Holdings (not a self-insured entity). Kmart answered for both Kmart and Sears Roebuck.

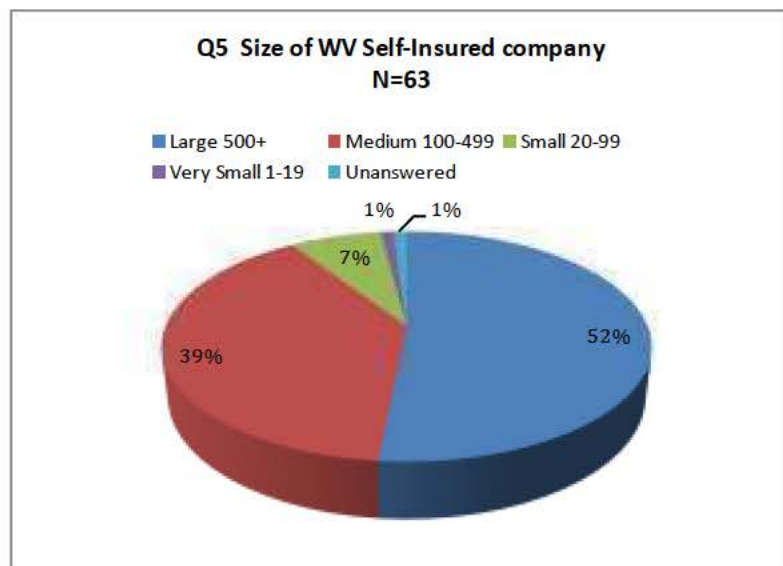
<sup>28</sup> Union Carbide is the actual only self-insured entity, but Dow, their parent, answered for them.

Parent Company	Subsidiary(ies) Name(s)	Total number of subsidiaries
West Virginia Counties Risk Pool	n/a	0
Weyerhaeuser		0
Wheeling Hospital, Inc.		0
Wheeling Park Commission		0
63 self-insured employers responses <sup>29</sup>		22 <sup>30</sup> subsidiaries

**4. Contact Information– (Please refer to Appendix #1)**

**5. Approximate Number of WV employees**

Response	62
No Response	1
Mean	2,678
Median	500
Std. Dev.	7,000
Minimum	0 <sup>31</sup>
Maximum	48,944



<sup>29</sup> This includes the two DuPont responses, which is a single self-insured entity but responded separately for each of its WV facilities.

<sup>30</sup> Twenty-two (22) subsidiaries are listed here; however, in the instance of Patriot and Alpha, the actual parents (Patriot Coal Corporation and Alpha Natural Resources, Inc.), are NOT self-insured entities themselves (as opposed to Consol, for example, which responded both as a parent self-insured entity and on behalf of all its self-insured subsidiaries). Therefore, while the responses of these parents are on behalf of their subsidiaries, the responses are not “counted” in the “pool” of responses for the parents themselves. As such, there are in reality only twenty (20) subsidiary self-insured entities whose safety programs are reflected not by their own response, but by the responses of their parents/affiliates.

<sup>31</sup> This company was contacted and they confirmed that at this time they have no employees working in West Virginia.

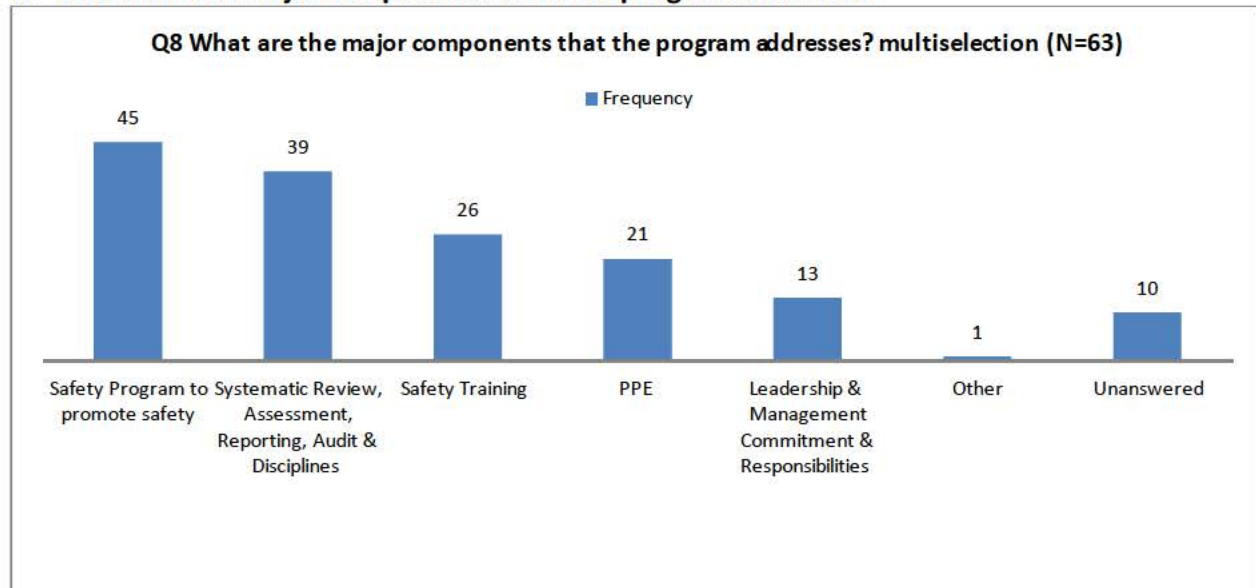
**6. Approximate WV payroll**

Response	52
No Response	11
Mean	\$34,949,435
Median	\$12,869,320
Std. Deviation	\$60,816,030
Minimum	\$0 <sup>32</sup>
Maximum	\$275,232,962

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

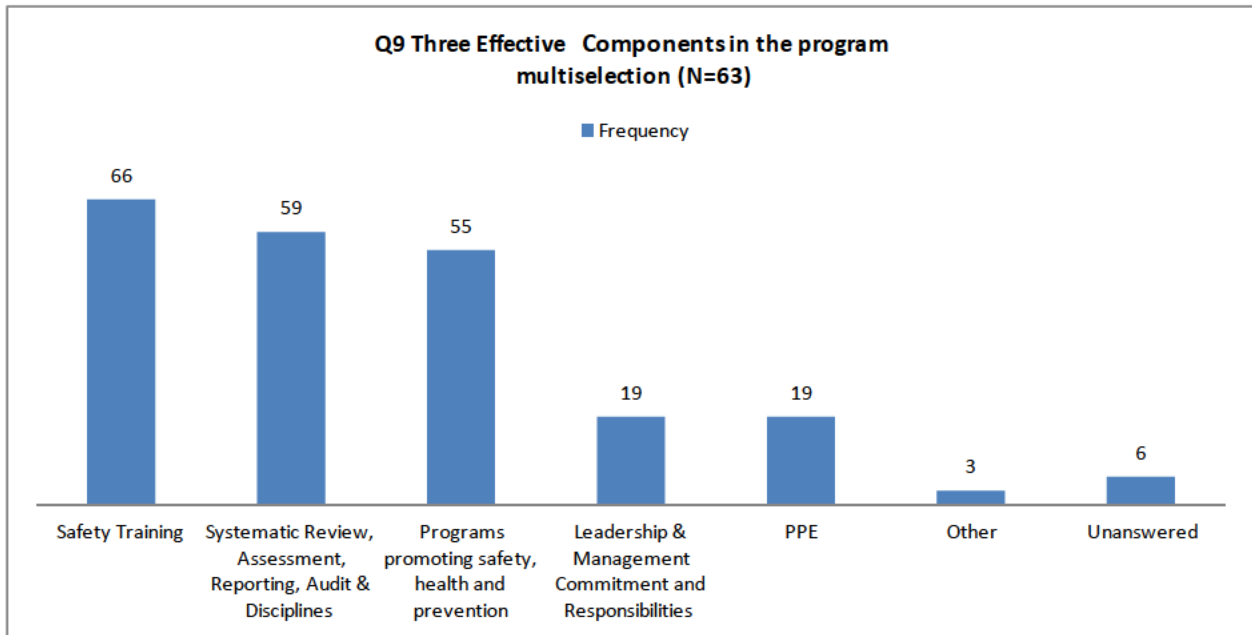
	%	freq.
Yes	93	59
No	5	3
No Response	2	1

**8. What are the major components that the program addresses?**



<sup>32</sup> This is the company reflected in footnote 14 which has no current WV employees and therefore no payroll.

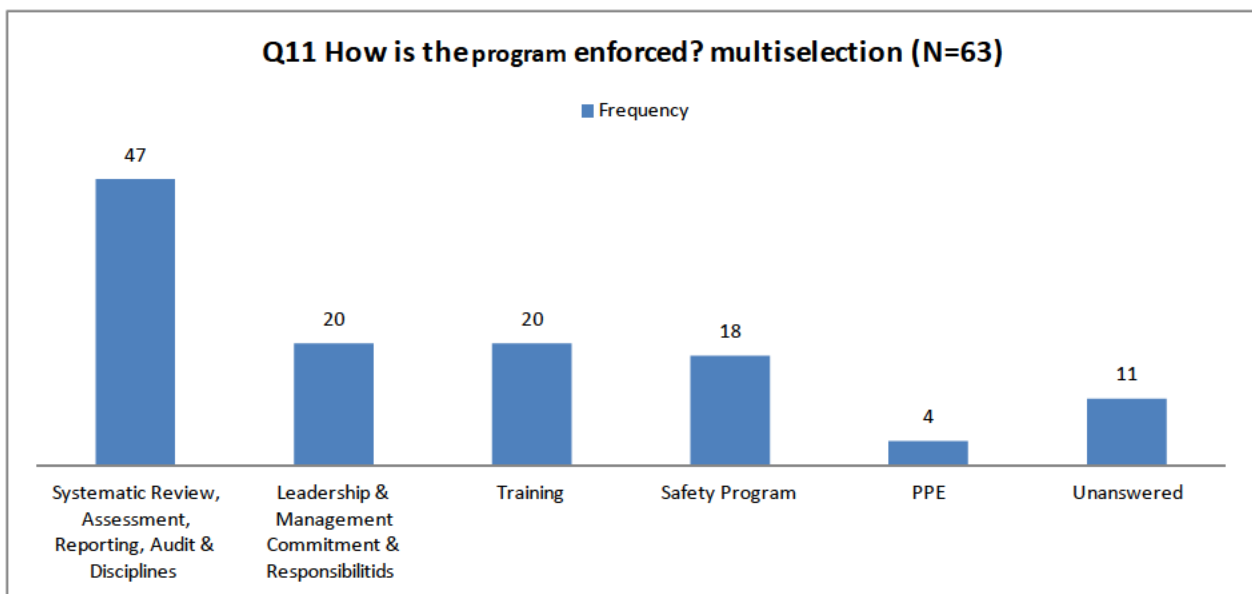
9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries



10. Is the written safety and health program enforced?

	%	freq.
Yes	86	54
No Response	14	9

11. How is the program enforced?



**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

	%	freq.
Yes	72	51
No	4	3
No Response	24	9

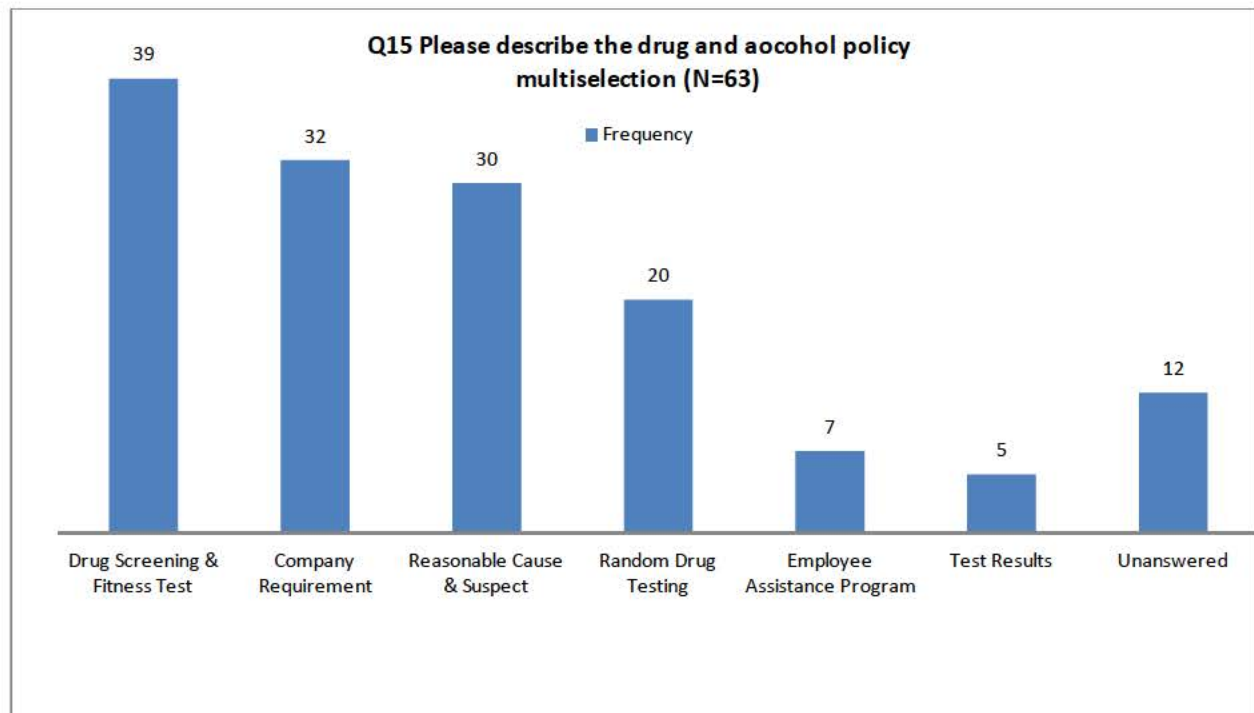
**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

	%	freq.
Yes	86	54
No	4	3
No Response	10	6

**14. Do you have a written policy regarding drug and alcohol testing**

	%	freq.
Yes	86	54
No	5	3
No Response	9	6

**15. Describe this policy**



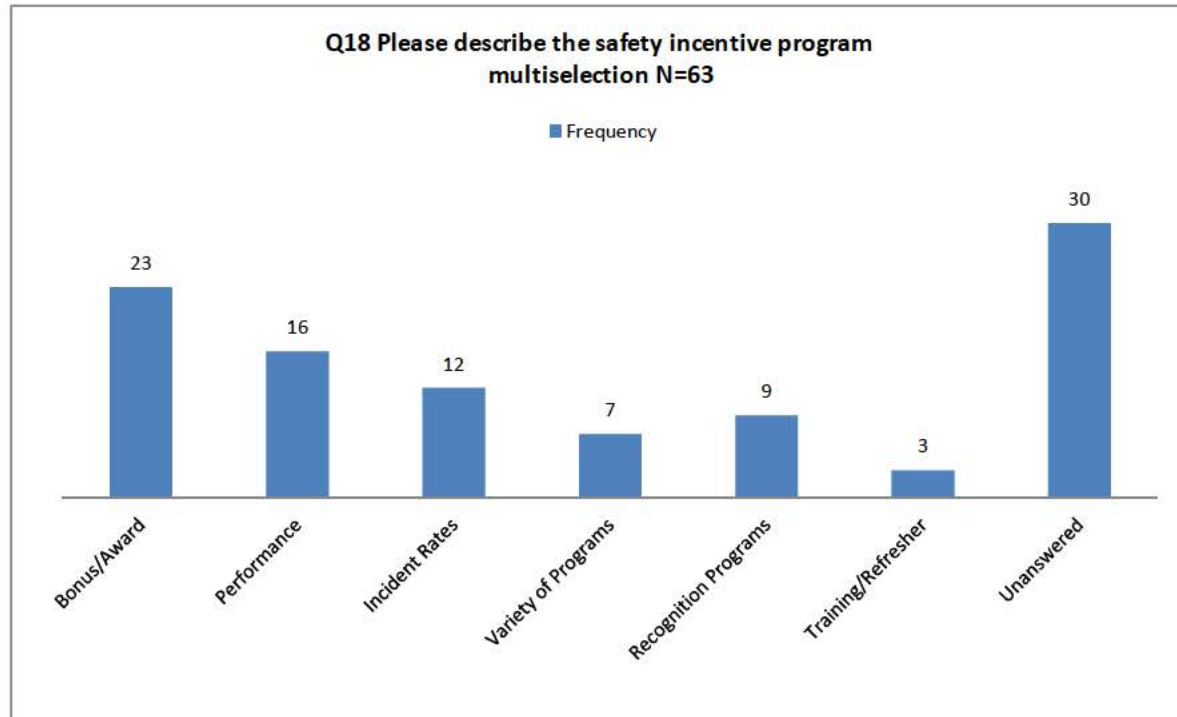
**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

	%	freq.
Yes	61	44
No	19	12
No Response	20	7

**17. Is a safety incentive program in place for management and employees?**

	%	freq.
Yes	56	35
No	34	22
No Response	10	6

**18. Please describe the safety incentive program.**



**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

	%	freq.
Yes	86	54
No	3	2
No Response	11	7



**20. Do you have a safety committee at the workplace which meets regularly?**

	%	freq.
Yes	80	50
No	9	6
No Response	11	7

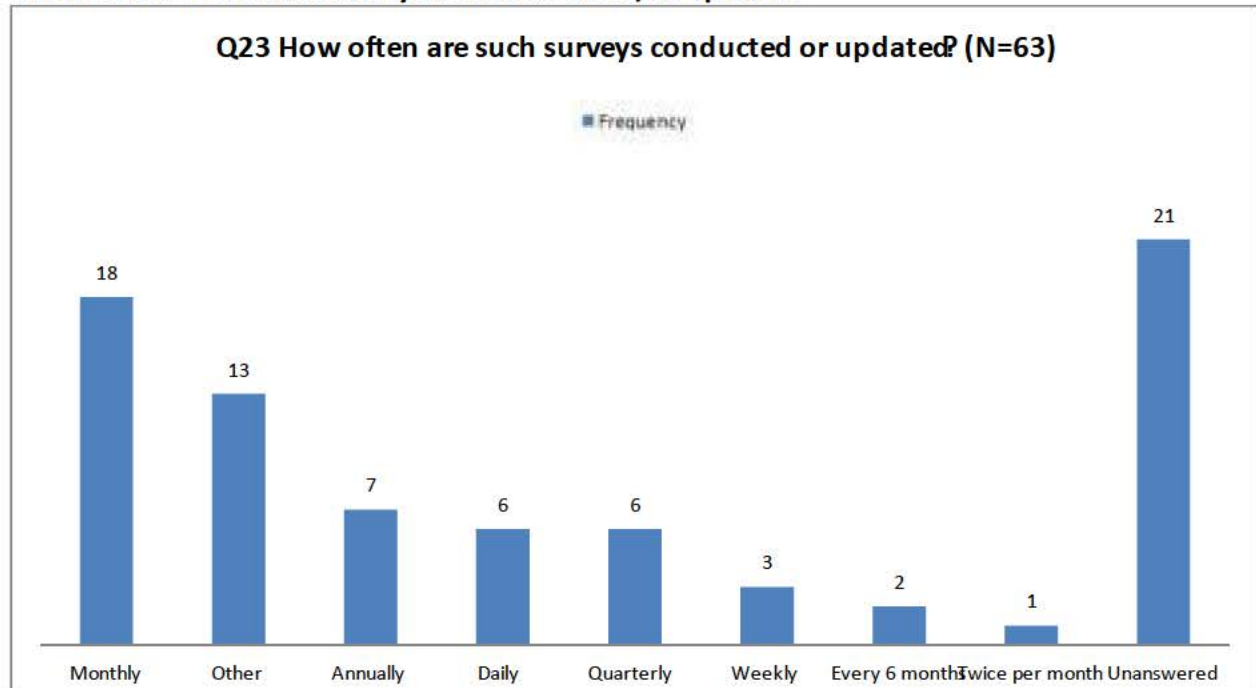
**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

	%	freq.
Yes	68	43
No	19	12
No Response	13	8

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

	%	freq.
Yes	74	47
No	15	9
No Response	11	7

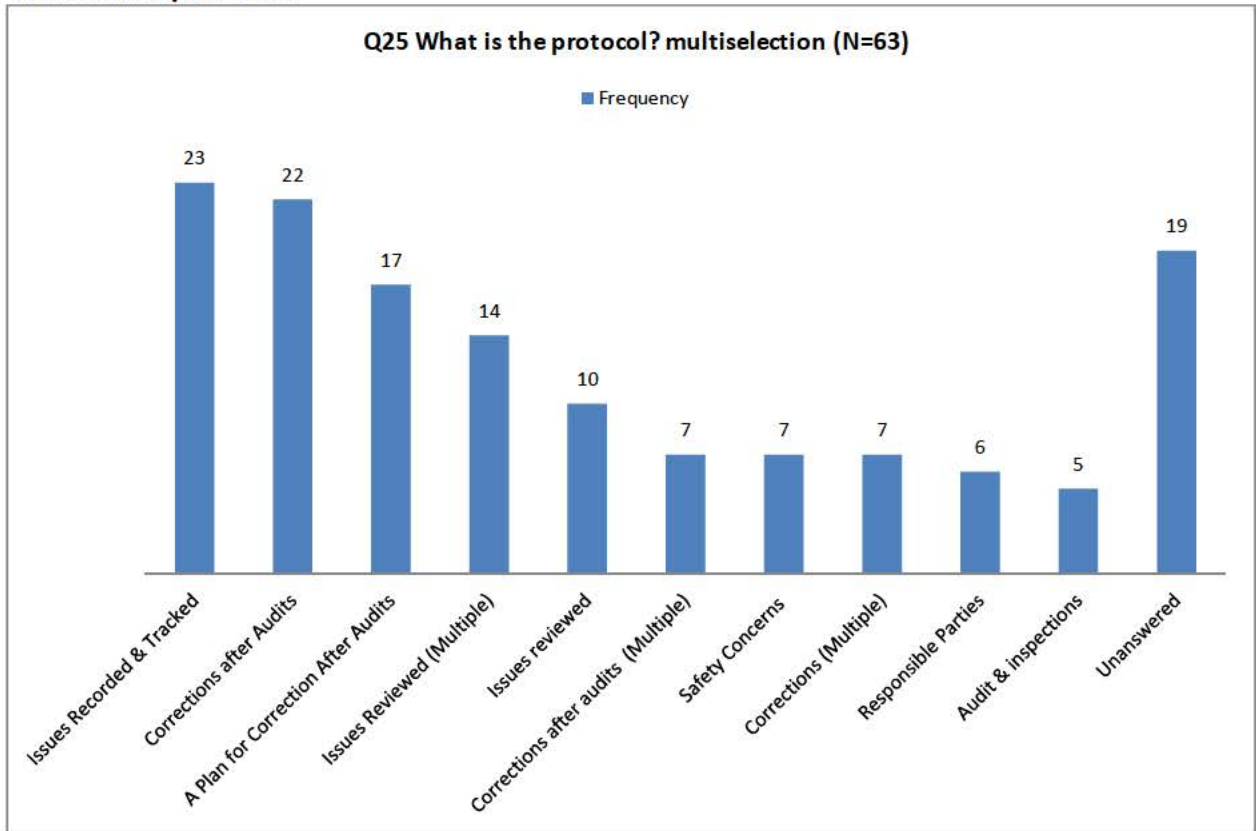
**23. How often are such surveys conducted and/or updated?**



**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

	%	freq.
Yes	75	47
No Response	25	16

**25. What is the protocol?**

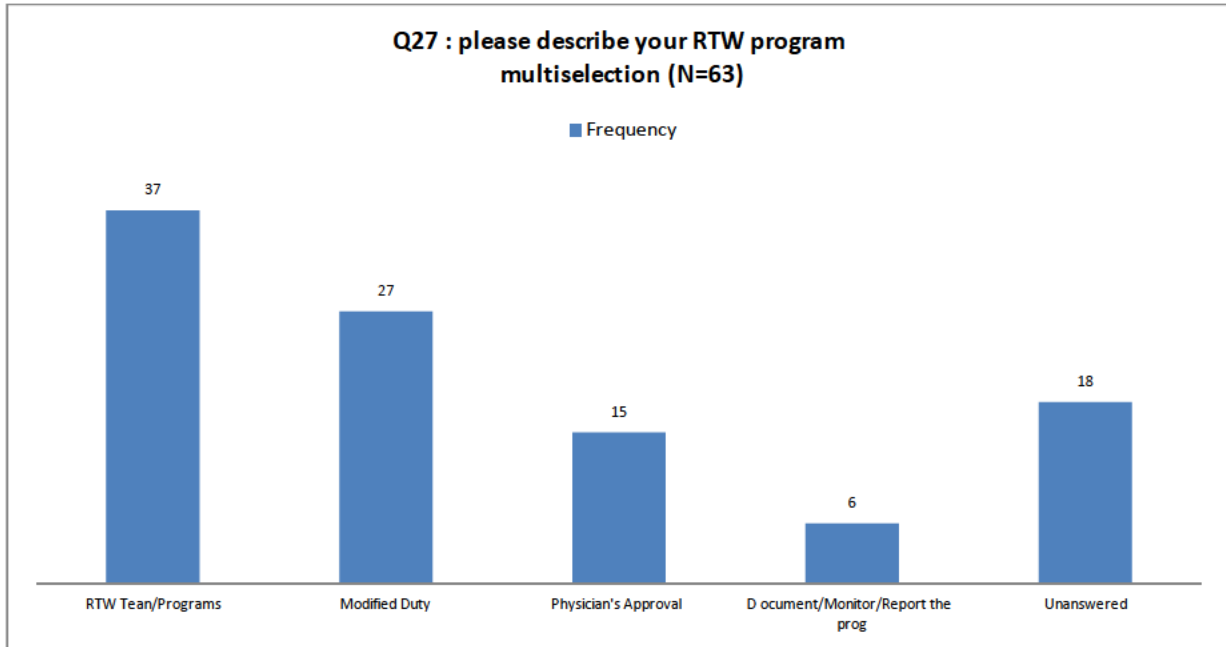


**26. Do you have a written Return-to-Work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

	%	freq.
Yes	75	48
No	13	8
No Response	12	7



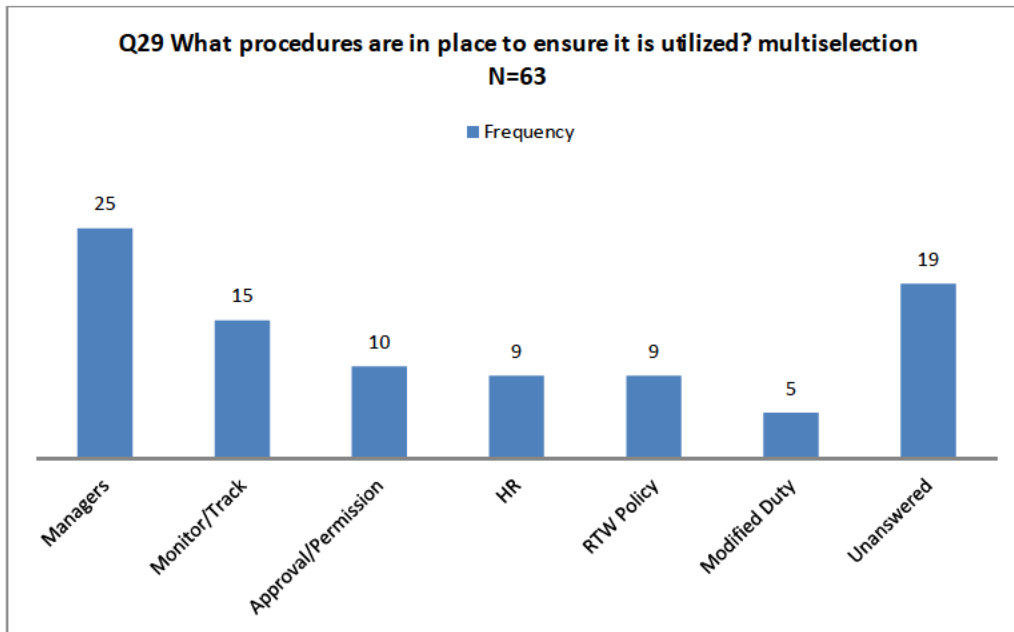
**27. Please describe**



**28. Is the written RTW program actively utilized by management and employees?**

	%	freq.
Yes	72	46
No	2	1
No Response	26	16

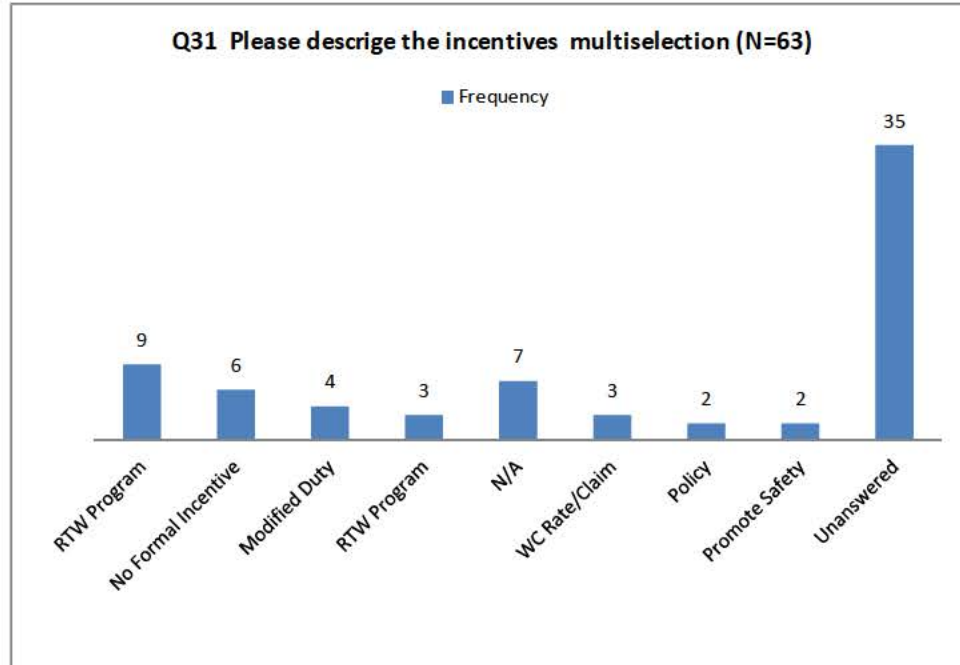
**29. What procedures are in place to ensure it is utilized?**



**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

	%	freq.
Yes	25	17
No	50	30
No Response	25	16

**31. Please describe the incentives.**



**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

	%	freq.
Both initial and retraining for employees and management	76	48
Both initial and retaining for employees	8	5
Just initial training for employees and management	3	2
No Training	2	1
Response	89	56
No Response	11	7

**33. Does this training address all workplace hazards applicable to the industry?**

	%	freq.
Yes	85	54
No	2	1
No Response	13	8

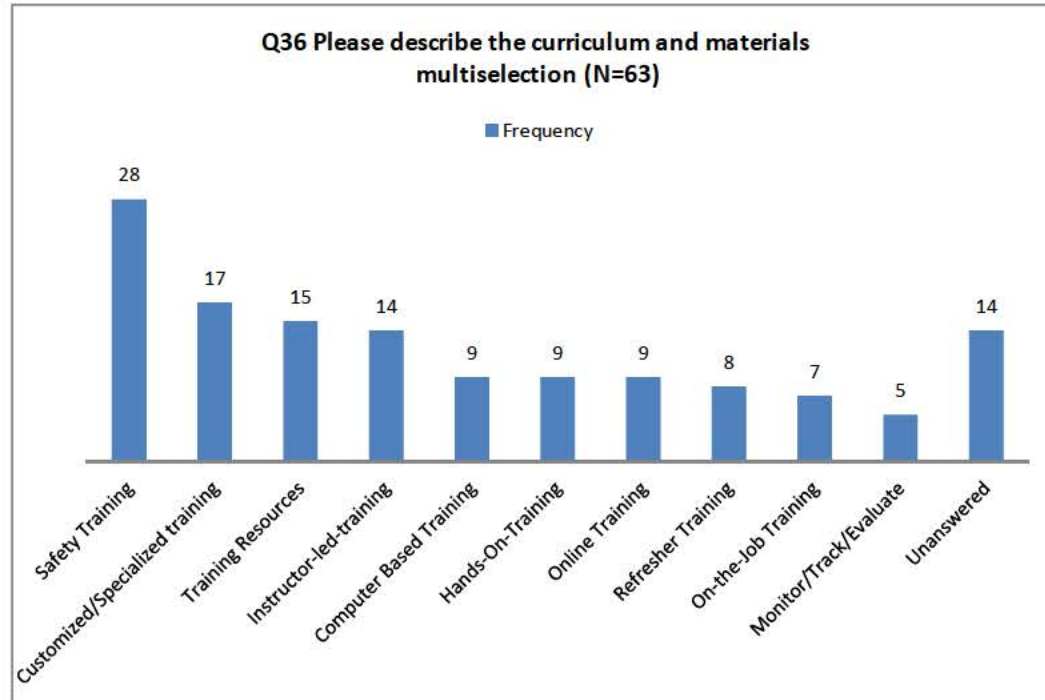
**34. Is all of the training mandatory?**

	%	freq.
Yes	82	52
No	5	3
No Response	13	8

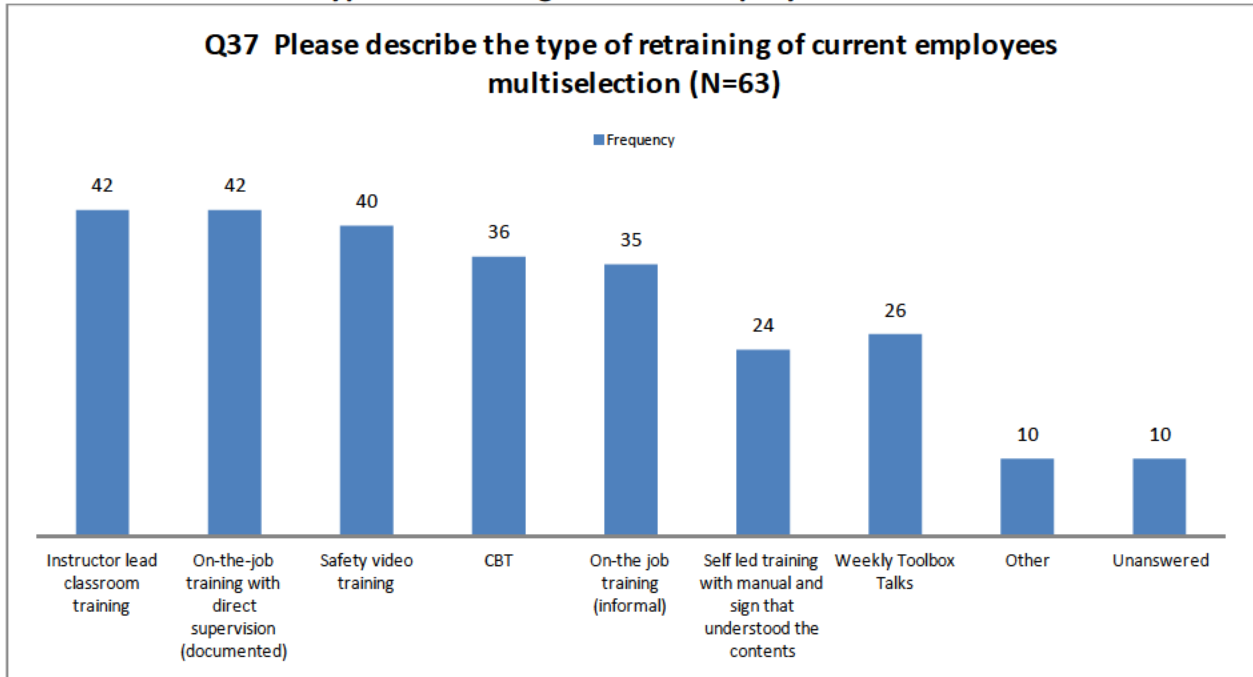
**35. Are developed training curriculum and related materials used?**

	%	freq.
Yes	86	54
No	2	1
No Response	13	8

**36. Please describe the curriculum and materials.**



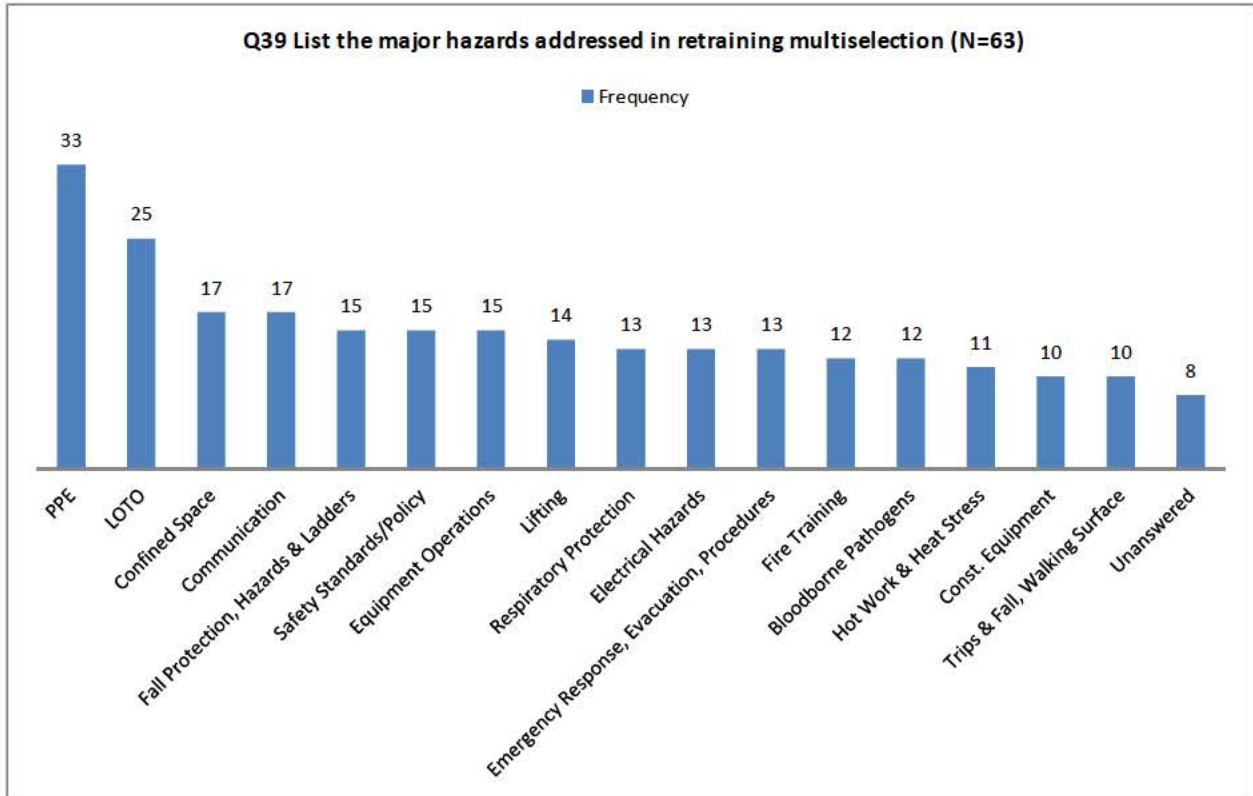
**37. Please describe the type of retraining of current employees.**



**38. Does the retraining address all workplace hazards applicable to the industry?**

	%	freq.
Yes	80	50
No	6	4
No Response	14	9

**39. List the major hazards addressed in retraining.**



**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

	%	freq.
Yes	86	54
No	1	1
No Response	13	8

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

	%	freq.
Yes	81	51
No	8	5
No Response	11	7

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

	%	freq.
Yes	89	56
No Response	11	7

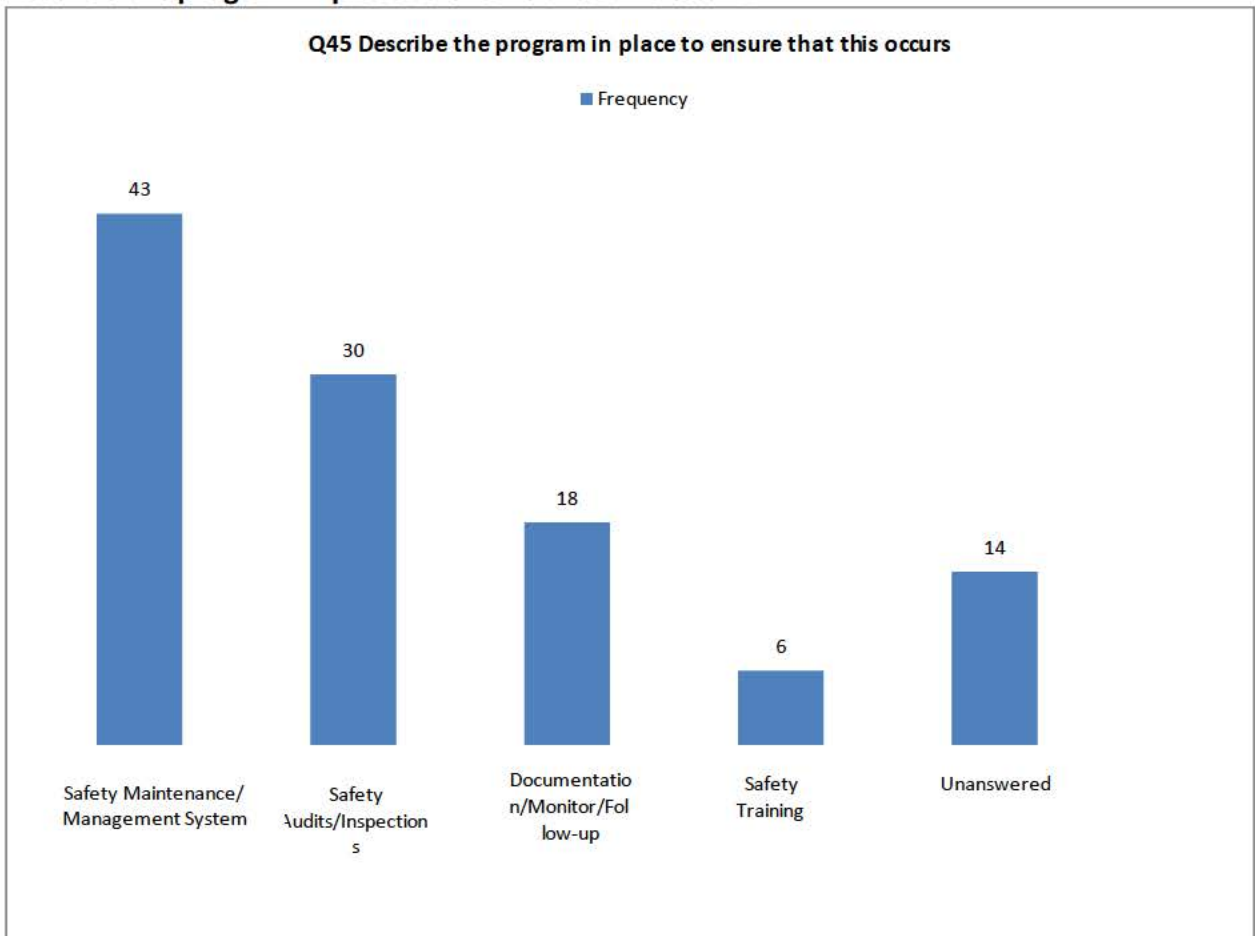
**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

	%	freq.
Yes	85	54
No	2	1
No Response	13	8

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

	%	freq.
Yes	89	56
No	0	0
No Response	11	7

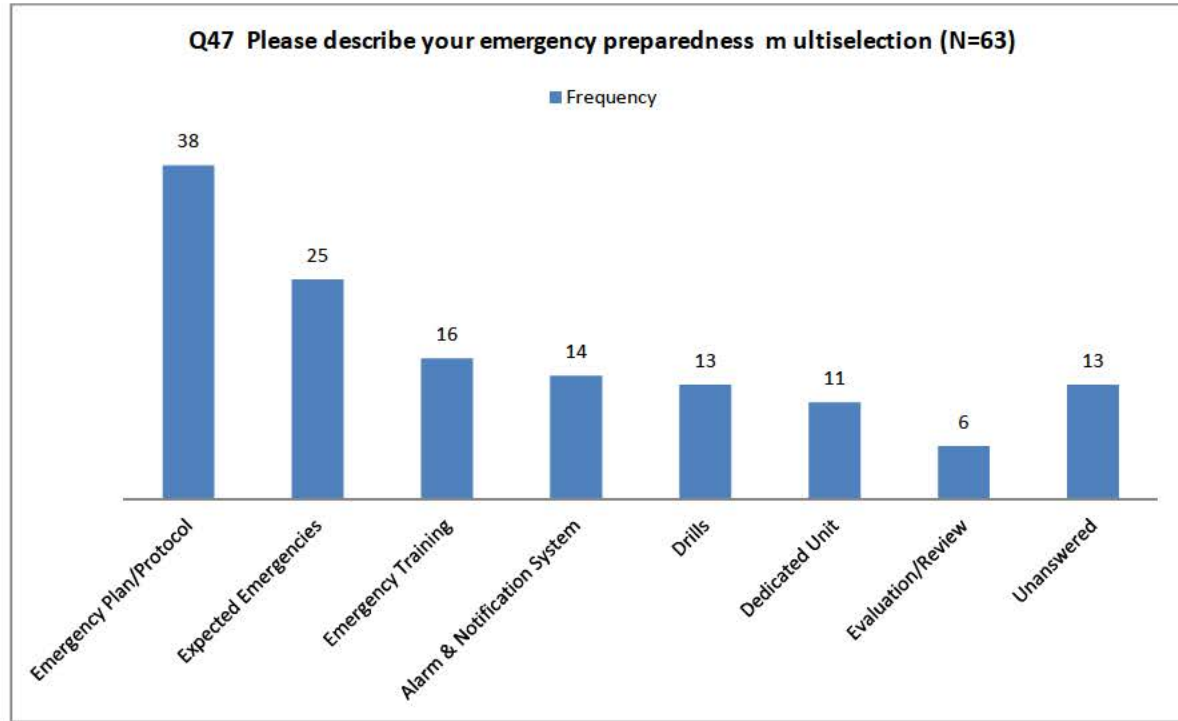
**45. Describe the program in place to ensure that this occurs.**



**46. Is there a program in place to address emergency preparedness?**

	%	freq.
Yes	84	56
No	6	1
No Response	10	6

**47. Please describe**



**48. Have you been certified by an international standards organization?**

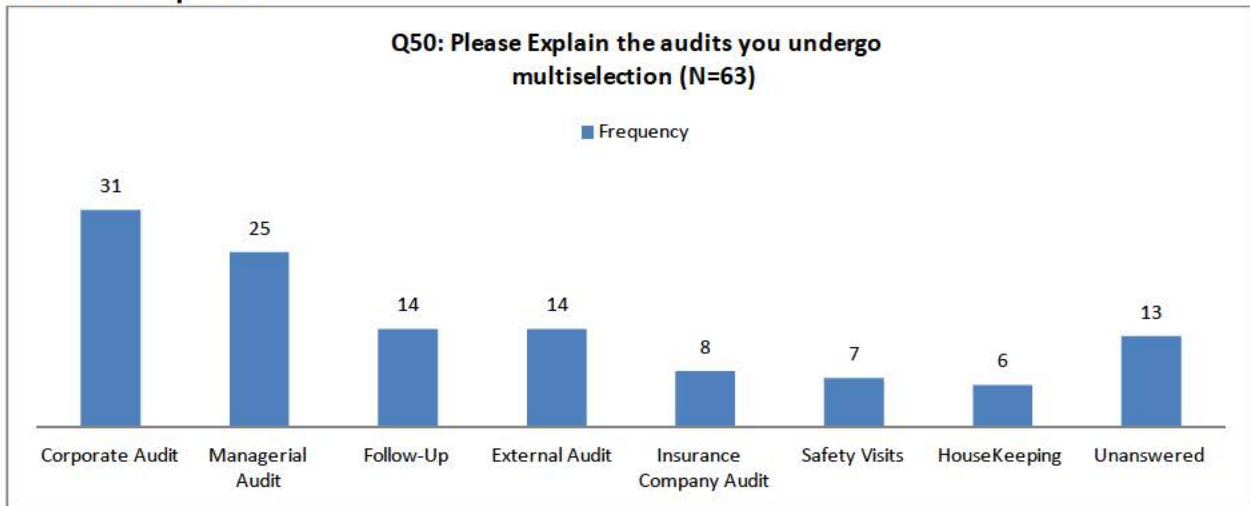
	%	freq.
Yes	30	19
No	57	36
No Response	13	8

**49. Do you undergo any regular internal or external safety audits?**

	%	freq.
Yes	81	53
No	8	3
No response	11	7



## 50. Please explain



## Conclusions

The industries primarily represented within the survey are manufacturing, retail trade, mining, transportation, services, and public administration.

It was confirmed that all but one (1) of the state's 88 SIE's have a written safety and loss program.<sup>33</sup> The safety program was denoted by the self-insured employers as the most effective method in achieving the result of reduced injuries, illnesses, and compliance. The elements within each program differ, according to industry of the self-insured employer. Additionally, the program is primarily enforced through training, program, and discipline.

Safety compliance as part of a performance review measure for management, sixty-one percent (61%), and safety incentives related to worker performance, fifty-six percent (56%), were most common for the self-insured employers.

There are eighty-five percent (85%) of the self-insured employers that indicated that they undergo a regular internal or external safety audit. The audit was further explained as the following: corporate safety, inspections, annual, external, reviews, and safety management. A majority, seventy-four percent (74%), of the self-insured employers complete a safety survey of the work area and that there is a protocol for addressing these issues.

There are sixty-eight percent (68%) of the self-insured employers that responded that there is at least one full-time employee dedicated solely to oversight of the company safety program.

<sup>33</sup> Among the 63 responses, three (3) of the respondents stated they do not have a written safety and loss program, and one (1) failed to answer this question. However, the OIC independently was able to verify that the answers of three (3) of these employers were in error, and that they do in fact have a written safety and loss program. The OIC is going to follow-up with the one SIE which has not been verified as to the accuracy of its response that they do not have a written safety and loss program



There are eighty-six percent (86%) of the self-insured employers responded that they provide training that involve potential workplace hazards which are described as training courses, hazard communication, safety topics, OSHA training, job related, and proper lifting. The training is primarily instructor led, on-the-job, computer-based and weekly toolbox safety talks. The retraining address various safety and health topics

There are seventy-five (75%) of the self-insured employers responded that they have a written return to work program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility.

Lastly, there are eighty-six (86%) of the self-insured employers surveyed that stated that they have a written policy regarding drug and alcohol testing. The programs have many components including: testing, company requirements, incident, substance abuse, etc.

**CONTACT  
INFORMATION FOR  
WEST VIRGINIA  
SELF-INSURED  
EMPLOYERS**

**Appendix 2. Contact Information for West Virginia Self-Insured Employers.**

1. Alliant Techsystems Operations, LLC.

Larry Dale  
210 State Rt. 956  
Rocket Center, WV 26726

2. Alpha Natural Resources, Inc.

Jeffrey S. Eggleston, Sr.  
One Alpha Place  
Bristol, VA 24202

3. Alliance Coal LLC.

Tracy Crawford  
711 Corporate Drive, Suite 500  
Lexington, KY 40503

4. American Electric Power Company, Inc.

Loyd A. Hudson  
777 Hopewell Drive  
Heath, OH 43056

5. Asplundh Tree Expert Co.

David Riggs  
708 Blair Mill Road  
Willow Grove, PA 19090

6. Ball Corporation

Angelika Stockwell  
10 Longs Peak Drive  
Broomfield, CO 80021

7. Century Aluminum of West Virginia

Jeff VanMatre  
Rt. 2 South Century Road  
Ravenswood, WV 26164

8. City of Fairmont Utility Department

Fred Roman  
901 Howard Avenue  
Fairmont, WV 26554

9. City of Huntington  
Sherry Lewis  
800 Fifth Avenue  
Huntington, WV 25701
10. City of Parkersburg  
Pamela Salvage  
One Government Square  
Parkersburg, WV 26101
11. City of Wheeling  
No information provided
12. Coca-Cola Bottling Co. Consolidated  
Jack Hawkins  
4115 Coca-Cola Plaza  
Charlotte, NC 28211
13. Columbia West Virginia Corporation  
Dave Hacker, Chris Groves & Liz Key  
242 Callahan Road  
Craigsville, WV 26205
14. CONSOL Energy Inc.  
Lawrence S. Drumgoole  
1000 CONSOL Energy Drive  
Canonsburg, PA 15317
15. Cracker Barrel Old Country Store, Inc.  
Kelly Powe  
307 Hartmann Drive  
Lebanon, TN 37088-0787
16. Dollar General  
Jane Stutsman  
100 Mission Ridge  
Goodlettsville, TN 37072
17. Dominion Transmission  
Jim Parsons & Kaylan Cook  
445 West Main Street  
Clarksburg, WV 26301

18. E.I. DuPont  
William A. Boyle  
St. Rt. 892  
Washington, WV 26181
19. E.I. DuPont de Nemours and Company  
Holly K. Ritter  
901 West DuPont Avenue  
Belle, WV 25015
20. EQT Corporation  
Jessica Lukac  
625 Liberty Avenue, Suite 1700  
Pittsburgh, PA 15222
21. Exxon Mobil Corporation & XTO Energy Inc.  
James D. Dean  
P.O. Box 1008  
Jane Lew, WV 26378
22. Family Dollar Stores of West Virginia, Inc.  
Arlene Geis  
P.O. Box 1017  
Charlotte, NC 28201-1017
23. Federal Express Corporation "FedEx Express"  
FedEx Express Legal Department  
3620 Hacks Cross Road Building B  
Memphis, TN 38125
24. FedEx Freight, Inc.  
Kayla Quandt  
2200 Forward Drive DC 2256  
Harrison, AR 72601
25. FedEx SmartPost, Inc.  
Stephanie LaMarque  
16555 W. Rogers Dr.  
New Berlin, WI 53151
26. FedEx Ground Package System  
Michael Evers  
1000 FedEx Drive  
Moon Township, PA 15108

27. General Motors Customer Care and Aftersales

Richard Boyce  
608 Caperton Blvd.  
Martinsburg, WV 25403

28. Goodrich Corporation

No information provided

29. Guardian Fiberglass, Inc.

Candi Turner  
2300 Harmon Road  
Auburn Hills, MI 48326

30. Healthsouth Corporation

Josh Beam  
3660 Grandview Parkway, Suite 200  
Birmingham, AL 35243

31. Heartland Employment Services, LLC.

Kathy Hutchinson  
333 N. Summit  
Toledo, OH 43604

32. Hope Gas, Inc.

Roger W. Buttke  
48 Columbia Blvd.  
Clarksburg, WV 26301

33. Huntington Bancshares Incorporated

Heather Myerscough  
41 South High Street  
Columbus, OH 43215

34. JELD-WEN, Inc.

Rob Kaufman  
401 Harbor Isles Blvd.  
Klamath Falls, OR 97603

35. Kvaerner North American Construction Inc.

Bruce Kingsbury  
701 Technology Drive  
Canonsburg, PA 15317

36. Kingsford Manufacturing Company  
Tom Fitzgerald  
P.O. Box 464 HWY 219 S.  
Parsons, WV 26287
  
37. Kmart Corporation  
Kathryn Van Den Heuvel  
3333 Beverly Rd. E3-266B  
Hoffman Estates, IL 60179
  
38. Lowe's Home Centers, Inc.  
P.O. Box 1000  
 Mooresville, NC 28115
  
39. Macy's Retail Holdings, Inc.  
Jack Heckmuller  
7 W 7th Street  
Cincinnati, OH 45202
  
40. Marriott International  
Daniel Danson  
10400 Fernwood Road,  
Global Safety & Security: Dept.52/9244.71  
Bethesda, MD 20817
  
41. Patriot Coal Corporation  
Terreal Blankenship  
500 Lee Street East Suite 900  
Charleston, WV 25301-3203
  
42. Pepsi-Cola Metropolitan Bottling Inc.  
No information provided
  
43. Pilgrims  
Josh Harper  
120 Potomac Avenue  
Moorefield, WV 26836
  
44. PPG Industries, Inc.  
R.J. Feldmeier  
State Route 2 (P.O. Box 191)  
New Martinsville, WV 26155

45. Royal Vendors, Inc.  
Charity Fleming  
426 Industrial Blvd.  
Kearneysville, WV 25414
46. Special Metals Corporation  
Patrick Christie  
3200 Riverside Drive  
Huntington, WV 25705
47. SWVA, Inc.  
Chris Artrip  
P.O. Box 2547  
Huntington, WV 25726
48. TA Operating, LLC.  
No information provided
49. The Bon Ton Stores, Inc.  
Judy Rabin  
1025 Center Drive  
Mt. Prospect, IL 60056
50. The Dow Chemical Company  
Tonya Kuizenga  
1320 Waldo Avenue, Suite 300  
Midland, MI 48642
51. The Kroger Company  
Nathan Fraley  
1014 Vine ST.  
Cincinnati, OH 45202-1100
52. The Wendy's Company  
Jennifer Smith  
1155 Perimeter Center W. 8th Floor  
Atlanta, GA 30338
53. The Western and Southern Life Insurance Co.  
Melissa Davis  
400 Broadway  
Cincinnati, OH 45202



54. Toyota Motor Manufacture of West Virginia

Ted Kester  
1 Sugar Maple Lane  
Buffalo, WV 25033

55. UPS Ground Freight

Logan Kerr  
1100 Industrail  
Federsalsburg, MD 21632

56. United Parcel Services, Inc.

Bernard J. Kudbya  
521 North Center Avenue  
New Stanton, PA 15672

57. U.S. Silica Company

Bob Dailey  
8490 Progress Drive, Suite #300  
Frederick, MD 21701

58. Virginia Electric and Power Company

Tom Ponceroff  
436 Dominion Blvd.  
Mt. Storm, WV 26739-8632

59. Wal-Mart Associates, Inc.

Matt Vaughn  
702 SW 8th Street MS #0695  
Bentonville, AR 72716-0695

60. West Virginia Counties Risk Pool

Chris Carey  
308 Market Street, Suites 1&2  
Roanoke, VA 24018

61. Weyerhaeuser

Sue Cooper  
33663 Weyerhaeuser Way South  
Federal Way, WA 98003

62. Wheeling Hospital, Inc.

Kelly Fry  
1 Medical Park  
Wheeling, WV 26003

63. Wheeling Park Commission  
Karen S. Heiss  
465 Lodge Drive  
Wheeling, WV 26003

# **SAFETY STUDY RESULTS**

**AGRICULTURE/  
FORESTRY/ FISHING**

# **AGRICULTURE/FORESTRY/FISHING**

**Pilgrims**

Design Survey

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Analyze Results

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Default Report

Displaying 23 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
72.37.249.60**Response Started:**  
Thursday, March 15, 2012 9:23:18 AM**Response Modified:**  
Thursday, March 15, 2012 9:52:30 AM**1. Name of Self Insured Employer**

Pilgrims

**2. Primary Industry**

Poultry

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Josh Harper

Company Name - Pilgrims

Street - 129 Potomac Ave

City - Moorefield

Zip Code - 26836

**5. Approximate number of WV employees**

1,920

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Pilgrims Moorefield Complex has a written safety and loss program consisting of a Safety & Health Process Manual. The manual entails a variety of different provisions that enlists several different major components associated with the business. Some of the major components include as follows; Industrial Hygiene Program, HAZCOM and Emergency Action Plan. • The written Industrial Hygiene Strategy program is to provide a systematic approach for identifying and evaluating potential environmental factors or stresses in the Moorefield WV Pilgrims Complex. The programs strategy outlines specifically dust and noise for the Pilgrims Facility. • The written HAZCOM program is a policy set forth to assure all employee's have information about each hazardous chemical within the facility. Each employee is presented with HAZCOM training on Material Safety Data Sheets (MSDS), labeling, and procedure to detect chemicals and reduce exposure. • The written Emergency Action Plan is to document the responsibilities and designated actions that facility

management, emergency responders, and other facility personnel must take during an on-site emergency. The plan is to protect persons and property from possible major emergencies which may occur at any Pilgrim's facility. These emergencies may be any situation presenting hazards which require coordination of facility resources beyond those needed for normal operations.

---

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Lock-Out Tag-Out
  2. - Hearing Conservation
  3. - Ergonomics
- 

**10. Is the written safety and loss program enforced?**

Yes

---

**11. How is the program enforced?**

Each program is communicated Annually & during Pre-Employment. These programs are managed and enforced on the Supervisory level as well as on the Manager level. Senior management meets weekly with regards to the safety and health programs of the facility. This is usually translated through a weekly staff meeting at the location.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

Yes

---

**15. Please describe this policy.**

Pilgrim's Corporation is committed to maintaining the safety and health of its Employee's through the development and implementation of effective safety processes. Part of this commitment is our refusal to tolerate the use or abuse of any drug, alcohol, or intoxicant (i.e., inhalants, paint, gasoline, etc.), which may endanger the health and well-being of either its Employees or members of the general public. Individuals working at Pilgrims are subject to testing through a safety sensitive testing (random) program which is managed by a third party administrator. Employees working within the facility which have been designated/qualified as a "Safety Sensitive Position" will randomly be picked by our third part administrator. Drug & Alcohol Testing is completed under the following circumstances: - Pre-Employment - Random "Safety Sensitive" Testing - Reasonable Suspicion - DOT Random Testing and Post Accident

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

Yes

---

**17. Is a safety incentive program in place for management and employees?**

Yes

---

**18. Please describe the safety incentive program.**

Pilgrims Safety Incentive Program is based on Facility KPI's. These Key Performance Indicators will decide rather bonuses will be given to supervisors on a quarterly basis with regards to departmental accidents. Each supervisor is challenged with not having any Loss Time Accidents as well as completing weekly DuPont employee observations.

DuPont observations are completed with supervisors observing and communicating verbally with hourly employees. Direct communication works as a great key to help reveal employee issue's as well as physical safety items that may need to be fixed.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

---

**23. How often are such surveys conducted and/or updated?**

Daily

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

---

**25. What is the protocol?**

Supervisors complete daily area safety inspections for their respected department. These inspections are completed prior to start up of production and assures all equipment, housekeeping, egress and ergonomic additions are safe and ready to start production. Managers at the facility complete the same type of inspection once a month. This inspection is general completed during the production shift and allows for a second set of eyes to see the process. Each Manager/Supervisor issue that is found during the inspection has sole responsibility to follow through to assure completion of that particular safety issue.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

---

**27. Please describe**

Pilgrims has a RTW Program for any individual that has been injured while on the job. This RTW Program assures that if the employee returns with restrictions he/she will still be fitted with a productive job regarding that restriction/s. This not only helps with our WC rates and OSHA recordkeeping but provides the employee with a full paycheck each week.

---

**28. Is the written RTW program actively utilized by management and employees?**

Yes

---

**29. What procedures are in place to ensure it is utilized?**

When an employee provides the facility with his/her restrictions for her respected physician, it is Occupational Health's



job to assure it is communicated to the individual's supervisor. His/her supervisor will read over the employee's restriction and decide rather or not there is a productive job within the department for the individual. Once a productive job is found, the supervisor and employee will sign off on a Transitional Duty Agreement (TDA). The TDA is an agreement between the supervisor and employee that he/she will not break any portion of their restriction and also provides assurance that each has read and understands the restriction.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

---

**31. Please describe the incentives.**

There is no incentive for a RTW Program other than WC Rates, OSHA Recordability and Employee full compensation. It is a Supervisor/Managers duty to return any employee back to work productively. Bonuses nor salary is based on this program and does not provide any type of incentive for each.

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

---

**34. Is all of the training mandatory?**

Yes

---

**35. Are developed training curriculum and related materials used?**

Yes

---

**36. Please describe the curriculum and materials.**

The training curriculum is based on all of Pilgrims major components of our written safety and loss program. These training items are completed annually to each employee as well as at new-hire.

---

**37. Please describe the type of retraining of current employees.**

Instructor lead classroom training

On-the job training with direct supervision (documented)

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

Yes

---

**39. List the major hazards addressed in retraining.**

1. - Lock-Out Tag-Out

2. - Ergonomics

3. - Electrical

4. - Slip-Trip-Falls

5. - Confined Space

6. - Process Safety Management

7. - HAZCOM

8. - Emergency Action

---

9. - Personal Protective Equipment

---

10. - Hearing Conservation

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Supervisors & Safety Representatives complete daily pre-production inspections to assure each machine & work area is safe. If there is an issue it will be addressed before the shift will start. Each daily check is completed on a form & stored electronically.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Pilgrims Facility has an Emergency Action Program that outlines each possible emergency that could be presented to employees. Each situation is addressed within the program and protocol has been outlined. This program is not only communicated to our employees on an annual basis but is also communicated to local EMS and LEPC (Local Emergency Planning Committee).

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Management at each facility complete daily & weekly audits. These audits assure employee safety within the working environment. In addition to this, each facility has a Safety Management System (SMS Audit) corporate review. This review is made up of corporate leaders as well as other site safety managers. The review consists of facility safety programs and physical items within the facility and is a very in-depth review of the entire complex.

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**MINING**

## **MINING**

**Patriot Coal Corporation**

**Exxon Mobil Corporation, including XTO Energy, Inc**

**EQT Corporation**

**U.S. Silica Company**

**Alliance Coal, LLC**

**Alpha Natural Resources, Inc.**

**Consol Energy, Inc**

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Default Report

Displaying 28 of 69 respondents

Response Type:  
Normal ResponseCollector:  
New Link  
(Web Link)Custom Value:  
emptyIP Address:  
64.181.11.115Response Started:  
Thursday, March 15, 2012 9:35:22 AMResponse Modified:  
Thursday, March 15, 2012 3:14:50 PM**1. Name of Self Insured Employer**

Patriot Coal Corporation

**2. Primary Industry**

Coal

**3. Name of Subsidiary Self-insured Entities**

Pine Ridge Coal,LLC and Eastern Associated, LLC

**4. Name and address for contact person regarding survey**

Name - Terreal Blankenship

Company Name - Patriot Coal Services,LLC

Street - 500 Lee Street East Suite 900

City - Charleston

Zip Code - 25301-3203

**5. Approximate number of WV employees**

1248

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Prevention of incidents by communication between co-workers. Training all supervisors on the safety processes in place within the company and requiring safety audits for unsafe work practices. Communication of potential hazards. Correcting hazards. Safe Job Procedure training and proper task training for jobs and communicating the potential hazards of those jobs. Root Cause Analysis and the promotion of reporting Near Miss Incidents.

**9. Choose 3 program components listed above that are the most effective in achieving the result of**

**reduced injuries, illnesses and compliance with the program.**

1. - Training in the company's safety process.
2. - Safety audits for unsafe practices.
3. - Communication of hazards.
4. - Proper job task training.
5. - Root Cause analysis in preventing incidents.

**10. Is the written safety and loss program enforced?**

Yes

**11. How is the program enforced?**

By groups of management from the operation level up to and including the corporate level. These groups have a set of performance standards and guidelines to follow when determining the effectiveness of the processes and enforcement of the standards.

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

Yes

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

Yes

**14. Do you have a written policy regarding drug and alcohol testing?**

Yes

**15. Please describe this policy.**

The Company requires drug and alcohol tests in the following circumstances: a. before an individual is hired; b. when an employee returns to work from an absence of more than six calendar months; c. when there is Reasonable Cause to believe an employee is at work after using or while impaired by drugs or alcohol; d. random testing will be conducted where permissible by applicable law; e. when testing is required under Department of Transportation ("DOT") policies.

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

Yes

**17. Is a safety incentive program in place for management and employees?**

Yes

**18. Please describe the safety incentive program.**

The incentive programs are site specific and vary according to each operation. Some may be monetary in structure and others may allow the accumulation of points that can be redeemed for various items.

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

Yes

**20. Do you have a safety committee at the workplace which meets regularly?**

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Daily

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

After the completion of a safety audit, all negative findings are addressed by mine management accordingly and shared with the employees.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

A treating physician's slip may be required if an absence exceeds three days. Additionally, an employee may be required to provide a signed physician's slip approving their RTW. If this is necessary, the slip must be presented to a representative of the Company's Human Resources Dept. In some cases a physical examination prior to RTW may be required.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Written procedures are followed as outlined in the current UMWA Coal Wage Agreement.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

The incentives are that the employees do RTW and are healthy enough to continue their assigned duties.

**32. Do you provide training (both initial training and retraining) for employees and management,**



**participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

An annual refresher training session is required under 30 CFR part 48.

**37. Please describe the type of retraining of current employees.**

Instructor lead classroom training

On-the job training with direct supervision (documented)

On-the job training (informal)

Computer based training

Safety video training

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

Weekly toolbox talks

**38. Does the retraining address all workplace hazards applicable to the industry?**

Yes

**39. List the major hazards addressed in retraining.**

1. - Mandatory health and safety standards

2. - Transportation controls and communication

3. - Barricading

4. - Roof or ground control, ventilation, emergency evacuation and firefighting

5. - First aid

6. - Electrical hazards

7. - Prevention accidents

8. - Explosives

9. - Mine gases

10. - Health

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

There are requirements from regulatory agencies that outline workplace exams as well as company workplace examination procedures.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Patriot Coal Corporation has internal emergency preparedness plans as well the Emergency Response Plan required by federal law.

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

There are audit teams established at the corporate and mine levels. These teams are guided by a set of standards that spell out the specific requirements for inspections and the frequency at which these inspections are conducted.

---

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Design Survey

Collect Responses

Analyze Results

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Default Report

Displaying 8 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
158.35.225.231**Response Started:**  
Thursday, March 8, 2012 2:48:50 PM**Response Modified:**  
Monday, March 19, 2012 2:45:49 PM**1. Name of Self Insured Employer**

Exxon Mobil Corporation including XTO Energy Inc.

**2. Primary Industry**

Energy, Oil &amp; Gas producer

**3. Name of Subsidiary Self-insured Entities**

XTO Energy

**4. Name and address for contact person regarding survey**

Name - James D. Dean

Company Name - XTO Energy

Street - P O Box 1008

City - Jane Lew, WV

Zip Code - 26378

**5. Approximate number of WV employees**

57

**6. Approximate WV payroll**

14,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Hearing Conservation, Back Safety, Hand Safety, PPE, Hotwork Permits, Confined Spaces, Electrical Safety, H2S, Respiratory Safety, Excavation and Trenching, Fall Protection, Hazard Communication, LO/TO, Benzene, Office Safety. Also, Job Safety Analysis and STOP Behavior Safety

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Job Safety Analysis
  2. - STOP
  3. - Hazard Communication
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Verbal Warning, Written Warning, days w/o pay, Termination

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

DOT and non DOT random testing, preemployment, post accident and return to duty and fit for duty testing. No possession of drugs or alcohol on any company premises or work sites, leased included.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Gift Cards at each meeting to recognize top performers. Merit salary increases based on performance reviews. Certificates. Immediate gift cards for on site and immediate reward for sound safety process over and above.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

**program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Daily

Job Safety Analysis performed each task and daily.

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

state task, recognize hazards, mitigate hazards, perform task

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Have MOH, medical and occupational nurse in house that manages all injuries and illnesses.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Immediate call to MOH

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

see below

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Weekly toolbox talks

---

Daily JSA's

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Fall protection

---

2. - H2S

---

3. - LO/TO

---

4. - Confined spaces

---

5. - Hotwork

---

6. - Benzene

---

7. - Hazard Communication

---

8. - Electrical

---

9. - Respiratory

---

10. - NORM

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Quarterly facility audits by 2 separate auditors

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Full Scale Emergency Response Plan with table top drills and actual on site drills involving all regulatory agencies and emergency management agencies in attendance.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Chosen safety officers perform annual audits on divisions other than their own, OIMS (Operational Integrity Management System) identifies gaps in processes in safety and operational problems and puts barriers in place to mitigate same.

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Default Report

Displaying 34 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
198.140.164.250**Response Started:**  
Thursday, March 29, 2012 1:06:29 PM**Response Modified:**  
Thursday, March 29, 2012 1:33:39 PM**1. Name of Self Insured Employer**

EQT Corporation

**2. Primary Industry**

Natural Gas

**3. Name of Subsidiary Self-insured Entities**

EQT Production Company, Equitable Gas Company, LLC, EQT Gathering, LLC

**4. Name and address for contact person regarding survey**

Name - Jessica Lukac

Company Name - EQT Corporation

Street - 625 Liberty Avenue, Suite 1700

City - Pittsburgh

Zip Code - 15222

**5. Approximate number of WV employees**

433

**6. Approximate WV payroll**

\$34,115,384

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

The program includes a corporate safety policy statement, standards and procedures that address the vision, organization, deployment, implementation and verification of the company safety program.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Training



---

2. - Tailgate Safety Meetings

---

3. - Program Verification

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Yes, through supervisor observation, third party and internal audit and inspections, and corporate safety metrics, tracking and reporting.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Please contact Jessica Lukac (jlukac@eqt.com) for a copy of the policy, as needed.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Safety is included in the annual individual performance goal setting and tracking process. In addition, the corporation established a program to reward employees for meeting safety targets.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Regularly, depending on work area risk.

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

Issues are entered into an online tracking system with designated owners and completion dates. Findings are monitored through their timely and appropriate completion.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

Monitoring of RTW occurs specifically through the EQT Medical department. Employees are directed by RN case managers. Standard case guidelines are utilized, including nationally recognized resources. This is also combined with the use of extensive individual job analysis prepared for specific descriptions.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

All managers are provided with a copy of the RTW program which outlines the responsibilities of the manager, employee and medical department. A double check system of payroll notices also allows the medical department to be included in any employee report of three or more sick days in a time period.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

---

**31. Please describe the incentives.**

---

**No Response**

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

New employees receive a first day safety orientation (30-minutes/classroom/e.g., overview of company safety hazards, actions roles/responsibilities/expectations, rewards program) plus discussion by the supervisor on the job hazards, mitigation measures (such as additional required safety training and procedures) and expectations (one-on-one/duration varies by job type). New employees also participate in new hire safety training (6-hours – classroom and hands-on). Topics, for example, include drivers training, natural gas, lockout-tagout, electrical, personal protective equipment, lifting, emergency actions, machine guarding, hazard communication, hearing conservation, mobile equipment, excavation, confined space, working at heights and incident reporting (etc.). Additional training is provided based on job classification and is a mixture of classroom and hands-on (for example, but not limited to ATV, forklift, first-aid/CPR, fire extinguisher, welding safety, ergonomics). Certain job classifications also receive operator qualification (OQ DOT) training. The DOT OQ training is 2-to-4 days in length, depending on job duties.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training (informal)

---

Computer based training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Driving

---

2. - ATV Safety

---

3. - Forklift Safety

---

4. - Hotwork Safety

---

5. - Natural Gas Safety

---

6. - Fire Safety

---

7. - Wildlife Safety

---

8. - Ladder Safety

---

9. - Lifting Safety

---

10. - Lockout Tagout Safety

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency**

**lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Employees are trained on recognition of machine guarding hazards, inspection and proper use of guards. Additionally, equipment requiring guarding is regularly observed for proper condition and is part of the corporation's inspection/audit process.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

The program addresses industry hazard and medical response.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

The Corporation has a process to conduct both internal (Safety Department) and external safety audits each year.

---

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Default Report

Displaying 60 of 63 respondents

**Response Type:**  
Manual Data Entry**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
157.182.226.229**Response Started:**  
Wednesday, May 9, 2012 9:23:57 AM**Response Modified:**  
Wednesday, May 9, 2012 9:44:43 AM**1. Name of Self Insured Employer**

U.S. Silica Company

**2. Primary Industry**

Mining

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Bob Dailey

Company Name - U.S. Silica Company

Street - 8490 Progress Drive, Suite #300

City - Frederick

Zip Code - 21701

**5. Approximate number of WV employees**

78

**6. Approximate WV payroll**

6088976

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Administration Emergency Procedures Safety Reporting Employee Training Occupational Health &amp; Safety Procedural Safety Operational Safety Fire Prevention Health &amp; Safety Inspections

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Administration

---

2. - Occupational Health & Safety

---

3. - Health & Safety Inspections

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Executive management driven and operationally measured

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Drugs & Alcohol use during work is strictly prohibited. Post offer, post accident and for cause testing are included in this program

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Incident rates are a factor in the program but so are employee engagement initiatives such as employees conducting health & safety audits, employees conducting self-driven safety toolbox, meetings and employees taking part presenting safety topics at annual refresher safety training events.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

**program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Once each working shift as required by MSHA Regulations

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

correct deficiency noted or submit a work order for repair and barricade if necessary

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Employees who suffer a work related injury or illness are offered transitional work duty when and where available until they return to rp [re-existing condition

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Monitored by Corporate Occ. Health & Safety manager and communicated through site EHS coordinator and plant manager

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

**No Response**

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

No

---

**36. Please describe the curriculum and materials.**

---

No Response

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Safety video training

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Employee responsibility for health and safety

---

2. - chain of command

---

3. - silicosis in the workplace

---

4. - guarding

---

5. - conveyor safety

---

6. - first aid, cpr, aed & bbp

---

7. - hazard recognition

---

8. - hazard awareness

---

9. - traffic safety

---

10. - MSDS and chemical inventory

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---



**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Occupational health & safety audits are executed by a dedicated EHS Coordinator as well as line supervision observations

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Occupational health & safety audits are executed by a dedicated EHS Coordinator as well as line supervision observations

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Extensive OHS auditing is performed which includes noise and dust sampling, hazard recognition, guarding compliance, ergonomics and other operational excellence observations

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
69.174.58.52**Response Started:**  
Thursday, April 26, 2012 3:58:08 PM**Response Modified:**  
Friday, April 27, 2012 3:08:07 PM**1. Name of Self Insured Employer**

Alliance Coal LLC

**2. Primary Industry**

Under Ground Mining

**3. Name of Subsidiary Self-insured Entities**

Mettiki Coal W.V. LLC, Alliance Coal LLC, Matrix Design Group LLC, Tunnel Ridge LLC

**4. Name and address for contact person regarding survey**

Name - Tracy Crawford

Company Name - Alliance Coal LLC

Street - 771 Corporate Drive, Suite 500

City - Lexington

Zip Code - 40503

**5. Approximate number of WV employees**

515

**6. Approximate WV payroll**

33.2 Million

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

No Response

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

No Response

10. Is the written safety and loss program enforced?

No Response

11. How is the program enforced?

No Response

12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?

No Response

13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?

No Response

14. Do you have a written policy regarding drug and alcohol testing?

No Response

15. Please describe this policy.

No Response

16. Is safety compliance and injury and illness rate a performance review measure for management and employees?

No Response

17. Is a safety incentive program in place for management and employees?

No Response

18. Please describe the safety incentive program.

No Response

19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.

No Response

20. Do you have a safety committee at the workplace which meets regularly?

No Response

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

No Response

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

---

No Response

---

23. How often are such surveys conducted and/or updated?

---

No Response

---

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

---

No Response

---

25. What is the protocol?

---

No Response

---

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

---

No Response

---

27. Please describe

---

No Response

---

28. Is the written RTW program actively utilized by management and employees?

---

No Response

---

29. What procedures are in place to ensure it is utilized?

---

No Response

---

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

---

No Response

---

31. Please describe the incentives.

---

No Response

---

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

---

No Response

---

33. Does this training address all workplace hazards applicable to the industry?

---

No Response

---

34. Is all of the training mandatory?

---

No Response

---

35. Are developed training curriculum and related materials used?

---

No Response

---

36. Please describe the curriculum and materials.

No Response

37. Please describe the type of retraining of current employees.

No Response

38. Does the retraining address all workplace hazards applicable to the industry?

No Response

39. List the major hazards addressed in retraining.

No Response

40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?

No Response

41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?

No Response

42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?

No Response

43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?

No Response

44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?

No Response

45. Describe the program in place to ensure that this occurs.

No Response

46. Is there a program in place to address emergency preparedness?

No Response

47. Please describe

No Response

48. Have you been certified by an international standards organization?

No Response

**49. Do you undergo any regular internal or external safety audits?**

---

**No Response**

---

**50. Please explain**

---

**No Response**

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
69.27.93.2**Response Started:**  
Thursday, March 8, 2012 1:13:22 PM**Response Modified:**  
Wednesday, April 4, 2012 12:34:52 PM**1. Name of Self Insured Employer**

Alpha Natural Resources, Inc

**2. Primary Industry**

Coal Mining

**3. Name of Subsidiary Self-insured Entities**

Amfire, LLC; Brooks Run Mining Company, LLC; Kingwood Mining Company, LLC; Rockspring Development, Inc.; Kingston Mining, Inc.; Cobra Natural Resources, LLC; Spartan Mining Company; Performance Coal Company; Highland Mining Company; Aracoma Coal Company, Inc.; Alex Energy, Inc.

**4. Name and address for contact person regarding survey**

Name - Jeffrey S Eggleston, Sr

Company Name - Alpha Natural Resources, Inc.

Street - One Alpha Place

City - Bristol, VA

Zip Code - 24202

**5. Approximate number of WV employees**

2880

**6. Approximate WV payroll**

\$256,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Commitment by all levels of the organization; Safety Observations performed by the workforce to identify at risk behavior and unsafe conditions; Safety and Health management systems; Values based safety leadership training; Lessons Learned and Best Practices Sharing; Management Responsibilities and safe job requirements; Employee Responsibilities and safe job requirements; Personal Protective Equipment; Lock Out/ Tag Out Procedures; Red Zone Awareness; Internal and External Auditing

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Values based safety leadership training
- 
2. - Safety and Health Management systems
- 
3. - Auditing (Assurance)
- 
4. - Lessons Learned and Best Practices Sharing
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Our program is continually reinforced by management and hourly workers everyday. Through our network of operations we are continually striving to enhance the processes and programs that work. By learning from one each others successes and also looking where opportunities are available our program continues to grow.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

The test will involve a chemical screen of a urine, saliva, hair, breath, or blood sample and/or any other available scientific test, depending on what is available at the time in question. Samples will be collected, handled, and analyzed in accordance with procedures normally associated with such samples used for drug and alcohol collection and testing. Testing will be conducted on a 10 panel plus alcohol. Tests will be required when: 1. The Company has a reasonable suspicion that an Employee has violated this Policy; 2. An Employee is involved in an on-the-job accident. 3. As a condition of the Voluntary Rehabilitation Program, by which an Employee would have tested "positive" and is in the Voluntary Rehabilitation Program, the Employee will be considered to have consented to future random testing as a condition of continued employment; or 4. A random testing of the workforce is conducted.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

The safety incentive program is based upon individual operations achieving set targets for total MSHA reportable injuries and MSHA citations per inspection day.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then**



**termination.**

Yes

**20. Do you have a safety committee at the workplace which meets regularly?**

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Every 6 months

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Following a safety compliance visit, the head of the safety compliance team prepares a report of hazards identified during the visit. The report will be provided to management. Upon receiving the report, management prepares a report which includes a plan of corrective actions to be taken and a timeline for completion.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

No

**27. Please describe**

No Response

**28. Is the written RTW program actively utilized by management and employees?**

No Response

**29. What procedures are in place to ensure it is utilized?**

No Response

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No Response

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Curriculum: Safety and behavioral observations; PPE; Intro to work environment; hazard recognition; emergency medical procedures; self rescue and respiratory devices, transportation/ communication systems; roof/ ground control systems; ventilation systems; mine map review; escapeways; emergency evacuation; barricading; cleanup and rockdusting; health hazards; electrical hazards; mine gases; explosives and prevention of injuries and illnesses. Materials: Classroom activity with PowerPoint, videos, written Q&A, verbal Q&A. Hands on simulated exercise in the work environment.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Roof and Ground Control Issues

---

2. - Ventilation Issues

---

3. - Electrical

---

4. - Health (Dust, Noise, Chemical)

---

5. - Mine Gases

---

6. - Cleanup; Rockdusting

---

7. - Mine Emergency Evacuation; SCSRs

---

8. - Transportation and Communication Systems

---

9. - Explosives

---

10. - Health and Safety Aspects of Tasks Assigned

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

Yes

**45. Describe the program in place to ensure that this occurs.**

Each area where persons are required to travel or work must be examined by a certified examiner prior to that work being performed. He/ she must look for hazardous conditions and correct/ report for corrections. Through this process we can ensure that these type issues are being addressed.

**46. Is there a program in place to address emergency preparedness?**

Yes

**47. Please describe**

Each mine must submit for approval to MSHA an Emergency Response Plan that details what to do in an emergency situation. Also each operation is required to keep updated an internal incident response plan that details what duties those in charge must take action on when an emergency situation arises. Training is conducted at various intervals to ensure compliance with the plans.

**48. Have you been certified by an international standards organization?**

No

**49. Do you undergo any regular internal or external safety audits?**

Yes

**50. Please explain**

We regularly perform internal safety audits with safety and operations personnel. We also have third party consultants to perform safety audits, structural audits, and risk management audits.

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Default Report

Displaying 16 of 69 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
12.4.226.26**Response Started:**  
Friday, March 9, 2012 10:05:41 AM**Response Modified:**  
Wednesday, April 18, 2012 2:35:49 PM**1. Name of Self Insured Employer**

CONSOL Energy Inc.

**2. Primary Industry**

Coal Mining

**3. Name of Subsidiary Self-insured Entities**

Consolidation Coal Company, Laurel Run Mining Company, Fola Coal Company, CONSOL of Kentucky Coal Company, and McElroy Coal Company

**4. Name and address for contact person regarding survey**

Name - Lawrence S. Drumgoole

Company Name - CONSOL Energy Inc.

Street - 1000 CONSOL Energy Drive

City - Canonsburg, PA

Zip Code - 15317

**5. Approximate number of WV employees**

3743

**6. Approximate WV payroll**

\$275,232,962

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

1.) Hearing Lost Conservation, 2.) Fire Prevention, 3.) Accident Prevention, and 4.) Dust Control

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - SWI

- 
2. - Day 2 Training
- 
3. - Part 48 Training
- 
4. - ACE
- 
5. - Safety ACtion Program
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Yes - Internal Audits and MSHA, as well as state agencies, enforce their provisions.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

1.) Drug and alcohol testing will be done when there is Reasonable Cause for the Company to believe an employee is at work or has reported for work after having used drugs or alcohol or while impaired by drugs or alcohol. 2.) Drug and alcohol testing will be done Post-Accident when (a) an employee is involved in an accident resulting in injury to himself or herself or another employee requiring off-site medical care, or resulting in a significant disruption of operations at the facility, and (b) the Company has reason to suspect that drug or alcohol use may have contributed to the accident or that the employee's apparent lack of judgment, inattentiveness or specific unsafe act may have contributed to the accident. 3.) Drug and alcohol testing will be done when an employee is returning to work after an absence from work of at least six months for any reason. 4.) Drug and alcohol testing will be done as an integral part of the Company's Drug and Alcohol Treatment and Rehabilitation Program.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Yes, there is a quarterly safety bonus plan in place that monetarily compensates employees if their respective location is safe and without injuries.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Quarterly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

All issues are recorded in the Fireboss Book and corrected. Also, the Director - Safety Department does inspections once a year to make sure issues, if any, have been corrected.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

No

**27. Please describe**

No Response

**28. Is the written RTW program actively utilized by management and employees?**

No Response

**29. What procedures are in place to ensure it is utilized?**

No Response

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No Response

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Training of new miners, (UNDERGROUND), minimum course of instruction is no less than 40 hours (class room). Hazard training is given to miners before such miner commence their work duties (on-the-job). Also, training of new miners (SURFACE), minimum course of instruction is no less than 24 hours (Class room). Finally, hazard training is given to miners before such miner commence their work duties (on-the-job). Hazard training, (safe work instruction or task training) is given on-the-job by their supervisor while under direct supervision. The workplace hazards addressed such training are: 1.) Hazard recognition and avoidance, 2.) Emergency and evacuation procedures, 3.) Health and safety standards, 4.) Safety rules and safe working procedures, 5.) Use of self-rescue and respiratory devices, 6.) Ergonomics, 7.) Proper physical techniques (such as lifting), and 8.) Material Safety Data Sheet (MSDS).

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Hazard recognition and avoidance

---

2. - Emergency and evacuation procedures

---

3. - Health and safety standards

---

4. - Safety rules and safe working procedures

---

5. - Use of self-rescue and respiratory devices

---

6. - Ergonomics

---

7. - Proper physical techniques (such as lifting)

---

8. - Material Safety Data Sheet (MSDS)

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---



**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

All underground and surface equipment is inspected weekly and is recorded in a permissibility book. Additionally, all underground equipment is inspected each shift.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

The Mine Emergency Response Program. It identifies the responsible person on shift and who to notify if there is an emergency.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Corporate Safety Compliance Audits, MSHA Quarterly Audits, State Agency Inspections, and Fire Audits.

---

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# **CONSTRUCTION**

# **CONSTRUCTION**

**Kvaerner North American Construction, Inc.**

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Default Report

Displaying 57 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
72.37.249.100**Response Started:**  
Monday, April 30, 2012 2:04:49 PM**Response Modified:**  
Monday, April 30, 2012 2:48:34 PM**1. Name of Self Insured Employer**

Kvaerner North American Construction Inc.

**2. Primary Industry**

Industrial Construction

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Bruce Kingsbury

Company Name - Kvaerner North American Construction Inc.

Street - 701 Technology Drive

City - Canonsburg, PA

Zip Code - 15317

**5. Approximate number of WV employees**

0

**6. Approximate WV payroll**

0

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

As an industrial contractor we incur many different situations on our jobsites. We have a comprehensive HSE Manual which addresses all OSHA requirements as well as our requirements beyond OSHA standards and major components would be too numerous to mention. We have a formal return to work program.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Daily Risk Assessments
- 
2. - Daily safety audits
- 
3. - Authority to stop work for unsafe conditions
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Through audits and inspections

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Drug and alcohol testing is mandatory on all of our projects. We test for pre-employment, random, probable cause, and post incident.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Safety program is not fixed for every site. Program must be based on leading indicators such as safety observations, inspections, task risk assessments, etc. Lagging indicators are only a contributing factor in our safety incentive programs.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

No

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Daily

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

If potential hazards are present and not eliminated or sufficiently mitigated, the work crew must contact their supervisor and the safety professional to address before work commences. Every employee has the right to stop work without retribution if they believe their task cannot be performed safely.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

The safety professional and project manager at each site work with our doctors and insurance agency to see that employees get the proper care. We provide light or modified duty when available and work to get the employees back to work if no light or modified duty is available or work restrictions prevent employee from returning to work during rehabilitation.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

The site safety professional monitors as well as the corporate office VP of HSE and his administrative assistant.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

This is our policy but no formal incentives

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

We have a standard mandatory Safety Orientation and Training for all craft employees. Additional specialized training is provided for specific tasks. Yearly retraining is required on construction projects that last longer than one year. All permanent employees must attend our Operations Handbook Safety Training. All jobsite supervision must attend our Supervisor's Training.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

Safety video training

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Fall Protection

---

2. - Work at Height

---

3. - Confined Spaces

---

4. - Lock Out/Tag Out

---

5. - Excavations

---

6. - Aerial Lift Training

---

7. - Grinder Training

---

8. - Lifting Operations

---

9. - Commissioning

---

10. - Hot Work Permits

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

---

**45. Describe the program in place to ensure that this occurs.**

---

Proper PPE is mandated. Inspection by employee is daily. Daily audits and inspections check for all the items noted above. Motorized construction equipment requires certified operators. There are formal equipment checklists that must be performed every shift and the documentation is kept in the cab of the equipment and audited.

---

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

---

**47. Please describe**

---

Every site has an emergency evacuation plan. A "code 99" procedure is our formal radio communication procedure for an emergency. All employees are trained in these site procedures. Each site identifies the procedures and responders for fire, medical emergency, confined space rescue, high angle rescue, and environmental spill.

---

---

**48. Have you been certified by an international standards organization?**

---

No

---

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

---

**50. Please explain**

---

All construction sites have daily and weekly audits. The corporate office conducts quarterly audits. All executive management personnel conduct 2 HSE site visits per quarter on our various construction sites in the USA and Canada.

---

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# **MANUFACTURING**

## **MANUFACTURING**

Coca-Cola Bottling Co. Consolidated

Jeld-Wen, Inc.

Ball Corporation

Kingsford Manufacturing Company

E.I. dePont de Numours and Company

The Dow Chemical Company

Alliant Techsystems Operations, LLC

Columbia West Virginia Corporation

Century Aluminum of West Virginia

Goodrich Corporation

Guardian Fiberglass, Inc.

Pepsi Cola Metropolitan Bottling, Inc.

PPG Industries, Inc.

Royal Vendors, Inc.

Special Metals Corporation

SWVA, Inc.

Toyota Motor Manufacture of West Virginia

Weyerhaeuser

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Default Report

Displaying 10 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
208.254.219.2**Response Started:**  
Thursday, March 8, 2012 4:18:23 PM**Response Modified:**  
Thursday, March 8, 2012 4:37:36 PM**1. Name of Self Insured Employer**

Coca-Cola Bottling Co. Consolidated

**2. Primary Industry**

Soft drink distribution

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - R. Jack Hawkins

Company Name - Coca-Cola Bottling Co. Consolidated

Street - 4115 Coca-Cola Plaza

City - Charlotte, NC

Zip Code - 28211

**5. Approximate number of WV employees**

350

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

OSHA requirements DOT requirements Accident reporting Safety regulations Back Injury prevention Defensive driving

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Defensive driving

---

2. - Back Injury prevention

---

3. - Accident reporting

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Safety observations Accident reviews

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Pre-employment, random, post-accident, reasonable suspicion

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

Also, formal audits 1-3 times per year

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Department manager is to correct issues and report back to safety committee.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Transitional return to work following work-related injury, with progressive improvement until released to full duty.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Oversight by workers comp management and documentation; allocation of costs.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

Computer-based training on defensive driving, back injury prevention, emergency procedures, accident reporting, regulatory requirements. Posters, various postings and acknowledgements, team meetings.

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - Back injury prevention

---

2. - Defensive driving

---

3. - Forklift safety

---

4. - Slip and Falls prevention

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

---

Monthly documented inspections

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Severe weather plans Site Emergency Plans Fire Emergency Organizations

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Internal safety audits Internal Safety Department audits External audits by insurance carriers

---

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Default Report

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**Response Type:**  
Normal Response**Custom Value:**  
*empty***Response Started:**  
Friday, April 6, 2012 6:48:13 PM**Collector:**  
New Link  
(Web Link)**IP Address:**  
208.87.233.180**Response Modified:**  
Friday, April 6, 2012 7:46:48 PM**1. Name of Self Insured Employer**

JELD-WEN, inc

**2. Primary Industry**

Window and Door Manufacturer

**3. Name of Subsidiary Self-insured Entities**

JELD-WEN Fiber Division - West Virginia

**4. Name and address for contact person regarding survey**

Name - Rob Kaufman

Company Name - JELD-WEN, inc

Street - 401 Harbor Isles Blvd

City - Klamath Falls OR

Zip Code - 97603

**5. Approximate number of WV employees**

75

**6. Approximate WV payroll**

\$2,925,187.55

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

All OSHA-required safety and health programs plus additional programs, such as; ergonomics, incident investigation, safety committee, smoke-free workplace, visitor safety, and snow &amp; ice control.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Control of Hazardous Energy



---

2. - Job Safety Analysis

---

3. - Ergonomics

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

employees are trained and supplied with tools to ensure their safety, and they are expected to comply with safety rules. there is a three-step disciplinary process for violators - the third step being termination of employment.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

No

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

The program includes provisions for post-offer/pre-employment, random, post-accident, and for-cause testing. Specimens are collected by a third party and processed by a third-party lab, then a third-party MRO reviews all positives. Employees having positive test results are suspended, offered an Employee Assistance Program, and may return to work upon recommendation of the EAP and a negative test result. A second positive test results in termination of employment.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

**No Response**

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

No

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Quarterly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Deficiencies are immediately upchanneled to management and those that may be corrected immediately are. Temporary controls are implemented where necessary for deficiencies that cannot be corrected immediately. All deficiencies are entered into an electronic database and tracked until abatement is completed. All deficiency data remains as a permanent electronic record.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

The General manager typically manages this program. Employees must present a doctors recommendation (on a form provided by the company, or similar) before being allowed to return to work.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

The General Manager does not allow an employee to return to work following an injury or a significant illness (absence from work for more than three days) without a written medical recommendation.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Each safety & health program (such as Ergonomics and Control of Hazardous Energy) have safety compliance programs developed by the corporate Risk Management Department and customized to the operating location. Each program has an assortment of appropriate training tools included, such as: recorded webinars, videos, PowerPoint presentations, and training facilitator's leader's guides. Curriculum includes all essential program elements identified in the corresponding OSHA Standard plus facility-specific controls and procedures.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Fire basics and portable fire fighting equipment

---

2. - Combustible dust

---

3. - Powered industrial trucks

---

4. - Ergonomics

---

5. - Occupational noise exposure

---

6. - Electrical safety

---

7. - Control of hazardous energy

---

8. - Personal protective equipment

---

9. - Hot work

---

10. - Emergency preparedness

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

---

**45. Describe the program in place to ensure that this occurs.**

---

Equipment operators are trained to perform pre-use inspections. A knowledgeable person performs frequent workplace walkthroughs, safety committee members perform safety walkthroughs at least quarterly, a corporate safety & health professional visits and performs assessments and offers assistance at least annually, and a property insurer loss control specialist visits and inspects at least annually.

---

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

---

**47. Please describe**

---

There is an emergency preparedness written program which includes procedures to be followed for specific types of emergencies that could occur at the location. Employee training is an element of the program.

---

---

**48. Have you been certified by an international standards organization?**

---

No

---

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

---

**50. Please explain**

---

Weekly (at least) safety walk-throughs by a knowledgeable employee, quarterly safety walk-throughs by safety committee members, quarterly self-assessments of safety & health program compliance, annual (at least) visit by corporate safety & health professional, and annual (at least) visit by a property insurer loss control specialist.

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
162.18.16.95**Response Started:**  
Wednesday, March 28, 2012 4:47:08 PM**Response Modified:**  
Wednesday, March 28, 2012 5:04:54 PM**1. Name of Self Insured Employer**

Ball Corporation

**2. Primary Industry**

Metal Container Manufacturing

**3. Name of Subsidiary Self-insured Entities**

Ball Metal Food Container Corporation

**4. Name and address for contact person regarding survey**

Name - Angelika Stockwell

Company Name - Ball Corporation

Street - 10 Longs Peak Drive

City - Broomfield, CO

Zip Code - 80021

**5. Approximate number of WV employees**

308

**6. Approximate WV payroll**

14,000,000.00

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Our program covers all OSHA Requirements. These include: 1. Hazard Communication 2. Heat Stress 3. Hot Work, 4. Confined Space, 5. Bloodborne Pathogens, 6. Ladder Safety, 7. Hearing Conservation, 8. Compressed Gas Cylinders, 9. Fall Protection; 10. Crane, Hoist and Rigging Safety, 11. Asbestos Safety, 12. Upright Work Platform Operations Safety, 13. Fire Safety, 14. Forklift Safety, 15. Lockout Tag-Out, 16. Electrical Safety, 17. Personal Protective Equipment, 18. Safety Inspections, 19. Tool Safety, and 20. Risk Assessment Program among others

**9. Choose 3 program components listed above that are the most effective in achieving the result of**

**reduced injuries, illnesses and compliance with the program.**

- 
1. - Personal Protective Equipment Program
  2. - Hearing Conservation Program
  3. - Lockout Tag-out
  4. - Forklift Safety
  5. - Hot work
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Safety rule/program violations are enforced in the same way as violations of other plant rules. There is a standard protocol of escalating discipline followed by management and human resources.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

An employee can be tested for illicit drugs and alcohol use if he or she exhibits signs of being under the influence.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Monthly

Depending upon the type of survey it may be completed annually, monthly or every three years.

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

If the survey is a monthly survey, issues identified for correction will be put into the work order system or added to the safety committee agenda. This work order system tracks completion of each work order. If it becomes a safety committee agenda item, it is tracked by the safety committee in their monthly meetings. If the survey item is from an annual or every three-year audit, the item is tracked in a database for compliance issues. These open audit findings are reviewed monthly at the corporate level and the plant level.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

While the WV facility does not have a written RTW program, however they follow the basic requirements of the corporate RTW policy which guides them to provide light duty work to employees whenever feasible. the Human Resources Manager is the RTW manager at each facility.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

No

---

**29. What procedures are in place to ensure it is utilized?**

---

N/a

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

---

**31. Please describe the incentives.**

---

n/a

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---



---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Formal training presentation and associated quizzes on each required training topic are presented to employees in the time frame required.

---

**37. Please describe the type of retraining of current employees.**

---

Safety video training

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

- 
1. - Hazard Communication
  2. - Heat Stress
  3. - Bloodborne Pathogens
  4. - Fire Safety
  5. - Hot Work
  6. - Confined Space Entry
  7. - Ladder Safety
  8. - PPE
  9. - Electrical Safety
  10. - LOTO and multiple others as required by OSHA and internal company policies
- 

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress**

**and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Ball Corporation has a corporate directed guarding risk assessment program that reviews the equipment guarding at all facilities. Additionally we have a corporate risk assessment program that addresses all production environmental hazards. Both programs identify and prioritize risks. Safety goals and objectives are defined based on these assessments and completion of these goals and objectives is tracked at the corporate level.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

The facility has a formal written Emergency Contingency plan which provides guidance and requirements for multiple emergency scenarios. This written program is updated on a regular basis and at a minimum annually.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Ball Corporation has an intensive safety audit system. Plants are audited on a regular basis by the corporate EHS department. Additionally they are required to conduct a major self-audit annually and to have a regular safety inspection program in place for day-to-day safety reviews.

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Default Report

Displaying 30 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
168.189.8.1**Response Started:**  
Friday, March 23, 2012 11:05:00 AM**Response Modified:**  
Friday, March 23, 2012 11:15:46 AM**1. Name of Self Insured Employer**

Kingsford Manufacturing Company

**2. Primary Industry**

Manufacturing

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Tom Fitzgerald

Company Name - Kingsford Manufacturing Company

Street - PO Box 464 HWY 219 S

City - Parsons

Zip Code - 26287

**5. Approximate number of WV employees**

109

**6. Approximate WV payroll**

6,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Vision and Expectations Training Lock out/Tag Out PPE requirements Hearing Conservatoin JSA Combustible dust Hot Work Risk Predictions Monitoring and Testing Confined Space Electrical safety

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Lock out Tag out

---

2. - Combustible dust

---

3. - Training

---

4. - JSA

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Program is enforced thru training, STOP observations, and discipline. Annual training is given and documented in key areas throughout the plant. It is enforced thru each employee being involved in the STOP Safety Observation program and looking to correct issues. Each employee is required to perform a minimum of three STOP observations per month. This is tracked each month, and if an employee fails to perform the observations, he is subject to discipline. Each employee, both hourly and salaried, has annual written evaluations that always include a rating and comments on safety performance and their commitment to safety. We also have monthly safety committee meetings and monthly department meetings to reinforce the program, and use progressive discipline and the corporate "Life Safety Issues" policy that also has discipline associate with its violation. We have monthly department audits, semi-annual audits and bi-annual audits to confirm that the program is being followed.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

We have a written drug and alcohol testing policy. All prospective new employees must pass a physical exam, which includes a drug test. All temporary employees that will work for more than 3 days must also pass a drug test. If the company has a reasonable suspicion that an employee is using illegal drugs/alcohol, or under the influence of them, then the employee may be tested to determine fitness for work. Refusal to undergo any test or a confirmed positive test could result in termination of employment. The company provides an Employee Assistance Program, which offers professional evaluation, counseling and referral services to help deal with drug and/or alcohol related problems.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Safety performance is one of five metrics used to calculate a Quartely bonus for hourly employees. There is no incentive programs for management.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Monthly

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

We have completed safety surveys for each work area and each area evaluated for occupational safety. Each month, the department safety representative and the department manager conduct a written safety survey for their department. The Safety Pillar Owner, with the department manager and department safety representative, conducts a written safety survey audit of each department on a semi-annual basis and those reports are sent to all members of the plant's management team. In addition, there is a bi-annual Peer Safety audit that performs the same audit function, but with people from outside the facility.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

The plant Human Resources Manager is the single point of accountability for this program and works with the injured employee, their doctor, and the employee's department manager to offer appropriate restricted, modified or light duty work. The Plant Manager reviews the status of any injured employees on a regular basis.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

The company has a written return to work program and it is actively utilized by management and employees for work related injuries only. All employees who are injured away from work cannot return to work until they are evaluated by their doctors as "return to duty – no restrictions."

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

---

**31. Please describe the incentives.**

---

N/A

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

We conduct the following mandatory training on an annual basis: Hazard Communication, Blood Born Pathogens, Confined Space Entry (select individuals), Electrical Safety, Lock Out Tag Out, FTO recertification (only those that drive fork lifts), How to wear PPE, Hearing Conservation, CPR (select individuals), First Aid (select individuals), Fall Protection, Proper Lifting, Right to Know, Fire Extinguisher training, DOT Hazmat (select individuals), Storm Water Pollution Prevention, Hazardous Waste Program Management, Oil & Hazardous Substance Spill Notification, and Spill Prevention and Response Plans.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - LOTO

---

2. - Electrical Safety

---

3. - Confined Space

---

4. - Hot Work

---

5. - PPE

---

6. - Hearing Conservation

---

7. - Spill response

---

8. - Emergency Response

---

9. - First aid

---

10. - Moving stock

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

The company provides appropriate access and egress to the facility, including proper emergency lighting. Each emergency light is on a computerized preventative maintenance inspection list, which is performed by a member of the maintenance department. The results and status of this is reviewed at the monthly safety committee meetings. In addition, the inspection of access and egress as well as emergency lighting is inspected during the monthly department safety surveys, during the semi-annual safety audits, during the bi-annual Peer Safety audit, and the results are reported to all members of the plant's management team.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

The programs in place to address emergency preparedness: a. Emergency Evacuation Plan – The Emergency Evacuation plan is the framework for all the other plants listed below. b. Fire Prevention & Emergency Plan – The plan includes the Fire Prevention program, what to do should a fire occur (actions, responsibilities, evacuation, roll call), training requirements, fire emergency action plan, and has numerous attachments such as emergency phone numbers, routes and equipment, warning lights, etc. c. Flood Evacuation Plan – The plan includes a description of what to do if a flood is possible, steps to take before a flood, when and how the various gates and pumps are to be used, what to do should a flood occur (actions, responsibilities, evacuation, roll call), and training requirements. d. Tornado Evacuation Plan – The plan includes a description of what to do if a tornado is possible, steps to take if there is a sighting or radio confirmation of a tornado, what to do should a tornado occur (actions, roll call), and training requirements. e. Chlorine Gas Alert Evacuation Plan (Beryl Site only due to the paper mill) - While the company does not use chlorine in its WV operations, the Beryl Site is next to a large paper mill, which uses chlorine in their operation. The Chlorine Gas Alert Evacuation Plan describes the action plan, evacuation signal, the all clear signal, the reporting process, as well as several attachments such as training, gas alert flow chart, emergency phone numbers, evacuation route, etc.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

---

### 50. Please explain

We undergo regular internal and external safety audits. Each month, the department safety representative and the department manager conduct a written safety survey for their department. The Safety Pillar Owner, with the department manager and department safety representative, conducts a written safety survey audit of each department on a semi-annual basis and those reports are sent to all members of the plant's management team. In addition, the plant undergoes a three day Peer Safety Audit every two years. The audit is performed by safety representatives from other company plants, and also has representatives from the corporate Health, Safety and Environmental department. The results of the peer audit are given to the corporate Director of Manufacturing, and any findings are documented and require regular follow up until resolved.

---

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Default Report

Displaying 30 of 69 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
52.129.8.48**Response Started:**  
Tuesday, March 20, 2012 2:35:56 PM**Response Modified:**  
Monday, April 2, 2012 5:12:07 PM**1. Name of Self Insured Employer**

E. I. DuPont

**2. Primary Industry**

Polymers Manufacturing

**3. Name of Subsidiary Self-insured Entities**

N/A

**4. Name and address for contact person regarding survey**

Name - William A. Boyle

Company Name - E. I. DuPont

Street - St Rt. 892

City - Washington, West Virginia

Zip Code - 26181

**5. Approximate number of WV employees**

1550

**6. Approximate WV payroll**

\$140,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Respiratory Program Respiratory Fit Testing (annual) Pulmonary Testing Audiology Testing and Proper Fit Testing (annual) Annual Area Noise Testing Area NARF programs Annual Awareness Training for both Noise and Respiratory Programs

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Respiratory Fit Testing
  2. - Annual Audiogram Testing
  3. - Annual Awareness Training for Noise and Dust
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

DuPont has a strong history of prevention of injuries. Individuals and leadership are held jointly accountable for injuries and incidents. Employees who fail to follow safety rules are subject to our internal disciplinary process. Leadership is also held accountable for injuries in their respective areas of control... disciplinary actions will be taken here also.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

We conduct random testing of all employees for drugs and alcohol on an annual basis thru our on site medical dept. Our site nurses administer the program (state certified) and the samples are sent out for testing by a certified lab. The results are then reviewed by our site contract physician who then informs the employee of any issues along with their supervision.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

The site ( Washington Works ) works within our corporate system to compete for the Board of Director Safety Award. This is based on safe manhours between injuries, the award has several factors but provides safety prizes based on levels to the employees to chose from a particular supplier.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Monthly

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

Action items are tracked via our internal computer system to completion. The employee's conducting the audits are provided feedback when the corrective actions have been completed for proper varification. Larger safety concerns are address via internal capital improvement projects..

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

Employees must call both supervision and site medical weekly during any disability. Site medical will work with the employee and their personal physician to determine if light duty work can be completed by the employee. Also, work harding programs are available via our external physical therapy contractor to provide rehab to employees who need a more agressive program to help rehabilitate them into the work place.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

Site procedure is to review all disabilities monthly and develop programs to reduce disabilities and overall absences from the workplace. These are then reviewed by the plant leadership and reported monthly to site leadership.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

Yes

---

**31. Please describe the incentives.**

---

Employees who fail to provide medical (return to work forms) can forfeit pay unless they provide these documents. Employees failing to meet management requests for physician authorized absences will be notified of pay reductions for forfeit pay until these requirements are met.

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

The site Training Team conducts both class room (face to face) training and electronic training programs for refresher training. Training is done by certified or subject matter experts depending on the topics of the training. Both paper/manuals and electronic media are used for these training sessions.

**37. Please describe the type of retraining of current employees.**

Instructor lead classroom training

On-the job training with direct supervision (documented)

On-the job training (informal)

Computer based training

Safety video training

Weekly toolbox talks

Outside Contractor Lead Training Programs

**38. Does the retraining address all workplace hazards applicable to the industry?**

Yes

**39. List the major hazards addressed in retraining.**

1. - Lock, Tag, Clear Tag

2. - Confined Space and Vessel Entry

3. - Electrical Hazards - Test Before Touch

4. - Do Not Touch Moving Machinery

5. - Machine Guarding

6. - Horseplay

7. - Driving Safety - Fork Trucks

8. - Line Break for Hazardous Materials.

9. - Interlock and Bypass of Safety Systems

10. - Hoist and Rigging Safety

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being**

**used correctly?**

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

Yes

**45. Describe the program in place to ensure that this occurs.**

The site conducts weekly routine Fire and Safety drills. These are audited for headcount and response times, and any other issues that may arise. We work closely with our LEPC's both in Wood County and Washington County, Ohio

**46. Is there a program in place to address emergency preparedness?**

Yes

**47. Please describe**

Emergency Drills are completed on a weekly basis as described above.

**48. Have you been certified by an international standards organization?**

Yes

**49. Do you undergo any regular internal or external safety audits?**

Yes

**50. Please explain**

Our Site is ISO14001 certified. We conduct regular outside audits via our Corporate Safety Excellence Center.

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Default Report

Displaying 46 of 69 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
52.129.8.52**Response Started:**  
Monday, April 2, 2012 5:10:36 PM**Response Modified:**  
Monday, April 2, 2012 5:41:29 PM**1. Name of Self Insured Employer**

E.I. duPont de Nemours and Company

**2. Primary Industry**

Chemical Manufacturing, 901 West DuPont Avenue, Belle, WV 25015

**3. Name of Subsidiary Self-insured Entities**

none

**4. Name and address for contact person regarding survey**

Name - Holly K Ritter

Company Name - E.I. duPont de Nemours and Company

Street - 901 West DuPont Avenue

City - Belle

Zip Code - 25015

**5. Approximate number of WV employees**

429

**6. Approximate WV payroll**

40 million US dollars

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

1. All regulatory and other legal requirements including OSHA, EPA and other technical safety related components at a Federal, State and Local West Virginia level.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Asbestos education

---

2. - Respiratory protection programs

---

3. - Audiometric testing

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

A condition of employment is training, medical surveillance, adherence to lifesaving rules and following all rules including PPE use. This is mandatory and disciplinary action is followed if needed.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

The Belle Plant Substance Abuse Program consists of the following elements: 1) Awareness Training: Awareness training on the harmful effects of substance abuse will be presented to all full service employees on a regular basis (2-3 years). Communication of the Substance Abuse Policy as well as terms and conditions of employment will be communicated on an on-going basis throughout the plant. 2) Supervisor Training: Supervisor training for all supervisors of safety-sensitive position personnel will be conducted on a regular basis (every 2 years). This training will include Belle Plant policy, managing employee privacy, how to recognize individuals at risk, and how to support the treatment and rehabilitation process. 3) Detection: Detection, through testing, is an essential part of the comprehensive program, especially for safety sensitive positions. Testing consists of drug testing through a urine test and alcohol testing through an evidential breath tester or "EBT". 4) Treatment and Rehabilitation: Treatment and rehabilitation is available for all employees and their covered dependents. 5) Discipline: The Belle Plant requires that an employee must not have drugs or alcohol present in the body for non-medical reasons while in the workplace.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Safety is a condition of employment. Incentives include safety contests, reward and recognition, milestone recognition, use of SafeSTART safety programs and materials.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---



**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Monthly

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

Monthly required safety audits of all areas are conducted. Results of the safety audits include publication of the audit, corrective action of findings through systems such as work orders, preventative maintenance, training or education. Results are published and tracked.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

RTW process is monitored through the Human Relations and medical staff at Belle. This process includes periodic contact with the employee, the medical staff, HR and the physician supervising the return to work to assess the needs.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

RTW is a condition of employment. Employees returning to work must follow prescribed medical guidance from their physician, our medical staff and their supervisor to return to work. The procedures are outlined in the employee documents and medical records. Assessment is a key step in the process.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

Yes

---

**31. Please describe the incentives.**

---

Following the RTW program is a condition of employment. Disciplinary action can be used for both managers and employees if the prescribed medical guidance is not followed for all parties. The incentive is to obtain a functional employee back into the work place.

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Training is dependent on the level and task of the employee in the workplace. Operations and mechanics will have training specific to tasks. General plant population will train on safety, health, environmental, PSM and other critical tasks based on the job scope. Materials will be written, electronic and other visual methods. Training will consist of face to face, classroom, electronic modules, hands on demonstrations and skills demonstrations.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Line break procedures

---

2. - Fall protection

---

3. - Machine guarding

---

4. - personal protective equipment

---

5. - Lock, Tag, Clear Try lockout

---

6. - Working on or near electrical equipment

---

7. - Hoisting and rigging

---

8. - Fork truck training

---

9. - Confined Space training

---

10. - Interlocks and bypass procedure

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

Yes

**45. Describe the program in place to ensure that this occurs.**

Training and site education on safety procedures occurs on a prescribed periodic basis. Educational modules are trained on by all employees by electronic, face to face or other means. Hands on demonstration for skills may be required. A condition of employment is that all employees complete their required training each year or cycle.

**46. Is there a program in place to address emergency preparedness?**

Yes

**47. Please describe**

An emergency response team is staffed and trained for emergency response at the site. Drills are conducted and critiqued. Alarms are tested twice per week. Incidents are investigated to root cause and corrective action is used if needed.

**48. Have you been certified by an international standards organization?**

Yes

**49. Do you undergo any regular internal or external safety audits?**

Yes

**50. Please explain**

External audits by agencies such as OSHA, EPA and WV DEP are conducted based on need. Internal 1st and 2nd party audits are conducted and corrective actions are based on findings from these audits. 2nd party audits are conducted every three years for safety, health, environmental, occupational health, injury/illness, Process Safety Management and fire protection.

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**Response Type:**

Normal Response

**Collector:**New Link  
(Web Link)**Custom Value:**

empty

**IP Address:**

216.99.65.83

**Response Started:**

Wednesday, April 11, 2012 2:17:14 PM

**Response Modified:**

Wednesday, April 11, 2012 2:50:47 PM

**1. Name of Self Insured Employer**

The Dow Chemical Company

**2. Primary Industry**

Chemicals and Plastics

**3. Name of Subsidiary Self-insured Entities**

Union Carbide Corporation

**4. Name and address for contact person regarding survey**

Name - Tonya Kuizenga

Company Name - The Dow Chemical Comapny

Street - 1320 Waldo Avenue, Suite 300

City - Midland

Zip Code - 48642

**5. Approximate number of WV employees**

600

**6. Approximate WV payroll**

57,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Design and Construction Standards, Confined Space Entry Policy, Electrical Safe Work Policy, Elevated Work Policy, Hot Work Policy, Line &amp; Equipment Opening Policy, Isolation of Energy Policy, Safe Work Permit Policy, Hydroblasting Policy, Behavior Based Safety Program, Procedure Use Policy, Investigations Policy, Management System Review Policy

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

---

1. - Safe Work Permit Policy

---

2. - Procedure Use Policy

---

3. - Investigation Policy

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Employees are trained on policies. Compliance with programs is included in employee expectations. Compliance is checked during field inspections, Self Assessments and independent audits.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Pre-employment and "for cause" testing, plus random testing for safety related roles.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

There are various safety incentive programs such as annual bonuses tied to safety performance, departmental rewards for exceeding records and goals and safety fairs and promotions.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

**program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Weekly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Depending on the survey, issues are addressed by the person performing the survey or a work order is written to address the issue or the issue is communicated to the appropriate safety committee or the issue is communicated to management.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Company medical personnel will evaluate off work employees and determine (along with employee's medical personnel) what type of work can be performed and when.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Absences are tracked and HR ensures that program is utilized.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

Adherence to policies / programs is evaluated during performance management process.

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Each health and safety policy will have initial training and retraining requirement defined. Depending on the topic, training will consist of computer based, class room and hands on training with testing to verify competency.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Chemical exposure

---

2. - Ergonomics

---

3. - Elevated work

---

4. - Inert atmospheres

---

5. - Chemical and physical hazards controlled by safe work permitting

---

6. - Chemical reactions

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---



---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Equipment integrity and maintenance programs are in place. Self assessments and audits are used to verify compliance with programs.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Facilities have specific emergency procedures. The site has a trained emergency squad to respond to larger emergencies.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Routine audits by trained corporate auditors. Periodic audits by governmental agencies.

---

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Default Report

Displaying 41 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
138.64.26.140**Response Started:**  
Thursday, April 5, 2012 12:37:53 PM**Response Modified:**  
Thursday, April 5, 2012 3:21:06 PM**1. Name of Self Insured Employer**

Alliant Techsystems Operations, LLC.

**2. Primary Industry**

Defense Components

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Larry Dale

Company Name - ATK

Street - 210 State Rt. 956

City - Rocket Center, WV

Zip Code - 26726

**5. Approximate number of WV employees**

540

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Hearing conservation program Radiation Safety program Laser Safety program Powered Industrial Truck Safety Confined Space Lockout/Tagout Energetic Material safety, Class 1.1,1.2,1.3,1.4 PPE Respirator Lead Exposure Program Proactive Hazard Abatements Corrective Action Effectiveness Supervisor Safety Training

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Proactive Hazard Abatements
- 
2. - Corrective Action Effectiveness
- 
3. - Lockout/Tagout
- 
4. - Energetci Material Safety
- 
5. - Supervisor Safety Training
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Through a progressive discipline policy.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

New hire testing is performed. Safety sensitive random testing is performed. Reasonable suspicion or for cause testing is performed.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Safety provides supervision with the deficiencies noted in each audit. These are responded to by supervision and verified by the safety dept.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Employees report to the medical dept. with restrictions provided by the attending physician. These employees are matched with positions that meet the required accomodations required.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Return to work policy.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

Employees returning to work recieve 100% pay compared to 66 2/3 from Workers Comp or 60% pay from our Short Term disability program.

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Powerpoint presentations given live to hourly employees and via computer for office employees and those who have computer access. These materials customized to meet the facility's needs and are reviewed to assure compliance with OSHA, DoD and internal safety requirements.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

Computer based training

---

Safety video training

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - PPE

---

2. - Enegetic Materials

---

3. - Lockout/Tagout

---

4. - Confined Space

---

5. - Bloodbourne Pathogens

---

6. - Respirator use

---

7. - Forklift and explosive hauling vehicles

---

8. - Machine guarding

---

9. - Grounding and Bonding

---

10. - Procedures

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

A preventative maintenance program is in place for all manufacturing equipment. Our morning meeting in every dept. gives our employees a forum to report in deficiencies with any equipment. Pr-start up safety reviews are required for all new operations

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

We have a well written Emergency Action Plan in place and follows the Incident Command Protocol. Our emergency response teams and Security is well trained on this document and performs monthly drills. These drill are critiqued and best practices reviewed.

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

We are audited quarterly by DCMA (DoD) on our handling, processing and storage of energetics. We are audited annually by GRC (insurance carriers inspection) separately for Fire Protection, boiler inspection and electrical. We are audited annually by a corporate team to assure compliance with external and internal standards. Corporate performs PSM (Process Safety Management) audits every three years. Internal audits occur in mutiple areas each month by the safety dept.

---

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Default Report

Displaying 34 of 69 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**

70.62.86.98

**Response Started:**  
Wednesday, March 21, 2012 2:05:09 PM**Response Modified:**  
Wednesday, March 21, 2012 2:36:02 PM**1. Name of Self Insured Employer**

Columbia West Virginia Corporation

**2. Primary Industry**

Plywood manufacturing

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Dave Hacker, Chris Groves, Liz Key

Company Name - Columbia West Virginia Corp

Street - 242 Callahan Road

City - Craigs ville

Zip Code - 26205

**5. Approximate number of WV employees**

187

**6. Approximate WV payroll**

\$258,288 biweekly

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Lockout / Tagout Emergency Response Hearing Conservation Respiratory Protection Confined Space Personal Protective Equipment Hazard Communication Forklifts Bloodborne Pathogens

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - PPE

---

2. - Lock-out Tag-out

---

3. - Hazard Communications

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Annual training of mill personnel. Supervision as well as Il mill personnel are tasked with observing all EES adhere to the program.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

It is the policy of CFP that all employees are able to work in a setting free of substance (alcohol and drug) abuse. CFP employees are expected to report to work free of the effects of alcohol and drugs and fit to perform their duties in an effective, efficient and safe manner. Reporting for work under the influence of alcohol or drugs, or the use possession, unlawful manufacture, sale, distribution, or dispensing of alcohol, drugs, or any other controlled substance, is prohibited. Further, employees are not to perform work duties or operate CFP equipment or vehicles while under the influence of alcohol, drugs, or any other controlled substance.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

If safety measures within a 5 or 6 week period employees receive a Gainshare bonus.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---



**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

No

**23. How often are such surveys conducted and/or updated?**

No Response

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

No Response

**25. What is the protocol?**

No Response

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Work with EES and doctors by providing job descriptions and other information for determination of light duty.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Human Resources oversees compliance.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

---

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

OSHA videos Classroom training with testing.

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

Safety video training

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - Lockout / Tagout

---

2. - PPE

---

3. - Hazard Communications

---

4. - Powered Industrial Vehicles

---

5. - Bloodborne Pathogens

---

6. - Confined Space

---

7. - Fire Safety

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

Forest Safety Team inspection Supervisor reports

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Our Emergency Action Plan addresses Plant evacuation, Fire & Medical emergencies.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Internal Forest - Safety Team External DOL We are ISO 9001 Certified.

---

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Default Report

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**Response Type:**  
Normal Response**Custom Value:**  
*empty***Response Started:**  
Friday, April 20, 2012 9:59:50 AM**Collector:**  
New Link  
(Web Link)**IP Address:**  
213.213.131.126**Response Modified:**  
Friday, April 20, 2012 10:40:28 AM**1. Name of Self Insured Employer**

Century Aluminum of West Virginia

**2. Primary Industry**

Aluminum Smelter

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Jeff VanMatre

Company Name - Century Aluminum

Street - Rt 2 South, Century Road

City - Ravenswood

Zip Code - 26164

**5. Approximate number of WV employees**

13

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Fall Protection Lock Tag Verify Energy Control Mobile Equipment Confined Space Hearing Conservation Respiratory protection PPE Walking Working Surfaces Bloodborne Pathogens HMIS Chemical Identification Heat Stress Prevention

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Mobile Equipment

- 
2. - Heat Stress Prevention
- 
3. - Lock Tag Verify Energy Control
- 
4. - Walking Working Surfaces
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Audit/observation by management and peers. Coaching, Counseling, and discipline

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Drug and alcohol testing is conducted as a pre-employment screening, and for cause. Specific causes are, pattern absenteeism, slurred speech, odd behavior, equipment damage during work process, etc. Once an employee has tested positive, he is either terminated, or receives treatment and returns to work with random testing for the duration of his career with Century.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Weekly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Issues are captured on a follow up list with assigned responsibility and completion dates. Follow up is conducted to ensure completion. A safety work order system is in place to identify issues that require maintenance or outside support and provide them with top priority.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

A joint union/management team determines the RTW status. If the employee returns to work the plant physician determines the restriction necessary and the duration. Once the restricted period has ended the plant physician reevaluates the employee to verify he is read for full duty.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Medical clearance is required to return to work following an injury by our plant physician. Employees cannot return to work without a written clearance by the physician.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

**34. Is all of the training mandatory?**

---

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

Power Point presentation Video presentation Hands on demonstrations as appropriate Written materials Evaluations to verify effectiveness

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Daily toolbox talks

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - Trip and Fall

---

2. - Heat Stress

---

3. - sprain/strain from exertion

---

4. - foreign body in eye

---

5. - hearing conservation

---

6. - respiratory protection

---

7. - Mobile equipment/pedestrian segregation

---

8. - Burn hazards

---

9. - PPE

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Daily and weekly auditing and report. Housekeeping audits and safety audits. All audits have follow up procedures.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

A program is in place using alarms and other notifications to warn of various hazards. Evacuation maps are in all areas. Evacuation lighting is maintained and tested on a routine schedule. Rallying points are identified and head count procedures are in place. Storm shelters are located and identified throughout the facility.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Internal audits are conducted on a weekly basis. Comprehensive corporate audits are conducted at least once per year.

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Default Report

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
204.16.90.174**Response Started:**  
Friday, March 9, 2012 2:45:37 PM**Response Modified:**  
Monday, March 19, 2012 1:04:28 PM**1. Name of Self Insured Employer**

Goodrich Corporation

**2. Primary Industry**

Aerospace Defense

**3. Name of Subsidiary Self-insured Entities**

n/a

**4. Name and address for contact person regarding survey**

No Response

**5. Approximate number of WV employees**

365

**6. Approximate WV payroll**

16,750,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

No Response

**8. What are the major components that the program addresses?**

No Response

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Legal Compliance

2. - Management Commitment and Accountability

3. - Communication, Participation, and Competence

4. - Monitoring and Reporting

10. Is the written safety and loss program enforced?

No Response

11. How is the program enforced?

No Response

12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?

No Response

13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?

No Response

14. Do you have a written policy regarding drug and alcohol testing?

No Response

15. Please describe this policy.

No Response

16. Is safety compliance and injury and illness rate a performance review measure for management and employees?

No Response

17. Is a safety incentive program in place for management and employees?

No Response

18. Please describe the safety incentive program.

No Response

19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.

No Response

20. Do you have a safety committee at the workplace which meets regularly?

No Response

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

No Response

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

---

No Response

---

23. How often are such surveys conducted and/or updated?

---

No Response

---

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

---

No Response

---

25. What is the protocol?

---

No Response

---

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

---

No Response

---

27. Please describe

---

No Response

---

28. Is the written RTW program actively utilized by management and employees?

---

No Response

---

29. What procedures are in place to ensure it is utilized?

---

No Response

---

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

---

No Response

---

31. Please describe the incentives.

---

No Response

---

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

---

No Response

---

33. Does this training address all workplace hazards applicable to the industry?

---

No Response

---

34. Is all of the training mandatory?

---

No Response

---

35. Are developed training curriculum and related materials used?

---

No Response

---

36. Please describe the curriculum and materials.

No Response

37. Please describe the type of retraining of current employees.

No Response

38. Does the retraining address all workplace hazards applicable to the industry?

No Response

39. List the major hazards addressed in retraining.

No Response

40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?

No Response

41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?

No Response

42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?

No Response

43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?

No Response

44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?

No Response

45. Describe the program in place to ensure that this occurs.

No Response

46. Is there a program in place to address emergency preparedness?

No Response

47. Please describe

No Response

48. Have you been certified by an international standards organization?

No Response

**49. Do you undergo any regular internal or external safety audits?**

---

**No Response**

**50. Please explain**

---

**No Response**

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
12.1.83.2**Response Started:**  
Tuesday, March 27, 2012 9:56:37 AM**Response Modified:**  
Tuesday, March 27, 2012 10:16:54 AM**1. Name of Self Insured Employer**

Guardian Fiberglass, Inc.

**2. Primary Industry**

Fiberglass Insulation Plant

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Candi Turner

Company Name - Guardian Industries Corp.

Street - 2300 Harmon Road

City - Auburn Hills, MI

Zip Code - 48326

**5. Approximate number of WV employees**

106

**6. Approximate WV payroll**

4,871,801

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

1.0 Management Involvement 2.0 Personal Protective Equipment 3.0 Hazard Communication Program 4.0 Lockout / Tagout 5.0 Confined Space Entry Program 6.0 Hearing Conservation Program 7.0 Respiratory Protection Program 8.0 First Aid and Bloodborne Pathogen Program 9.0 Fire Safety and Fixed Fire Equipment 10.0 Forklift (Mobile Powered Equipment) Program 11.0 Process Safety Management 11.0A Formaldehyde 11.0B Hexavalent Chrome 11.0C Radiation Sources 11.0D Laser Safety 11.0E Combustible Dust 12.0 Machinery and Equipment Guarding 13.0 Cranes, Hoists, Slings, Ropes and Personal Fall Protection Devices 14.0 Plant Emergency Plan 15.0 Motor Vehicles 16.0 Ergonomics 17.0 Incident Reporting 18.0 Piping 19.0 Loss Control Inspections 20.0 Liability Controls 21.0 Industrial Hygiene Controls 22.0 Electrical Safe Work Practice Controls 23.0 Workplace Violence (United States & Canada) 24.0 Shipping & Receiving Procedures 25.0 House Keeping and Storage 26.0 Loss Control Reporting, Scoring, & Awards

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Management Involvement
- 
2. - Loss Control Reporting, Scoring and Awards (w/Audit)
- 
3. - Lock-out Tagout
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Annual Audits and non-compliance follow-up Corrective actions to employees not following procedures/policy.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Pre-hire drug testing of all employees. Post incident alcohol and drug testing and testing upon cause. Plus testing as required by DOT rules

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

The plant gives out periodic rewards (monetary or gifts) based on a variety of safety mesurables.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

No

---

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

No Response

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

No

23. How often are such surveys conducted and/or updated?

No Response

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

No Response

25. What is the protocol?

No Response

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

No

27. Please describe

No Response

28. Is the written RTW program actively utilized by management and employees?

No Response

29. What procedures are in place to ensure it is utilized?

No Response

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

No Response

31. Please describe the incentives.

No Response

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

Both initial and retraining for employees and management

33. Does this training address all workplace hazards applicable to the industry?

No



**34. Is all of the training mandatory?**

---

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

Typically PowerPoint and hands-on training, depending on the topic. Note re: #33 & #38- We train on any industry safety elements that APPLY to our locations, not on everything that may exist in the industry.

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

No

**39. List the major hazards addressed in retraining.**

---

**No Response**

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

Weekly.monthly documented inspections and periodic maintenance workd order/daily round sheets.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Plant has documented emergency procedures, training emergency personnels, conduct drills, etc.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Internal monthly reviews and annual corporate audits, as well as, insurance driven fire/boiler \*+& machinery inspections.

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
204.136.114.12**Response Started:**  
Tuesday, April 10, 2012 12:53:13 PM**Response Modified:**  
Tuesday, April 10, 2012 12:57:13 PM**1. Name of Self Insured Employer**

Pepsi Cola Metropolitan Bottling Inc.

**2. Primary Industry**

Manufacturing and Delivery of Carbonated Soft Drinks

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

No Response

**5. Approximate number of WV employees**

500

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

No Response

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - prevention

2. - transitional duty

3. - driver training

10. Is the written safety and loss program enforced?

No Response

11. How is the program enforced?

No Response

12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?

No Response

13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?

No Response

14. Do you have a written policy regarding drug and alcohol testing?

No Response

15. Please describe this policy.

No Response

16. Is safety compliance and injury and illness rate a performance review measure for management and employees?

No Response

17. Is a safety incentive program in place for management and employees?

No Response

18. Please describe the safety incentive program.

No Response

19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.

No Response

20. Do you have a safety committee at the workplace which meets regularly?

No Response

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

No Response

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

---

No Response

---

23. How often are such surveys conducted and/or updated?

---

No Response

---

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

---

No Response

---

25. What is the protocol?

---

No Response

---

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

---

Yes

---

27. Please describe

---

No Response

---

28. Is the written RTW program actively utilized by management and employees?

---

No Response

---

29. What procedures are in place to ensure it is utilized?

---

No Response

---

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

---

No Response

---

31. Please describe the incentives.

---

No Response

---

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

---

No Response

---

33. Does this training address all workplace hazards applicable to the industry?

---

No Response

---

34. Is all of the training mandatory?

---

No Response

---

35. Are developed training curriculum and related materials used?

---

No Response

---

36. Please describe the curriculum and materials.

No Response

37. Please describe the type of retraining of current employees.

No Response

38. Does the retraining address all workplace hazards applicable to the industry?

No Response

39. List the major hazards addressed in retraining.

No Response

40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?

No Response

41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?

No Response

42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?

No Response

43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?

No Response

44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?

No Response

45. Describe the program in place to ensure that this occurs.

No Response

46. Is there a program in place to address emergency preparedness?

No Response

47. Please describe

No Response

48. Have you been certified by an international standards organization?

No Response

---

**49. Do you undergo any regular internal or external safety audits?**

---

No Response

---

**50. Please explain**

---

No Response

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
141.189.251.1**Response Started:**  
Thursday, April 5, 2012 9:28:23 AM**Response Modified:**  
Thursday, April 5, 2012 10:33:39 AM**1. Name of Self Insured Employer**

PPG Industries, Inc.

**2. Primary Industry**

Chemical Manufacturing

**3. Name of Subsidiary Self-insured Entities**

PPG Architectural Finishes, Inc.

**4. Name and address for contact person regarding survey**

Name - R.J. Feldmeier

Company Name - PPG Industries, Inc.

Street - State Route 2 (P.O. Box 191)

City - New Martinsville, WV

Zip Code - 26155

**5. Approximate number of WV employees**

519

**6. Approximate WV payroll**

\$44,531,654

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

PPG has a very comprehensive program that is implemented via a management system comprised of the following elements: 1. Management Leadership, Commitment and Accountability 2. Risk Assessment and Management 3. Facility and Equipment Design and Construction 4. Information and Documentation 5. Personnel and Training 6. Operations and Maintenance 7. Management of Change 8. Third Party Services 9. Incident Investigation and Analysis 10. Community Awareness and Emergency Preparedness 11. Product and Supply Chain Stewardship 12. Assessment, Feedback and Improvement



**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Risk Assessment and Management
- 
2. - Operations and Maintenance
- 
3. - Personnel and Training
- 
4. - Facility and Equipment Design and Construction
- 
5. - Management of Change
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

PPG has an established discipline policy, and through the facility Discipline Committee allows for the uniform and consistent application of discipline for safety infractions. The facility also has a list of "life critical" rules which, if violated, can result in employee termination.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

PPG follows Corporate drug and intoxicant testing policies consisting of pre-employment and random drug screening for all facility employees. "Reasonable belief" screening is also utilized if an employee shows signs of impairment. Certain employees also fall under DOT intoxicant screening. Contract employees are required to adhere to PPG drug and intoxicant screening requirements for "safety sensitive" jobs.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

PPG has incentives for reaching certain milestones relating to activities that are viewed as having a positive influence on injury performance. These include correction of safety hazards, job risk assessments, and so on. No safety incentives are tied directly to reaching predetermined injury performance milestones. It should be noted, however, that individual plant departments will "celebrate" having reached certain injury milestones, but only "after the fact".

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then**

**termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Weekly

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

PPG conducts surveys (safety audits, reviews and inspections) in many different ways, in many different frequencies and on many different safety topics. These include housekeeping inspections, lockout/tagout inspections, pre-job risk assessments, topic-specific audits (i.e. hot work, confined space entry, etc.), employee safety observations, etc..

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

PPG has a return to work program lead by our Disability Management Team. The committee is made up of human resources personnel, safety personnel, plant nurse, plant physician and others as appropriate. Bi-weekly, the team meets and reviews all employees who are either off work or on restricted duty, and discuss strategies for getting them back to full duty. Note that PPG will make every attempt to accommodate employees with temporary work restrictions.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

Oversight by the Disability Management Team. At each meeting, a list of all employees who are off work (either for occupational or nonoccupational reasons) are brought to the meeting and each employee is discussed individually.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

Yes

---

**31. Please describe the incentives.**

No specific predefined incentives, but there are most certainly benefits, not only the employee, but to supervision. These include to not having to backfill jobs, overtime, redoing work schedules and all the other interruptions that occur when employees are unable to work. An effective RTW program is a benefit to everyone.

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

PPG has an EHS Training Committee which oversees all plant EHS training. with assistance for EHS personnel, the committee develops material per applicable regulatory and PPG Corporate requirements. The facility maintains an EHS training matrix which consists of over 100 safety topics.

**37. Please describe the type of retraining of current employees.**

Instructor lead classroom training

On-the job training with direct supervision (documented)

On-the job training (informal)

Computer based training

Safety video training

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

Weekly toolbox talks

**38. Does the retraining address all workplace hazards applicable to the industry?**

Yes

**39. List the major hazards addressed in retraining.**

1. - Lockout/tagout

2. - Respiratory Protection

3. - Evacuation Procedures

4. - Hazard Communication

5. - Fire Extinguishers

6. - Hot Work

7. - Electrical Safe Work Practices

8. - Confined Space Entry

9. - Ergonomics

10. - Fall Protection

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

Yes

**45. Describe the program in place to ensure that this occurs.**

Housekeeping inspections, audits, employee safety observations, etc.

**46. Is there a program in place to address emergency preparedness?**

Yes

**47. Please describe**

PPG has an in-house emergency response team trained to responde to fires, confined space emergencies, hazmat incidents, medical emergencies, etc. PPG also belongs to a mutual aid organization (Northern Ohio River Industrial Mutual Aid Council) and is a member of the local LEPC. All PPG employees are trained in fire extinguisher use and plant evacuation procedures.

**48. Have you been certified by an international standards organization?**

Yes

**49. Do you undergo any regular internal or external safety audits?**

Yes

**50. Please explain**

PPG conducts in-house inspections and audits including housekeeping inspections, lockout audits, pre-job risk assessments, PPE hazard assessments, management of change reviews, PSM audits, etc. Additionally, PPG receives Corporate EHS audits, and through its risk insurer, FM, receives annual loss prevention reviews. This is only a few examples of the many ways PPG is audited relative to plant safety.

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Default Report

Displaying 44 of 63 respondents

**Response Type:**  
Normal Response**Custom Value:**  
*empty***Response Started:**  
Thursday, April 5, 2012 4:49:36 PM**Collector:**  
New Link  
(Web Link)**IP Address:**  
170.215.159.190**Response Modified:**  
Thursday, April 5, 2012 5:00:20 PM**1. Name of Self Insured Employer**

Royal Vendors Inc

**2. Primary Industry**

Mfg Cold Drink Vending Machines

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Charity Fleming

Company Name - Royal Vendors Inc.

Street - 426 Industrial Blvd

City - Kearneysville

Zip Code - 25414

**5. Approximate number of WV employees**

375

**6. Approximate WV payroll**

375

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Lock out/Tag out Blood borne Pathogen Respiratory Hazardous Communication Hearing Conservation Powered Industrial Truck

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Respiratory Protection

- 
2. - Hearing Conservation
- 
3. - Hazardous Communication
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Continuous observation and monitoring by team leads and upper management Mandatory monthly reports/audits  
Random audits by safety managers

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Yes – All prospective employees must pass a post-offer drug screen as a condition of employment. Additionally, our policy states that a drug test may be requested of a current employee if there is reasonable cause to believe that the employee is working under the influence of alcohol or drugs. If a work-related accident which requires outside medical treatment of company property damage occurs, the company may require a drug test or an alcohol evaluation. We reserve the right to randomly perform a drug and/or alcohol screen on any employee as permitted by state law.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

**No Response**

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

No

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

No

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Daily

---

Daily, Weekly and Monthly

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

A Safety Manager is to be notified immediately of any issues for immediate resolution.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

When an injury occurs an employee is given paperwork to be submitted to the treating physician. This paperwork includes a notice to the physician explaining we support an early return to work into transitional duty for all employees. We believe that the sooner an employee is returned into a supportive and safe work environment, the sooner the employee's recovery will be...if an employee is capable of doing any work at all, including less than a full day at work, we will attempt to provide transitional duty accommodations. It also includes a "Medical Capabilities Form" that must be completed and approved by the manager in charge of safety before the employee returns to work. Employees are given work that accommodates all restrictions and made aware they are not to complete any work outside of their restrictions. The responsibility then lies with the employee to work within their restrictions. The team lead, and operation manager/s will monitor the employee to assure they are working within their restrictions and that the employee is comfortable in doing so.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

Employees are not permitted to return to work without manager's approval of their paperwork.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

---

**31. Please describe the incentives.**

---

Royal Vendors, Inc. has a clearly stated policy that "working safely is a condition of employment". Our incentive is to keep our employees safe, and to prevent further aggravation of an injury.

---



**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

Various methods of delivery are used for presentation such as hand outs, PowerPoint, video and lecture.

**37. Please describe the type of retraining of current employees.**

Instructor lead classroom training

On-the job training with direct supervision (documented)

On-the job training (informal)

Safety video training

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

**38. Does the retraining address all workplace hazards applicable to the industry?**

Yes

**39. List the major hazards addressed in retraining.**

1. - Lock Out/Tag Out

2. - Blood borne Pathogens

3. - Respiratory

4. - Hazardous Communication

5. - Hearing Conservation

6. - Powered Industrial Truck

7. - Forklift Inspection

8. - Means of Egress

9. - Fire Extinguisher Policy

10. - PPE

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Multiple layers are in place to inspect, guard, maintain, and operate machines. Employees are instructed during new hire orientation that they are to inspect all tools/machines before use. If any tool/machine is found to be damaged or suspect they are to refrain from using the equipment until the person in charge of safety has evaluated and corrected the problem. Additionally, checks on machinery are performed by maintenance personnel, and the person in charge of safety. All employees from plant hourly to top management are responsible for being observant and aware of any dangers.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Emergency Action Plan Elements: • Emergency escape procedures and emergency escape routes • Procedures in place to account for all employees after emergency evacuation has been completed through pre-assigned assemble areas • Medical duties are defined for those employees who are to perform them • Means of reporting fires and other emergencies are defined Alarm Systems: • Royal Vendors, Inc. has an alarm system that complies with OSHA 1910.165 • The alarm system has a distinctive signal exclusive for its purpose Evacuation: • The EAP defines the type of evacuation to be used in emergency circumstances Training • Royal Vendors, Inc. has trained a sufficient number of employees to assist in the safe and orderly emergency evacuation of employees • Royal Vendors, Inc. has reviewed the EAP with employees • The written EAP is kept in each department and available for employees review Written Plan Inclusions: • Purpose • Final Authority • Delegation of authority by department • General Emergency Action • Plan of Action • Severe Weather Alert • Power Failure • Bomb Threats • Fire – detection, inspection, and protection • Chemical Spills • Spill log

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Emergency Action Plan Elements: • Emergency escape procedures and emergency escape routes • Procedures in place to account for all employees after emergency evacuation has been completed through pre-assigned assemble areas • Medical duties are defined for those employees who are to perform them • Means of reporting fires and other emergencies are defined Alarm Systems: • Royal Vendors, Inc. has an alarm system that complies with OSHA 1910.165 • The alarm system has a distinctive signal exclusive for its purpose Evacuation: • The EAP defines the type of evacuation to be used in emergency circumstances Training • Royal Vendors, Inc. has trained a sufficient number of employees to assist in the safe and orderly emergency evacuation of employees • Royal Vendors, Inc. has reviewed the EAP with employees • The written EAP is kept in each department and available for employees review Written Plan Inclusions: • Purpose • Final Authority • Delegation of authority by department • General Emergency Action • Plan of Action • Severe Weather Alert • Power Failure • Bomb Threats • Fire – detection, inspection, and protection • Chemical Spills • Spill log

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Default Report

Displaying 13 of 69 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**

8.19.13.22

**Response Started:**  
Thursday, March 8, 2012 4:34:38 PM**Response Modified:**  
Thursday, March 8, 2012 5:05:22 PM**1. Name of Self Insured Employer**

Special Metals Corporation

**2. Primary Industry**

Alloy manufacturing

**3. Name of Subsidiary Self-insured Entities**

Huntington Alloys-Special Metals

**4. Name and address for contact person regarding survey**

Name - Patrick Christie

Company Name - Special Metals

Street - 3200 Riverside Drive

City - Huntington

Zip Code - 25705

**5. Approximate number of WV employees**

931

**6. Approximate WV payroll**

5,000,000.00 per month

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Lockout Hazcom Confined space entry Bloodborne pathogens Noise Dust Arc Flash Fall protection

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Confined space

---

2. - Lock out

---

3. - Fall protection

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Audits Progressive discipline

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Reasonable suspicion Good faith evaluation Pre-employment

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Twice per month

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Corrective action is taken to remove unsafe conditions and results tracked for completion

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Light duty is offered if employee is available to return to work per physician

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Medical review is conducted by on-sight health facility and physician. Employee is placed per agreement with USW contract

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

Employee receives pay and management utilizes employee for required work

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

Required safety program materials are covered: hazcom, lockout, conigned space, fall protection, p.p.e., crane training, safe lifting, safe chemical handling

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

Safety video training

---

Weekly toolbox talks

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - proper use of PPE

---

2. - Lock out

---

3. - Confined Space

---

4. - Hazcom

---

5. - Fall hazards

---

6. - Slip, trip hazards

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

**No Response**

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

Preventative maintenance and routine inspections / audits

**46. Is there a program in place to address emergency preparedness?**

---

Yes

**47. Please describe**

---

Written procedures and regular drills

**48. Have you been certified by an international standards organization?**

---

No

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

**50. Please explain**

---

Self audits

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Default Report

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
216.12.97.24**Response Started:**  
Tuesday, April 10, 2012 2:26:30 PM**Response Modified:**  
Tuesday, April 10, 2012 2:57:26 PM**1. Name of Self Insured Employer**

SWVA, Inc

**2. Primary Industry**

Iron and Steel/3312

**3. Name of Subsidiary Self-insured Entities**

None

**4. Name and address for contact person regarding survey**

Name - Chris Artrip

Company Name - SWVA, Inc

Street - PO Box 2547

City - Huntington WV

Zip Code - 25726

**5. Approximate number of WV employees**

500

**6. Approximate WV payroll**

\$34,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Personal Protective Equipment, Lockout Tagout, Hearing Conservation, Hand Safety, Fall Protection, Crane Safety, Hazard Communication, Powered Mobile Equipment, Machine Guarding, and all OSHA Regulations pertaining to General Industry.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Personal Protective Equipment
  2. - Lockout Tagout Tryout
  3. - Powered Mobile Equipment
  4. - Hand Safety/Machine Guarding
- 

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

---

**11. How is the program enforced?**

---

SWVA, Inc shall provide a safe place to work by eliminating hazardous conditions, maintaining protective guards on machinery and requiring employees to wear protective equipment needed on the job. However, it is recognized that the only way to be certain to maintain accident free performance is for each employee to accept a personal responsibility to work safely. Employees will be familiarized about safety precautions and operating fundamentals of equipment they are assigned to operate. This safety program is enforced by requiring employees to follow the written safety program with enforcement mechanisms, including training as to what is required; and counseling and corrective action where necessary to address unsafe acts.

---

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

---

**15. Please describe this policy.**

---

It is SWVA, Inc.'s desire to provide a safe, efficient and productive workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition in order to perform their jobs in a satisfactory manner. This policy is part of the terms and conditions of employment for all persons employed by SWVA, Inc. Reporting under the influence, possession, distribution, sale or use of alcohol or drugs on Company property can lead to termination of employment without preliminary steps. Such behavior is taken as conclusive evidence of a lack of adequate self-respect and discipline even if it happens only once. When a member of Supervision and the Manager of Environmental Health and Safety agree to send an employee who is impaired for a drug and alcohol test and the result is positive, the employee will be offered the opportunity for treatment. Before an employee is sent for a drug and alcohol test, the member of Supervision and the Manager of Environmental Health and Safety along with the alleged impaired employee and a Union Committeeman will meet prior to the employee being sent for the drug and alcohol test. An employee who returns from treatment shall sign a one year Last Chance Agreement written by the Company.

---

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

Yes

**20. Do you have a safety committee at the workplace which meets regularly?**

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

The Safety Manager contacts the appropriate Superintendent and maintenance manager so that issues identified in safety surveys are addressed. The Safety Manager follows through with pertinent management employee to confirm that identified issues have been addressed. Copies of the safety audits are also distributed to the Safety Committee, Superintendents, Foreman, and affected employees so that they are aware of the safety issues.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

When an employee is injured and unable to return to his or her regular duties, immediate action is taken to determine whether the injured worker can be returned to work on a modified duty basis. SWVA management and its third-party administrator communicate with the injured worker and the injured worker's treating physician in an attempt to return the injured worker to work within the restrictions imposed by the treating physician.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

After an employee is injured his or her foreman will call them and discuss how modified duty can be applied.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

---

**31. Please describe the incentives.**

---

No Response

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Personal Protective Equipment, Lockout Tagout, Hearing Conservation, Hand Safety, Fall Protection, Crane Safety, Hazard Communication, Powered Mobile Equipment, Machine Guarding, and all OSHA Regulations pertaining to General Industry. Materials are provided from a 3rd party and specializes in Safety issues for the Steel industry.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

---

Daily, weekly, monthly safety meetings are conducted

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - PPE

---

2. - Confined Spaces

---

3. - Hand Safety/Machine Guarding

---

4. - Lockout Tagout Tryout

---

5. - Fire Prevention

---

6. - Heat Stress

---

7. - Hearing Conservation

---

- 
8. - Heat Stress
- 
9. - Powered Mobile Equipment
- 
10. - Walking Working Surfaces
- 

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Weekly to monthly auditing throughout the entire facility. Secondly, the Safety Committee does a walkthrough each month throughout the plant.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

We have both a contingency plan and emergency action procedures that are communicated to each employee. Also signs are posted throughout the plant to remind employees/management what to do in the event of an emergency.

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

See #45

---

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Default Report

Displaying 25 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
63.238.139.239**Response Started:**  
Monday, March 19, 2012 10:46:29 AM**Response Modified:**  
Monday, March 19, 2012 11:03:51 AM**1. Name of Self Insured Employer**

Toyota Motor Manufacture of WV

**2. Primary Industry**

Building Engines and Automatic Transmissions

**3. Name of Subsidiary Self-insured Entities**

NA

**4. Name and address for contact person regarding survey**

Name - Ted Kester

Company Name - Toyota Motor Manufacture of WV

Street - 1 Sugar Maple Lane

City - Buffalo, WV

Zip Code - 25033

**5. Approximate number of WV employees**

1000

**6. Approximate WV payroll**

\$67495000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

1. Toyota Safety Management Systems (TSMS) 2. Lock out Program 3. Hazard Communication 4. Job Instruction Sheet

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - TSMS Audit System

- 
2. - TSMS Risk Assessment
- 
3. - Lock Out Periodic Inspection
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

1. Training Team members on the safety policies and programs 2. Audit compliance to policies and programs 3. Coach team members for corrective behavior 4. Progressive corrective action

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

1. Pre hire testing urine and hair. 2. Reasonable cause per written policy

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Team Member bonus program of 25% for safety results

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---



---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Monthly

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

1. Safety Concern Form 2. Audits of work areas 3. Standardize work audits

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

Policy administered by Nurse Case Manager

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

Weekly Case Management review with Safety, Workers Comp. and nurse

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

---

**31. Please describe the incentives.**

---

N/A

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

1. Follow the OSHA 10 and 30 hrs Safety Course Material.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

Safety video training

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Ergo

---

2. - Electrical Safety

---

3. - Lock Out Control

---

4. - Hazard Communications

---

5. - Fall Protection

---

6. - Emergency Response Plan

---

7. - Safety Signage

---

8. - Hearing Conservation

---

9. - Personal Protective Equipment

---

10. - Machine Guarding

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

No Response

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and**

**operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

1. Vendor Try Out, the machine is checked at the vendor before shipping 2. Initial Try Out, review of the machine once it is set up, getting ready for production. 3. Daily Maintenance program

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

1. Emergency Response Plan a. Evacuation b. Take Shelter c. Material Release

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Our TSMS program has one external audit scheduled a year conducted by our corporate safety group. Each quarter we have an internal audit that reflects on our safety performance and systems.

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
155.130.107.41**Response Started:**  
Thursday, April 5, 2012 1:04:38 PM**Response Modified:**  
Thursday, April 5, 2012 2:37:57 PM**1. Name of Self Insured Employer**

Weyerhaeuser

**2. Primary Industry**

Forest Products

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Sue Cooper

Company Name - Weyerhaeuser

Street - 33663 Weyerhaeuser Way South

City - Federal Way, WA

Zip Code - 98003

**5. Approximate number of WV employees**

420

**6. Approximate WV payroll**

18,112,253

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

1. Leadership in health &amp; safety, 2. Employee driven, 3. Worksite analysis, 4. Incident investigation, 5. Hazard prevention &amp; control, 6. Inspections, 7. Industrial hygiene, 8. Occupational health, 9. Emergency preparedness, and 10. Training.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Caring, committed Leadership

- 
2. - Safety program driven by the employees
- 
3. - Hazard prevention & control (ie. LO, CSE, electrical, etc)
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Clear expectations are set and communicated, employees are held accountable for complying.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Weyerhaeuser's policy covers drug testing pre-employment, for-cause/reasonable suspicion, and post accident. The drug and alcohol-testing procedures used are based on Mandatory Guidelines for Federal Workplace Drug Testing (DHHS).

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Several different types of survey/audits are used, different frequency for each.

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

Again, depends on the specific survey/audit, but typically the site safety team or a sub-group will prioritize the issues identified, put together an action plan for addressing (who to do what, by when), and will track to completion.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

The site RTW coordinator is responsible for monitoring and coordinating RTW activities, working with the affected employee, the affected employee's supervisor, and the treating provider. Documentation that supports the employee's safe return to work is required from the treating provider before the employee can come back to work. The case is monitored regularly to ensure successful rehabilitation.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

The RTW program is included in the company safety audit.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

---

**31. Please describe the incentives.**

---

**No Response**

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Our EHS Department develops company-specific classroom and computer-based training on all OSHA-required safety topics and many company-specific topics.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Lockout/tagout

---

2. - Confined space

---

3. - Working at heights

---

4. - Hot work

---

5. - Electrical safety

---

6. - Finger, hand, arm safety (incl. machine guarding)

---

7. - Ergonomics

---

8. - Chemical management

---

9. - Pedestrian/mobile equipment safety

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress**

**and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Preventive Maintenance program is in place. Employees don't operate any piece of equipment until adequately trained on that equipment. Employees are expected to report hazardous conditions, including missing/broken guards, etc. promptly to management. Housekeeping inspections, paired leadership inspections, safety audits, etc also look for machine/equipment issues.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

The site's written Emergency Preparedness program lists the types of emergencies the site could encounter, who has what responsibilities, and the actions to take to control and/or reduce their impact.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

A Health & Safety Compliance Audit is conducted by in-house safety professionals every 5 years. An evaluation of at least part of the site's safety processes is conducted annually. Every 3 years this evaluation has to include at least two auditors who are external to the site.

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**TRANSPORTATION/COMMUNICATIONS/ELECTRIC/  
GAS/SANITARY**

**Virginia Electric and Power Company**

**Dominion Transmission, Inc.**

**FedEx Freight, Inc.**

**FedEx Ground Package System**

**Federal Express Corporation**

**FedEx Smart Post, Inc.**

**Hope Gas, Inc.**

**UPS Ground Freight**

**United Parcel Service, Inc.**

**American Electric Power Company**

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**Response Type:**

Normal Response

**Collector:**New Link  
(Web Link)**Custom Value:**

empty

**IP Address:**

158.106.48.10

**Response Started:**

Monday, March 12, 2012 10:09:06 AM

**Response Modified:**

Monday, March 12, 2012 12:29:25 PM

**1. Name of Self Insured Employer**

Virginia Electric and Power Company

**2. Primary Industry**

Electric Distribution Company

**3. Name of Subsidiary Self-insured Entities**

Virginia Electric and Power Company

**4. Name and address for contact person regarding survey**

Name - Tom Ponceroff

Company Name - Dominion - Mt. Storm Power Station

Street - 436 Dominion Blvd.

City - Mt. Storm, WV

Zip Code - 26739-8632

**5. Approximate number of WV employees**

325

**6. Approximate WV payroll**

\$29,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Asbestos Awareness and Control, Bloodborne Pathogens, Combustible Dust, Hearing Conservation, Confined Space Entry, Inorganic Arsenic, Contractor Safety, Lead Awareness, Respiratory Protection, Lockout/Tagout, Hazard Communication, PPE, Electrical Safe Practices/Ard Flash Protection, Fall Protection.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Fall Protection
- 
2. - Hearing Conservation
- 
3. - Confined Space Entry
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Disciplinary action is handed down to those known to have violated the rules.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

The policy requires pre-employment testing for drugs and alcohol and testing for drugs and alcohol for employees and contract employees involved in accidents. Certain high risk jobs also require drug and alcohol testing.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Safety is a part of a supervisory employee's performance evaluation. A poor evaluation can result in negative job performance scores. Hourly workers are provided expectations to follow safe work rules as a condition of their employment.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

A report is prepared for each assessment. Findings are addressed immediately upon discovery or they are recorded on a corrective action tracking matrix and responsible parties work to correct the safety problems.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

There is a return-to-work program, but we do not have a return-to-work manager on site. There is a clams administrator at the corporate level who assists in this area and this person is shared.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

There is a process used by supervision that requires a follow-up with the injured employee and health care provider to facilitate an injured employee's expeditious return to work.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

The incentives are the job performance expectations as a condition of employment placed both on management and hourly employees that it is necessary to return to work as soon as the injured person is medically capable.

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

New employees are provided training in the following areas: Asbestos Awareness, Lead Awareness, Inorganic Arsenic Awareness, Hearing Conservation, Safe Breaker Operation, Respiratory Protection, Combustible Dust Awareness, Confined Space Entry, Lockout/Tagout, Hazard Communication, Scaffold Safety, Emergency Action Plan, Bloodborne Pathogens, Electrical Safe Practices/Arc Flash, Ladder Safety, Fall Protection, PPE, and Fork Truck Safety. This training is done both in the classroom, on-line, as well as in the field. The length of each course depends on the subject matter.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

Computer based training

---

Safety video training

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Asbestos

---

2. - Lead

---

3. - Inorganic Arsenic

---

4. - Noise

---

5. - Combustible Dust

---

6. - Use of Respiratory Protection

---

7. - Confined Space

---

8. - Lockout/Tagout

---

9. - Arc Flash

---

10. - Fall Protection

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency**

**lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Proper machine function is maintained through a maintenance work order repair and PM system. Any safety concerns such as inadequate guarding is addressed through this work order system.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

A written emergency evacuation and response plan exists and people re-trained on this plan annually. In addition, a in-house emergency response team exists that is qualified to respond to fires, confined space rescue, first aid, and hazmat release.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Regular safety assessments are done periodically. Monthly inspections are conducted in certain areas. Triennial safety assessments are done by corporate personnel and follow-up on quarterly. Internal safety assessments are done throughout the year.

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Default Report

Displaying 28 of 63 respondents

**Response Type:**  
Normal Response**Custom Value:**  
*empty***Response Started:**  
Wednesday, March 21, 2012 10:14:12 AM**Collector:**  
New Link  
(Web Link)**IP Address:**  
158.106.52.10**Response Modified:**  
Wednesday, March 21, 2012 10:41:46 AM**1. Name of Self Insured Employer**

Dominion Transmission, Inc.

**2. Primary Industry**

gas transmission and gas storage company

**3. Name of Subsidiary Self-insured Entities**

Dominion Transmission, Inc.

**4. Name and address for contact person regarding survey**

Name - Jim Parons/Kaylan Cook

Company Name - Dominion Transmission, Inc.

Street - 445 West Main Street

City - Clarksburg

Zip Code - 26301

**5. Approximate number of WV employees**

740

**6. Approximate WV payroll**

\$63,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Accident Prevention Incident Reporting Incident Investigation/Root Cause Analysis Safety Training & Awareness Safe Work Procedures Safe Operating Procedures Near Miss Reporting Safety Observation Reporting Job Safety Briefs (pre-planning/job safety analysis) Lifesaving Rules Safety Guiding Principles Monthly Safety Meetings Defensive Driving Area Safety Teams/Committees Hazard Recognition Hazard Communication Emergency Preparedness Personal Protective Equipment OSHA Recordkeeping Safety Metrics

**9. Choose 3 program components listed above that are the most effective in achieving the result of**



**reduced injuries, illnesses and compliance with the program.**

- 
- 1. - Job Safety Briefs
  - 2. - Safety Observation Reporting
  - 3. - Incident Investigation/Root Cause Analysis
- 

**10. Is the written safety and loss program enforced?**


---

Yes

---

**11. How is the program enforced?**


---

Coaching and feedback on: Safety metrics Review of At Risks/Conditions Incident Investigations/lessons learned

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**


---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**


---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**


---

Yes

---

**15. Please describe this policy.**


---

Dominion has a Fitness for Duty policy that includes expectations on all employees regarding drugs and alcohol. In addition, there are drug and alcohol plans that spell out the reasons for the policy and the procedures of the program. "The Company has the right to test employees for alcohol and/or drugs under certain conditions to determine their ability to perform their job. Employees may also be subject to random and "for cause" drug and alcohol testing to comply with applicable laws." Dominion and its affiliates and subsidiaries; wants to establish and maintain a work environment free from the use and abuse of drugs and alcohol. The Company will ensure a safe and productive work environment for all employees, as well as the safety and confidence of the public. The Company will comply with all DOT regulations in these plans. The plans will be used to specify the procedures and circumstances drug and alcohol testing may be required. The Plan is designed to ensure accurate and reliable test results, and contains procedures designed to recognize and respect the dignity and privacy of all employees. In addition, the Plan makes available an Employee Assistance Program (EAP) designed to provide individuals with necessary drug and alcohol treatment and follow-up. The plans fall into three groups: DOT PHMSA, DOT FMCSA and Dominion Substance Abuse Plan (nonregulatory). Each plan covers pre-employment, post incident, reasonable cause, return to duty, and follow-up testing. The DOT plans include a random testing program based on regulatory requirements. These plans are located on the Company's Intranet for employee reference. Each employee has the responsibility to be knowledgeable of the requirements of the Plan, and to fully comply with its provisions. All employees are responsible for preventing and reporting actions that threaten harm to the Company or to their fellow employees. Employees are expected to use good judgment and common sense in exercising this responsibility.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**


---

Yes

---

**17. Is a safety incentive program in place for management and employees?**


---

Yes

---

**18. Please describe the safety incentive program.**


---

Annual incentive program for management and employees Monthly "Safety Pays" program for all employees Pipeline Grill luncheons for field employees Monthly metrics contest

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

Yes

**20. Do you have a safety committee at the workplace which meets regularly?**

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Annually

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Upon completion of our safety surveys/audits, the findings are reviewed with supervisor(s). Issues are corrected on the spot if possible. Outstanding issues are documented and tracked in a compliance monitoring system that assures timely follow-up.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

No

**27. Please describe**

No Response

**28. Is the written RTW program actively utilized by management and employees?**

No Response

**29. What procedures are in place to ensure it is utilized?**

No Response

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No Response

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

Annual training plan Online courses, classroom based courses, competency tests, hands-on training

**37. Please describe the type of retraining of current employees.**

Instructor lead classroom training

On-the job training with direct supervision (documented)

On-the job training (informal)

Computer based training

Safety video training

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

Weekly toolbox talks

**38. Does the retraining address all workplace hazards applicable to the industry?**

Yes

**39. List the major hazards addressed in retraining.**

1. - Energy Control (LOTO)

2. - Equipment operation

3. - Excavation

4. - Hot Work / Open Flame Safety

5. - Defensive Driving

6. - Confined Space

7. - Fall Protection

8. - Forklift/Aerial lift

9. - First Aid/CPR

10. - Emergency Plan

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Annual Safety survey/audit Safety observations conducted regularly IMS inspections (monthly, quarterly) SAP Preventive Maintenance

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Online training courses Table top exercises Annual review of plan

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

1.) Monthly safety observations 2.) Annual facility reviews (joint internal/external employees of Dominion) 3.) DOT driver annual and quarterly audits

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Default Report

Displaying 35 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
207.140.122.3**Response Started:**  
Monday, April 2, 2012 11:40:00 AM**Response Modified:**  
Wednesday, April 4, 2012 6:08:04 PM**1. Name of Self Insured Employer**

FedEx Freight, Inc.

**2. Primary Industry**

LTL Trucking

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Kayla Quandt

Company Name - FedEx Freight, Inc.

Street - 2200 Forward Drive DC 2256

City - Harrison

Zip Code - 72601

**5. Approximate number of WV employees**

128

**6. Approximate WV payroll**

\$6,679,942.09

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Alert Line Ear Plugs - Upon Request Dust Mask - Upon Request Safe Working Guidelines - policy Leadership Observations Safety Committees

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Alert Line

---

2. - Leadership Observations

---

3. - Safety Committee

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Corrective Action Process

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Zero Tolerance for use in the workplace; Reasonable suspicion; 10% random for alcohol and 50% random drug testing

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Awards for hourly employees only.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

No

**23. How often are such surveys conducted and/or updated?**

No Response

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

No Response

**25. What is the protocol?**

No Response

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Early Return to Work Program (ERTW) for all employees who have an on the job injury. ERTW is mandatory.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Employees must present their managers a copy of their work status note following a work related injury. HR is notified of all employee's change in work status.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes



**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

Computer Based Education Videos Classroom Education

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

---

Pre-shifts daily

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - HazCom Right to Know

---

2. - Forklift Recertification

---

3. - Respirator Certification

---

4. - Safe-working Guidelines: Forklift, Freight Handling, Hostler, Fleet Maintenance

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

---

Periodic facility inspections by Safety, Facilities, and Safety Committee inspections.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Emergency Action Plans Weather Drills Fire Drills

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Internal Audit Mock DOT Audit Snapshot FSA Inspections Facilities Inspections

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
198.140.4.205**Response Started:**  
Wednesday, March 14, 2012 4:32:13 PM**Response Modified:**  
Wednesday, March 14, 2012 4:51:09 PM**1. Name of Self Insured Employer**

FedEx Ground Package System

**2. Primary Industry**

Small package delivery

**3. Name of Subsidiary Self-insured Entities**

FedEx Smart Post

**4. Name and address for contact person regarding survey**

Name - Michael Evers

Company Name - FedEx Ground

Street - 1000 FedEx Drive

City - Moon Township

Zip Code - 15108

**5. Approximate number of WV employees**

525

**6. Approximate WV payroll**

\$2,333,653

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

OSHA Compliance Safety Training Safety Inspections Safety Program Management Injury Reduction and Safety Goal setting Safety Committees

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Safety Program Management

---

2. - Safety Training

---

3. - Injury Reduction and Safety Goal Setting

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Self Audits Management enforcement and assurance of company Safety rules

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Program implemented according to DOT required drug and alcohol testing for contractor drivers.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Frequent recognition for stations meeting and exceeding Safety goals. Corporate headquarters tracks and reports on performance. Locally, stations celebrate safety achievements with events such as BBQ's and lunches.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Monthly

minimum monthly and more often as required.

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

Review of Safety Inspection findings by station senior management and site Safety Committee.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

FedEx Ground Procedure HMR-071 Transitional Return To Work supports prompt and safe return to work for employees with on the job injuries. Meaningful temporary work is provided to assist in the healing process, up to 90 days to work within restrictions. Specific positions are identified.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

Written company procedure on how to implement the RTW program.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

Yes

---

**31. Please describe the incentives.**

---

RTW helps employee return to full work faster and reduces the lost work day rate. RTW helps employees with alternate light duty work rather than lost time.

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Training covers OSHA required training and company programs to reduce injuries and comply with safety rules. Examples include: Hazard Communication, Powered Industrial Truck Operations, Safe Lifting and job performance, Lockout/Tagout.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Hazard Communication

---

2. - Lockout/Tagout

---

3. - Conveyor Safety

---

4. - Fire Safety/Emergency Plans

---

5. - Powered Industrial Trucks

---

6. - Company Safety Policy

---

7. - Company Safety Rules

---

8. - Safety Lifting

---

9. - Bloodborne Pathogens

---

10. - Yard Safety

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Monthly safety inspection program reviewed by station management and the site safety committee. Internal audits are also performed to ensure compliance.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Company established Fire and Emergency Evacuation Plan procedure and associated requirements. Fire drills are conducted annually.

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Company established internal audit program and ISO certification per ISO 9001:2008

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**Response Type:**  
Manual Data Entry**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
98.239.148.3**Response Started:**  
Wednesday, June 6, 2012 8:28:33 PM**Response Modified:**  
Thursday, June 7, 2012 12:08:54 PM**1. Name of Self Insured Employer**

Federal Express Corporation ("FedEx Express")

**2. Primary Industry**

Courier / Transportation

**3. Name of Subsidiary Self-insured Entities**

N/A

**4. Name and address for contact person regarding survey**

Name - FedEx Express Legal Department

Company Name - FedEx Express

Street - 3620 Hacks Cross Road Building B

City - Memphis, TN

Zip Code - 38125

**5. Approximate number of WV employees**

299

**6. Approximate WV payroll**

12,359,164.00

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

FedEx Express has an extensive safety program consisting of safety awareness, training, health and wellness, accident injury/investigation and reporting, facility safety inspection and recordkeeping.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - safety awareness



- 
2. - training
- 
3. - health and wellness
- 
4. - accident injury investigation and reporting
- 
5. - facility safety inspection and recordkeeping
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

FedEx Express has the appropriate training and programs in place necessary to promote safety among its team members.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

FedEx Express has a federally approved alcohol and drug-testing program.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

FedEx Express has the appropriate training and programs in place necessary to promote safety among its team members including a wide variety of safety incentive programs. Local management and field safety specialists may conduct their own programs, contests, incentives etc. so these are not identical throughout the company.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

No Response

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

FedEx Express has the appropriate training and programs in place necessary to promote safety among its team members and routinely reviews operations and practices to ensure continued compliance with all applicable occupational safety and health regulations.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

FedEx Express has an active return to work program.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

through communications and training

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

FedEx Express has the appropriate training and programs in place necessary to promote safety among its team members.

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Just initial Training for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

No

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

depends on the job position

---

**37. Please describe the type of retraining of current employees.**

---

FedEx Express has the appropriate training and programs in place necessary to promote safety among its team members.

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

**No Response**

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

FedEx Express complies with all applicable occupational safety regulations regarding machine guarding, etc.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

**47. Please describe**

---

FedEx Express has the appropriate training and programs in place necessary to promote safety among its team members.

**48. Have you been certified by an international standards organization?**

---

Yes

**49. Do you undergo any regular internal or external safety audits?**

---

**No Response**

**50. Please explain**

---

Information concerning internal audits is confidential and proprietary to FedEx Express. Information concerning any external safety audits would have to be obtained from the applicable agency or entity conducting the audit

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Default Report

Displaying 63 of 64 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
198.140.4.205**Response Started:**  
Friday, June 1, 2012 2:06:01 PM**Response Modified:**  
Wednesday, June 6, 2012 7:03:48 PM**1. Name of Self Insured Employer**

FedEx SmartPost, Inc

**2. Primary Industry**

freight forwarder

**3. Name of Subsidiary Self-insured Entities****No Response****4. Name and address for contact person regarding survey**

Name - Stephanie La Marque

Company Name - FedEx SmartPost

Street - 16555 W Rogers Dr

City - New Berlin

Zip Code - 53151

**5. Approximate number of WV employees**

330

**6. Approximate WV payroll****No Response****7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

- behavioral safety (WorkRight Program) - proper lifting techniques - conveyor safety - affected persons LOTO (Maintenance employees authorized LOTO) - heat awareness - fire evacuation - Hazard Communication Program

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - behavioral safety (WorkRight Program)

---

2. - heat awareness

---

3. - proper lifting techniques

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

The program is enforced through the FedEx discipline policy.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Drug free work place policy (HMR-060Post) states that FedEx SmartPost is committed to a drug and alcohol free workplace in the interest of safety for its employees and the public.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

No

---

**23. How often are such surveys conducted and/or updated?**

---

No Response

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

No Response

---

**25. What is the protocol?**

---

No Response

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

FedEx SmartPost is committed to the prompt and safe return to work for employees who sustain on-the-job injuries at FedEx SmartPost. The Transitional Return to Work Process (TRWP) is intended to provide injured employees temporary meaningful work and to assist in the healing process.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

The TPA works with the on site HR Rep to ensure it is used. If any concerns arise, the safety specialist is contacted for resolution.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

Yes

---

**31. Please describe the incentives.**

---

We do not provide incentives as the operations managers understand that they must use the RTW program if the doctor offers that as an option.

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

The initial training is the SmartStart Program which is an instructor lead classroom training. The retraining is monthly documented structured safety meetings lead by the operations managers (curriculum developed by the safety specialist).

**37. Please describe the type of retraining of current employees.**

---

monthly documented structured safety meetings

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

- 
1. - LOTO
  2. - Safe Lifting Techniques
  3. - Fire evacuation
  4. - conveyor safety
  5. - Hazard Communication

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

Quarterly Safety Inspection checklist is completed (quarterly basis) for the entire facility, including the offices.



**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Policy SAF-067Post addresses emergency preparedness. All FedEx SmartPost locations must develop a written site-specific Emergency Action Plan (EAP). The plan must be available to all employees and posted on the employee bulletin board near the evacuation diagram. The information outlined in this procedure is designed to help with the development of said plans. The EAP should address emergencies reasonably expected in the workplace, such as fire and severe weather.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

The legal team performs random inspections that are designed to be like mock osha audits.

---

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Default Report

Displaying 32 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
158.106.52.10**Response Started:**  
Wednesday, March 28, 2012 9:35:18 AM**Response Modified:**  
Wednesday, March 28, 2012 10:24:49 AM**1. Name of Self Insured Employer**

Hope Gas, Inc.

**2. Primary Industry**

Natural Gas Distribution

**3. Name of Subsidiary Self-insured Entities**

Hope Gas, Inc.

**4. Name and address for contact person regarding survey**

Name - Roger W. Buttke

Company Name - Hope Gas, Inc.

Street - 48 Columbia Blvd.

City - Clarksburg

Zip Code - 26301

**5. Approximate number of WV employees**

205

**6. Approximate WV payroll**

\$14,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

The Dominion Safety Policy provides basic expectations and safe work practices applicable to all employees. The policy addresses safety philosophy, company responsibilities, management responsibilities, employee responsibilities and disciplinary action. Dominion Gas Delivery has outlined "4 Life Saving Rules" which target areas we feel are most critical to our segment of the business. 1) Eliminate and control potential sources of ignition. 2) Take measures to prevent cave-in or collapse of excavations. 3) Monitor oxygen levels in atmosphere and mitigate hazards through ventilation or use of respiratory protection equipment. 4) Wear seat belts while operating or riding in vehicles and equipment equipped with seat belts. Beyond these rules, programs are in place and training conducted for such vital topics as Excavation Safety, Respiratory Protection, Work Zone Traffic Control, Fire Protection & Extinguisher Use, Hazard Communication, Decision Driving, etc.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Safety Philosophy
- 
2. - Management Responsibilities
- 
3. - Company Responsibilities
- 
4. - Employee Responsibilities
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

The message that safety comes first at Dominion is communicated to and reinforced with our employees at every opportunity. In addition to supervisory personnel, Dominion Hope has a full-time Safety & Training Department whose focus is the safety and well-being of our employees. Weekly safety topics are developed and sent to all locations and weekly safety meetings are held with all employees. Employees are trained in how to conduct pre-job briefings which are conducted prior to each job. All employees are aware of the company's expectations with regard to safety and know that it is their responsibility to meet them. Company support is provided through continuing training and by providing the most current personal protective equipment available. Job Site Safety Observations are conducted by all management personnel at every opportunity noting areas that are satisfactory as well as those where cautions are issued and employees are coached regarding safety practices that were not carried out in accordance with company policy.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Dominion has a Fitness for Duty policy that includes expectations on all employees regarding drugs and alcohol. In addition, there are drug and alcohol plans that spell out the reasons for the policy and the procedures of the program. "The Company has the right to test employees for alcohol and/or drugs under certain conditions to determine their ability to perform their job. Employees may also be subject to random and "for cause" drug and alcohol testing to comply with applicable laws." Dominion (and its affiliates and subsidiaries) wants to establish and maintain a work environment free from the use and abuse of drugs and alcohol. The Company will ensure a safe and productive work environment for all employees, as well as the safety and confidence of the public. The Company will comply with all DOT regulations in these plans. The plans will be used to specify the procedures and circumstances drug and alcohol testing may be required. The Plan is designed to ensure accurate and reliable test results, and contains procedures designed to recognize and respect the dignity and privacy of all employees. In addition, the Plan makes available an Employee Assistance Program (EAP) designed to provide individuals with necessary drug and alcohol treatment and follow-up. The plans fall into three groups: DOT PHMSA, DOT FMCSA and Dominion Substance Abuse Plan (nonregulatory). Each plan covers pre-employment, post incident, reasonable cause, return to duty, and follow-up testing. The DOT plans include a random testing program based on regulatory requirements. These plans are located on the Company's Intranet for employee reference. Each employee has the responsibility to be knowledgeable of the requirements of the Plan, and to fully comply with its provisions. All employees are responsible for preventing and reporting actions that threaten harm to the Company or to their fellow employees. Employees are expected to use good judgment and common sense in exercising this responsibility.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

**18. Please describe the safety incentive program.**

---

Safety goals are annually set and are a part of the Annual Incentive Program that all management employees participate in. Meeting these goals directly affects employee performance evaluations and compensation. In addition, Dominion Hope has a monthly safety incentive program, in which all employees at a given location receive a \$25 gift card provided that facility has recorded no injuries or preventable motor vehicle accidents during that month.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

**23. How often are such surveys conducted and/or updated?**

---

Annually

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

**25. What is the protocol?**

---

Hope Safety & Training Specialists, as well as local Hope supervisory personnel, regularly survey our facilities for safety issues which are identified and addressed. In addition to the ongoing observations done by Hope personnel, Dominion corporate safety conducts a safety assessment annually on the larger facilities and every two years on the smaller properties. All Dominion Hope facilities have been audited in the last two years. Any issues found during an audit are included in the report. The party responsible for correcting the issue is identified and a timeline put in place. Dominion Corporate Safety has responsibility to ensure that all issues are addressed and corrected satisfactorily within the established time frame.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

No

**27. Please describe**

---

No Response

**28. Is the written RTW program actively utilized by management and employees?**

---

---

No Response

---

**29. What procedures are in place to ensure it is utilized?**

---

No Response

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No Response

---

**31. Please describe the incentives.**

---

No Response

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Manuals, booklets or handouts are directed to the particular task or job description for the employee. For example Field Metering Services employees receive 4 manuals during training: 'Basic Electricity and related Gas Control Safety', 'Natural Gas Basic Heating and Water Heaters', 'Introduction to Safe Appliance Light-up and Inspections' and 'Investigations Procedures Standards and Codes' New employees receive 3 days of NESO (New Employee Safety Orientation). New employees receive an additional three weeks of Construction and Maintenance Training which includes classroom as well as supervised hands on training in various job functions of the gas industry, including but not limited to: installing mains and services; replacing mains and services; locating underground facilities; locating and repairing leaks; cathodic protection of mains and services; purging pipelines; abandoning facilities; backhoe operation and safety; air compressor operation and safety; PPE (Personal Protective Equipment) including hard hat, safety glasses, hearing protection, fire resistant clothing, protective footwear; installing shunts; bonding; and use and inspection of fire extinguishers. Hazards addressed include but are not limited to: slip & trip hazards, pinch points, hand tool safety, oxygen monitors, excavation hazards, explosive limits of natural gas, potential ignition sources, seat belts, pre-job warm up, body positioning, proper lifting, poisonous plants, dealing with irate customers and dog bites. Each employee receives operator qualification (OQ) training for their related job tasks which includes classroom training and written tests as well as supervised hands on training and task performance. All employees are required to participate in weekly 30 minute safety & training tailgates covering related workplace tasks, hazards and standard operating procedures. Employees are trained and re-qualified for tasks involved in their job description. This training includes class room training and written testing as well as hands on demonstrations performing the task. These training sessions range from 2 to 16 hours in length depending on the task involved and depending on the task can be conducted annually or up to every three years. Supervisors and Safety and Training Specialists conduct Job Site Safety Observations which evaluate job site adherence to company safety and standard operating procedures. Cautions and violations are immediately corrected. Correction may include an on-site review of the procedure with the employee(s) as well as through classroom and hand on evaluations. Retraining includes addressing workplace hazards which include but are not limited to: abnormal operating conditions; recognizing and reacting to an abnormal operating conditions; responding to emergencies; controlling and eliminating potential ignition sources; vehicle parking; noise control; proper dress for weather conditions; PPE; managing fatigue; eye protection; safe light-up procedures; snow removal; slip, trip and fall hazards; equipment and tool safety; vehicle backing; and ergonomics.

---

**37. Please describe the type of retraining of current employees.**

---

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

- 
1. - Potential Ignition Sources
- 
2. - Excavation Safety
- 
3. - Atmospheric Monitoring
- 
4. - Safe Driving Practices
- 
5. - Heavy Equipment Operation
- 
6. - Hand & Power Tool Safety
- 
7. - Personal Protective Equipment (PPE)
- 
8. - Use of Self-Contained Breathing Apparatus (SCBA)
- 
9. - Fire Extinguisher Use
- 
10. - Proper Body Positioning & Lifting Techniques
- 

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

In addition to the regularly scheduled safety audits by Dominion Corporate Safety, all machines and equipment are inspected periodically at the local level as well as by Hope Safety & Training personnel. Dominion maintains a corporate policy with regard to use of extension cords, power strips, space heaters, etc. and requires the use of ground fault circuit interrupters (GFCI) on appropriate equipment whether in a facility or used in the field.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Each Hope facility has an Employee Emergency Plan that has been prepared specifically for that location. The plan addresses what to do in the event of an emergency such as fire, tornado, bomb threats, earthquakes, etc. It outlines the steps to take in the event that one of these occurs and how to account for all personnel. It also includes a map of the facility showing emergency exits, locations of fire extinguishers and fire pulls.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Hope Safety & Training Specialists, as well as local Hope supervisory personnel, regularly survey our facilities for safety issues which are identified and addressed. In addition to the ongoing observations done by Hope personnel, Dominion corporate safety conducts a safety assessment annually on the larger facilities and every two years on the smaller properties. All Dominion Hope facilities have been audited in the last two years. Any issues found during an audit are included in the report. The party responsible for correcting the issue is identified and a timeline put in place. Dominion Corporate Safety has responsibility to ensure that all issues are addressed and corrected satisfactorily within the established time frame. (Please refer to question #25).

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
153.2.246.32**Response Started:**  
Monday, April 30, 2012 4:38:08 PM**Response Modified:**  
Friday, May 4, 2012 11:54:53 AM**1. Name of Self Insured Employer**

UPS Ground Freight

**2. Primary Industry**

Transportation - Common Carriage

**3. Name of Subsidiary Self-insured Entities**

UPS Ground Freight

**4. Name and address for contact person regarding survey**

Name - Logan Kerr

Company Name - UPS Ground Freight

Street - 1100 Industrail

City - Federalsburg, MD 21632

**5. Approximate number of WV employees**

79

**6. Approximate WV payroll**

1,500,000 per quarter

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Personal Value Management Commitment Worksite Analysis Hazard Prevention and Control Safety Education and Training

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Personal Value

2. - Management Commitment



---

3. - Safety Education and Training

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Through internal UPS Comprehensive Self Evaluations, local safety quicklook audits, Business Process Reviews (BPR Audit) and Corporate Regulatory Compliance (RCR) Audits.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

UPS Freight has a random drug pool for CDL qualified employees, Reasonable Cause testing for all employees, Fitness for Duty Protocol and Post Accident testing.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

UPS Freight has daily, weekly, monthly and annual recognition programs for all employees to recognize and reward safe working and driving, All-Star Road Team and participate in the American Trucking Associations (ATA) All-America Road Team.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

---

**program?**

No

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Every 6 months

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Service Center Managers prepare Action plans to address areas of concern and submit to their Regional Management Team, who monitors compliance. Also, District, Region, Company and Corporate audits are performed to monitor compliance and effectiveness of action plans.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Service Centers, Regional Management Staff, Company Health and Safety Representative and Occupational Nurse work with injured employees and medical providers to identify and manage Temporary Alternate Work.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Temporary Alternate Work assignments are tracked on a daily basis and rank and rated weekly, monthly and year-to-date.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

Paroll and theraputic incentive for employee. Monitary P&L and performance incentives metrics for management.

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

---

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

Hazardous Communication, Lockout/Tagout, PPE, Respiratory, Safe Work Methods, Space and Visibility (Defensive Driving), Emergency Response Plan, PITO Certification, Quality Freight Handling, Handle-It-Right, Blocking and Bracing, Egress and Yard Control.

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Weekly toolbox talks

---

Weekly Safety Demonstrations and Pre-Shift Communication Meetings

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - Job Set Up

---

2. - Lifting and Lowering

---

3. - Pushing and Pulling

---

4. - Powered Equipment (PITO)

---

5. - Planning for the Unexpected

---

6. - Personal Protective Equipment

---

7. - Recognizing Risk

---

8. - Proper Clothing

---

9. - Hydration

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

It is part of the work site analysis and assessments

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

It is part of the work site analysis and assessment. Annual training is provided to all employees and drills are conducted periodically.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

We follow an audit process consistent with the Sarbanes Oxley protocols.

---

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Default Report

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
151.151.16.11**Response Started:**  
Thursday, March 8, 2012 7:05:38 PM**Response Modified:**  
Monday, April 30, 2012 10:37:35 AM**1. Name of Self Insured Employer**

United Parcel Service, Inc.

**2. Primary Industry**

Parcel Delivery Service

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Bernard J. Kudbya

Company Name - UPS

Street - 521 North Center Ave

City - New Stanton PA

Zip Code - 15672

**5. Approximate number of WV employees**

998

**6. Approximate WV payroll**

51,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Personal Value Management Commitment &amp; Employee Involvement Worksite Analysis Hazardous Prevention and Control Safety Education and Control

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - UPS Hazardous Communication Program

---

2. - UPS Personal Protection Equipment Program

---

3. - UPS Respiratory Protection Program

---

4. - UPS Hearing Protection Program

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

The Safety and Loss program is enforced through the UPS Comprehensive Self Evaluation (CSE), local Safety Quick Look Audits, and Corporate CSE Audits through an outside agency named Keter Consultants. We are also deeply involved with Liberty Mutual associates that participate in coaching and facility audits.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Random Drug Pool for CDL, UPS Reasonable Cause testing, UPS Fitness for Duty Protocol, Pre-Employment and Post Accident testing.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

We have numerous recognition programs including the UPS Circle of Honor Program, Mechanic Safety Program, and daily, weekly, and monthly recognition programs as well.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Annually

We analyze safety historical data yearly and occupational safety observations monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

The occupational safety observations are reviewed with the workforce the next day. Any possible safety at risk items are documented and abated on the concerns logs. Appreciative. Constructive feedback is given directly to the employees observed immediately.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Yes as outlined in UPS Injured Employee Procedure and Collective Bargaining agreements. We also utilize the UPS Temporary Alternate Work (TAW) program as a means to assist our injured employees return to work (RTW) in a gradual capacity. The Business Manager at each facility is directly involved in the application. We also utilize RTW tools from the West Virginia RTW Tool Kit.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Every two years we recertify our management on the Injured Employee Procedure (IEP).

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

UPS "BEAR" - this internal cost accounting feature, creates incentives for Managers to return injured employees back to work by using hypothetical charges called "BEAR" dollars.

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

UPS Designated Responder Training, UPS Hazardous Communication Program, UPS Lockout and Conveyor Securing Program, UPS Damage Materials Program, UPS Crisis Management Program, UPS Safe Work Methods Program, UPS Space and Visibility Program, UPS Personal Protection Equipment Program, UPS Emergency Response Plan.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

A mentoring program that is instructed by trained Bargaining Unit employees

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Retraining consists of a minimum 1 hour classroom training

---

2. - Safe Work Methods training is conducted each year

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress**



**and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

UPS Conveyor Securing and Guarding Inspections are completed twice daily (DECR). Some additional programs are our UPS Lockout Program, Daily Equipment Conditions report, PITO and weekly eyewash unit inspections.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

UPS has the UPS Crisis managemetrn Program, UPS Emergency Response Plan, and the UPS Shelter in Place protocols designed to address emergency preparedness.

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

UPS conducts Internal CSE audits performed by Region and District Health & Safety auditors. Additional, we have the Keter Consultants perform our external safety audits.

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
167.239.77.30**Response Started:**  
Thursday, March 8, 2012 12:36:41 PM**Response Modified:**  
Friday, March 9, 2012 11:26:44 AM**1. Name of Self Insured Employer**

American Electric Power Company, Inc.

**2. Primary Industry**

Electric Utility

**3. Name of Subsidiary Self-insured Entities**

Ohio Power, Appalachian Power, Wheeling Power, Kentucky Power, Indiana Michigan Power, American Electric Power Service Corp.

**4. Name and address for contact person regarding survey**

Name - Loyd A Hudson

Company Name - American Electric Power Company

Street - 777 Hopewell Drive

City - Heath, OH

Zip Code - 43056

**5. Approximate number of WV employees**

2,451

**6. Approximate WV payroll**

201,646,356

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

No Response

9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.

---

No Response

10. Is the written safety and loss program enforced?

---

No Response

11. How is the program enforced?

---

No Response

12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?

---

No Response

13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?

---

No Response

14. Do you have a written policy regarding drug and alcohol testing?

---

No Response

15. Please describe this policy.

---

No Response

16. Is safety compliance and injury and illness rate a performance review measure for management and employees?

---

No Response

17. Is a safety incentive program in place for management and employees?

---

No Response

18. Please describe the safety incentive program.

---

No Response

19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.

---

No Response

20. Do you have a safety committee at the workplace which meets regularly?

---

No Response

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

---

No Response

---

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

---

No Response

---

23. How often are such surveys conducted and/or updated?

---

No Response

---

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

---

No Response

---

25. What is the protocol?

---

No Response

---

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

---

No Response

---

27. Please describe

---

No Response

---

28. Is the written RTW program actively utilized by management and employees?

---

No Response

---

29. What procedures are in place to ensure it is utilized?

---

No Response

---

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

---

No Response

---

31. Please describe the incentives.

---

No Response

---

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

---

No Response

---

33. Does this training address all workplace hazards applicable to the industry?

---

No Response

---

34. Is all of the training mandatory?

---

---

No Response

---

35. Are developed training curriculum and related materials used?

---

No Response

---

36. Please describe the curriculum and materials.

---

No Response

---

37. Please describe the type of retraining of current employees.

---

No Response

---

38. Does the retraining address all workplace hazards applicable to the industry?

---

No Response

---

39. List the major hazards addressed in retraining.

---

No Response

---

40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?

---

No Response

---

41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?

---

No Response

---

42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?

---

No Response

---

43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?

---

No Response

---

44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?

---

No Response

---

45. Describe the program in place to ensure that this occurs.

---

No Response

---

46. Is there a program in place to address emergency preparedness?

---

No Response

---

47. Please describe

---

---

**No Response**

---

**48. Have you been certified by an international standards organization?**

---

**No Response**

---

**49. Do you undergo any regular internal or external safety audits?**

---

**No Response**

---

**50. Please explain**

---

**No Response**

---

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# **RETAIL TRADE**

## **RETAIL TRADE**

**Lowe's Home Centers, Inc.**

**Kmart Corporation**

**The Wendy's International, Inc.**

**TA Operating, LLC**

**Family Dollar Stores of West Virginia, Inc.**

**Cracker Barrel Old Country Store, Inc.**

**The Bon-Ton Stores, Inc.**

**Dollar General**

**Macy's Retail Holding's, Inc.**

**The Kroger Company**

**Wal-Mart Associates, Inc.**



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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
168.244.164.254**Response Started:**  
Monday, April 16, 2012 10:07:52 AM**Response Modified:**  
Monday, April 16, 2012 10:16:15 AM**1. Name of Self Insured Employer**

Lowe's Home Centers, Inc.

**2. Primary Industry**

Retail

**3. Name of Subsidiary Self-insured Entities**

Lowe's Home Center's Inc.

**4. Name and address for contact person regarding survey**

Company Name - Lowe's Companies, Inc

Street - PO Box 1000

City - Mooresville

Zip Code - 28115

**5. Approximate number of WV employees**

25647

**6. Approximate WV payroll**

64,964,170

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

OSLG Racking Guidelines Aisle Blocker Use and Storage Breathing Protection and Respirator Use Chain Saw Safety Guidelines Daily Safety Review Form Exposure Control Program/Bloodborne Pathogens Manual Fire Extinguisher Vendor Authorization Letter Fire Safety Training Fire Watch - Fire Suppression Impairment Non-emergency respo Fleet DOT recordable Reporting Process Fluorescent Lamping Instructions Generator Inspection Manual Injury and Illness Prevention Program Monthly Basic Fire Safety and Sprinkler Inspection Monthly Safety Meeting OSHA Bloodborne Pathogens Standard - 29 CFR 1910.1030 OSHA Headcount and Hours OSHA Inspection - Standard Response Procedures Personal Protective Equipment Program Pool Chemical Safety Guidelines Power Stocker Lift - Rollout Documents Powered Equipment Use - Pre Store Opening Racking Systems - (FBMOs) Front to Back Members Replacing Damaged Uprights Rug Pole Attachment Certification Rug Ram/Carpet Pole Attachment - Inspection Instructions Safe Handling Overstock Propane During Holidays & Promotions Safety Incident Notification and Investigation Safety Incident Notification Guidelines Safety Signage Securing Vertically Stored Merchandise

Supplemental Rack Safety Beam Training Supplemental Racking Bolt Inspection Top Stock Netting/Cable Program Fire Watch - Fire Suppression System Impairment Procedures Fire Watch - Fire Suppression System Impairment Coordination

---

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Daily Safety Review Form
- 
2. - Injury and Illness Prevention PProgram
- 
3. - Monthly Safety Meeting
- 

**10. Is the written safety and loss program enforced?**

Yes

---

**11. How is the program enforced?**

No Response

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

Yes

---

**15. Please describe this policy.**

No Response

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

Yes

---

**17. Is a safety incentive program in place for management and employees?**

Yes

---

**18. Please describe the safety incentive program.**

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

Yes

---

20. Do you have a safety committee at the workplace which meets regularly?

Yes

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

Yes

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

Yes

23. How often are such surveys conducted and/or updated?

Quarterly

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

Yes

25. What is the protocol?

No Response

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

No Response

27. Please describe

No Response

28. Is the written RTW program actively utilized by management and employees?

No Response

29. What procedures are in place to ensure it is utilized?

No Response

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

No Response

31. Please describe the incentives.

No Response

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

No Response

**37. Please describe the type of retraining of current employees.**

Computer based training

Safety video training

**38. Does the retraining address all workplace hazards applicable to the industry?**

Yes

**39. List the major hazards addressed in retraining.**

No Response

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

Yes

**45. Describe the program in place to ensure that this occurs.**

No Response

**46. Is there a program in place to address emergency preparedness?**

---

Yes

**47. Please describe**

---

No Response

**48. Have you been certified by an international standards organization?**

---

No Response

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

**50. Please explain**

---

No Response

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Default Report

Displaying 1 of 69 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
198.179.147.71**Response Started:**  
Thursday, March 8, 2012 12:23:15 PM**Response Modified:**  
Thursday, March 8, 2012 1:28:19 PM**1. Name of Self Insured Employer**

Kmart Corporation

**2. Primary Industry**

Retail

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Kathryn Van Den Heuvel

Company Name - Sears Holdings Management Corp

Street - 3333 Beverly Rd E3-266B

City - Hoffman Estates

Zip Code - 60179

**5. Approximate number of WV employees**

1352

**6. Approximate WV payroll**

26000000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

No Response

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

No Response

10. Is the written safety and loss program enforced?

No Response

11. How is the program enforced?

No Response

12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?

No Response

13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?

No Response

14. Do you have a written policy regarding drug and alcohol testing?

No Response

15. Please describe this policy.

No Response

16. Is safety compliance and injury and illness rate a performance review measure for management and employees?

No Response

17. Is a safety incentive program in place for management and employees?

No Response

18. Please describe the safety incentive program.

No Response

19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.

No Response

20. Do you have a safety committee at the workplace which meets regularly?

No Response

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

No Response

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

---

No Response

---

23. How often are such surveys conducted and/or updated?

---

No Response

---

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

---

No Response

---

25. What is the protocol?

---

No Response

---

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

---

No Response

---

27. Please describe

---

No Response

---

28. Is the written RTW program actively utilized by management and employees?

---

No Response

---

29. What procedures are in place to ensure it is utilized?

---

No Response

---

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

---

No Response

---

31. Please describe the incentives.

---

No Response

---

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

---

No Response

---

33. Does this training address all workplace hazards applicable to the industry?

---

No Response

---

34. Is all of the training mandatory?

---

No Response

---

35. Are developed training curriculum and related materials used?

---

No Response

---



36. Please describe the curriculum and materials.

No Response

37. Please describe the type of retraining of current employees.

No Response

38. Does the retraining address all workplace hazards applicable to the industry?

No Response

39. List the major hazards addressed in retraining.

No Response

40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?

No Response

41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?

No Response

42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?

No Response

43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?

No Response

44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?

No Response

45. Describe the program in place to ensure that this occurs.

No Response

46. Is there a program in place to address emergency preparedness?

No Response

47. Please describe

No Response

48. Have you been certified by an international standards organization?

No Response

**49. Do you undergo any regular internal or external safety audits?**

---

**No Response**

---

**50. Please explain**

---

**No Response**

---

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**Response Type:**  
Normal Response**Custom Value:**  
*empty***Response Started:**  
Thursday, March 8, 2012 2:50:04 PM**Collector:**  
New Link  
(Web Link)**IP Address:**  
216.87.246.3**Response Modified:**  
Wednesday, March 14, 2012 11:30:26 AM**1. Name of Self Insured Employer**

The Wendy's Company

**2. Primary Industry**

Quick Service Restaurants

**3. Name of Subsidiary Self-insured Entities**

Wendy's International, Inc

**4. Name and address for contact person regarding survey**

Name - Jennifer Smith

Company Name - The Wendy's Company

Street - 1155 Perimeter Center W. 8th Floor

City - Atlanta

Zip Code - 30338

**5. Approximate number of WV employees**

601

**6. Approximate WV payroll**

\$8,252,486

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Hazard identification, hazard prevention, hazard correction and employee protection are the primary components of our safety program. The major areas of concern include injuries that result from cuts, burns, and back injuries (material handling and slip and falls).

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - The Safety Audit Program that allows identification and correction of hazards.
- 
2. - Personal Protective Equipment Program that addresses cut and burn injuries.
- 
3. - The safety orientation and training program.
- 

**10. Is the written safety and loss program enforced?**

Yes

**11. How is the program enforced?**

Disciplinary action is taken when policies are not followed. Monthly safety audits also ensure enforcement of the program.

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

Yes

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

Yes

**14. Do you have a written policy regarding drug and alcohol testing?**

No

**15. Please describe this policy.**

No Response

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

Yes

**17. Is a safety incentive program in place for management and employees?**

Yes

**18. Please describe the safety incentive program.**

Contests are often held, with the claim free stores entered into drawings for assorted gift cards and prizes.

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

Yes

**20. Do you have a safety committee at the workplace which meets regularly?**

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

**program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

The store General Manager addresses any opportunities that have been identified. The District Manager ensures these are corrected by also reviewing the audits. The District Manager completes one general safety audit himself each quarter as part of a calibration process with the store.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

A complete return to work program is available highlighting all the positions within the restaurant. The program is available to Physicians and claims adjustors in consultation with restaurant management to return employees to work as soon as possible.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

The program is coordinated through in-house claim adjustors in consultation with physicians and store management.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

There are written policies that are reviewed, as well as online courses that every employee including managers must view and complete questionnaires. This training addresses all aspects of our business including but not limited to slip and fall prevention, burn and cut prevention, proper floor cleaning procedures, proper lifting, hazard communication program, etc.

---

**37. Please describe the type of retraining of current employees.**

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Slip and Fall Prevention

---

2. - Burn and Cut Prevention

---

3. - Proper Floor Cleaning Procedures

---

4. - Proper Lifting Procedures

---

5. - Hazard Communication Program

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

There is a Safety maintenance program in place that includes regular cleaning and minor repairs. Most repairs are done by a trained technician.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Emergency preparedness and evacuation procedures are reviewed annually and employees are instructed through their orientation and Safety training.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Internal safety audits are performed monthly. External audits are completed quarterly by the District Manager.

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
12.229.13.226**Response Started:**  
Friday, March 9, 2012 10:26:15 AM**Response Modified:**  
Friday, March 9, 2012 11:06:39 AM**1. Name of Self Insured Employer**

TA Operating LLC

**2. Primary Industry**

No Response

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

No Response

**5. Approximate number of WV employees**

137

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Personal protective equipment, bloodborne pathogens, emergency evacuations, fire prevention, workplace violence, ergonomics, and hazard recognition.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Personal protective equipment

2. - Ergonomics

3. - hazard recognition



**10. Is the written safety and loss program enforced?**

---

Yes

**11. How is the program enforced?**

---

We use a chargeback and credit system where if a policy or procedure is violated the site is either hit with a charge or rewarded with a credit for their budget.

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

**15. Please describe this policy.**

---

All employees are drug tested before considered for a job as well as post accident.

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

**17. Is a safety incentive program in place for management and employees?**

---

Yes

**18. Please describe the safety incentive program.**

---

We have awards for safe employees, such as our ironman award for shop safety.

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for**

**occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

They must be posted online in our database so we can monitor that the issues have been addressed in a timely manner.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

We have a modified duty program to help to avoid lost time in the workplace.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

No Response

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

employees continue to receive their full pay while on modified duty rather than the reduced rate of lost time.

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

**No Response**

---

**37. Please describe the type of retraining of current employees.**

---

Computer based training

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - ergonomics
  2. - hazard recognition
  3. - electrical safety
  4. - personal protective equipment
  5. - each dept. has safety programs
- 

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

We have monthly safety walk through checklists to ensure all equipment is operating safely.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

---

We have fire and emergency preparedness training as well as natural disaster training.

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

We complete site visits at random and we internally audit each site for safety.

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
208.72.180.21**Response Started:**  
Monday, April 30, 2012 3:10:04 PM**Response Modified:**  
Monday, April 30, 2012 5:33:18 PM**1. Name of Self Insured Employer**

Family Dollar Stores of West Virginia, Inc

**2. Primary Industry**

Discount Retail Sales

**3. Name of Subsidiary Self-insured Entities**

Family Dollar Stores, Inc

**4. Name and address for contact person regarding survey**

Name - Arlene Geis

Company Name - Family Dollar Stores, Inc

Street - PO Box 1017

City - Charlotte

Zip Code - 28201-1017

**5. Approximate number of WV employees**

669

**6. Approximate WV payroll**

\$12,738,641

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

The written program includes: A Written Commitment to Safety from the CEO Assignment of Responsibility for all levels of Employees Recordkeeping Requirements Safety Rules &amp; Policies Inspections Accident Reporting and Investigation MSDS &amp; Chemical Safety Workplace Violence Blood Borne Pathogens

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Inspections
  2. - Safety Rules & Policies
  3. - Assignment of Responsibility for all Levels of Employees
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Team Members are introduced to this program and other safety rules and procedures during the orientation process. This program and other safety messages are supported through the Care Calendar program, Monthly Online Learning Safety Courses and Monthly Safety Posters. Management regularly visits and inspects the store and checks the program through the Care Calendar log.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

No

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Where permitted by law, Family Dollar may require drug screening as part of its selection and hiring process. Such drug screening may consist of testing urine or performing other medically recognized and approved tests to detect traceable amounts of illegal drugs in the body. If a positive test is determined, the prospective Team Member will be disqualified from further consideration for a period of six (6) months. The prospective Team member must consent to the drug screening (where applicable) and to the use of the result in determining employment with Family Dollar. If hired, Family Dollar may require further drug screening tests with satisfactory results as a condition of continued employment and the Team member must agree to submit to drug screening if requested at any time during employment.. Family Dollar reserves the right, within the limits of federal and state laws, to examine and test for the presence of drugs and/or alcohol in violation of Family Dollar's policy. Under the conditions of this Policy, applicants or Team Members may be asked to submit to a medical examination and/or submit to urine, saliva, breath, and/or blood testing for drugs and/or alcohol. The types of testing performed by Family Dollar may include, but are not limited to the following: Pre-Employment: Where allowed by law, Family Dollar makes all offers of employment after the applicant; (1) consents to take a drug and/or alcohol test; and (2) receives a negative test result. Prior to receiving an offer, applicants will be asked to submit to urinalysis, breath, blood or saliva drug and/or alcohol testing and sign a consent and testing appointment agreement. If the tests are positive or if the applicant refuses to undergo testing, the applicant will not be eligible for employment with Family Dollar. Reasonable Cause: Team Members will be asked to submit to a drug and/or alcohol test if reasonable cause exists indicating that the Team Member is under the influence of drugs or alcohol. Reasonable cause means a basis for forming a belief based on specific facts and rational inferences drawn from those facts. Post-Accident: A drug and/or alcohol test may be conducted on all Team Members involved in accidents occurring during work time or on Family Dollar property. Covered accidents include, but are not limited to, accidents that the Team Member caused or contributed to that involves: (1) personal injury to the Team Members or others which necessitates medical attention or results in lost work time; and/or (2) damages to Family Dollar property. Upon incident, the Team Member will notify his/her direct Manager and the Team Member is expected to make him or herself available for post-accident testing which should be administered as soon as possible at the Manager's discretion, but no later than 32 hours after notice to the Manager. If circumstances require a Team Member to leave the scene of the accident, the Team Member must make a good faith attempt to inform Family Dollar as soon as practical of his or her location. Any Team Member who fails to report any work-related accident is in violation of this Policy and is subject to disciplinary action, up to and including termination. Under certain state laws, Team Members testing positive may be ineligible for workers' compensation benefits.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

**18. Please describe the safety incentive program.**

---

Store Team Members are often rewarded with immediate incentives for excellent safety behaviors. When a member of management observes a team member who demonstrates excellent safety procedures, an incentive such as a Gift Card, a Safety Shirt, A safety Pin, etc. is given to reward the team member. In addition, emails are sent to upper management to highlight the team members behavior. In addition, we have just introduced a bonus program, where management can receive a bonus if claim frequency is reduced while reporting of accidents still occurs.

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

**23. How often are such surveys conducted and/or updated?**

---

Quarterly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

**25. What is the protocol?**

---

For each daily inspection completed, team members are required to address and correct safety hazards found immediately. If a hazard is found that cannot be handled at the store level, the store team members must report the hazard to Store Maintenance or management. For quarterly inspection, an area on the inspection is designated to enter the remediation action taken to correct the hazard.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

**27. Please describe**

---

The RTW manager explains to the injured team member about the RTW program. They explain this is a temporary program designed to assist them in returning to the health, strength, & wellness status they had prior to their work related injury. They explain that the program is "temporary" and "transitional" in nature and that they should consider this a post injury work hardening or rehabilitation program. The RTW manager will discuss the restrictions as outlined by the treating doctor.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Family Dollar has a RTW coordinator who contacts the RTW manager.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

Each team member receives online training as part of the orientation process. In addition, they are required to monthly online learning classes that revisit the safety topics that were introduced in orientation. Team Members receive on the job training by the store manager and district manager. Each month, an informal safety meeting is held in each store to review a monthly safety topic. Periodically, a member of the Environmental Health & Safety Team will visit the store to complete instructor led training.

**37. Please describe the type of retraining of current employees.**

Instructor lead classroom training

On-the job training with direct supervision (documented)

On-the job training (informal)

Computer based training

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

**38. Does the retraining address all workplace hazards applicable to the industry?**

No

**39. List the major hazards addressed in retraining.**

No Response



**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

No

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

Yes

**45. Describe the program in place to ensure that this occurs.**

No Response

**46. Is there a program in place to address emergency preparedness?**

Yes

**47. Please describe**

Slip, Trip & Fall Falling Objects Strains Cuts Fall From Heights Blood borne Pathogen Hazard Communication Fire  
Electrical Safety Moving Objects

**48. Have you been certified by an international standards organization?**

Yes

**49. Do you undergo any regular internal or external safety audits?**

Yes

**50. Please explain**

Slip, Trip & Fall Falling Objects Strains Cuts Fall From Heights Blood borne Pathogen Hazard Communication Fire  
Electrical Safety Moving Objects

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Default Report

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
170.58.1.16**Response Started:**  
Tuesday, March 13, 2012 9:23:12 AM**Response Modified:**  
Wednesday, March 28, 2012 4:04:27 PM**1. Name of Self Insured Employer**

Cracker Barrel Old Country Store, Inc.

**2. Primary Industry**

Restaurant and Retail

**3. Name of Subsidiary Self-insured Entities**

Cracker Barrel Old Country Store, Inc.

**4. Name and address for contact person regarding survey**

Name - Kelly Powe

Company Name - Cracker Barrel Old Country Store, Inc.

Street - 307 Hartmann Drive

City - Lebanon

Zip Code - 37088-0787

**5. Approximate number of WV employees**

972

**6. Approximate WV payroll**

\$14,095,315

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

No Response

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - ddd

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2. - ddd

---

3. - ddd

---

4. - ddd

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**10. Is the written safety and loss program enforced?**

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**No Response**

---

**11. How is the program enforced?**

---

**No Response**

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

**No Response**

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

**No Response**

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

**No Response**

---

**15. Please describe this policy.**

---

**No Response**

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

**No Response**

---

**17. Is a safety incentive program in place for management and employees?**

---

**No Response**

---

**18. Please describe the safety incentive program.**

---

**No Response**

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

**No Response**

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

**No Response**

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

---

No Response

---

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

---

No Response

---

23. How often are such surveys conducted and/or updated?

---

No Response

---

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

---

No Response

---

25. What is the protocol?

---

No Response

---

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

---

No Response

---

27. Please describe

---

No Response

---

28. Is the written RTW program actively utilized by management and employees?

---

No Response

---

29. What procedures are in place to ensure it is utilized?

---

No Response

---

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

---

No Response

---

31. Please describe the incentives.

---

No Response

---

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

---

No Response

---

33. Does this training address all workplace hazards applicable to the industry?

---

No Response

---

34. Is all of the training mandatory?

---

---

No Response

---

35. Are developed training curriculum and related materials used?

---

No Response

---

36. Please describe the curriculum and materials.

---

No Response

---

37. Please describe the type of retraining of current employees.

---

No Response

---

38. Does the retraining address all workplace hazards applicable to the industry?

---

No Response

---

39. List the major hazards addressed in retraining.

---

No Response

---

40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?

---

No Response

---

41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?

---

No Response

---

42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?

---

No Response

---

43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?

---

No Response

---

44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?

---

No Response

---

45. Describe the program in place to ensure that this occurs.

---

No Response

---

46. Is there a program in place to address emergency preparedness?

---

No Response

---

47. Please describe

---

---

**No Response**

---

**48. Have you been certified by an international standards organization?**

---

**No Response**

---

**49. Do you undergo any regular internal or external safety audits?**

---

**No Response**

---

**50. Please explain**

---

**No Response**

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**Response Type:**

Normal Response

**Collector:**New Link  
(Web Link)**Custom Value:**

empty

**IP Address:**

64.8.8.253

**Response Started:**

Monday, April 2, 2012 2:00:31 PM

**Response Modified:**

Monday, April 2, 2012 2:24:47 PM

**1. Name of Self Insured Employer**

The Bon Ton Stores, Inc.

**2. Primary Industry**

Retail

**3. Name of Subsidiary Self-insured Entities**

Bon Ton - 61000205-202/Elder Beerman - 43000054-202

**4. Name and address for contact person regarding survey**

Name - Judy Rabin

Company Name - The Bon Ton Stores, Inc.

Street - 1025 Center Drive

City - Mt. Prospect

Zip Code - 60056

**5. Approximate number of WV employees**

524

**6. Approximate WV payroll**

\$6,652,414.

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

We have a comprehensive program that includes emergency guidelines and procedures, OSHA standards, accident prevention, accident reporting and response and reporting a safety concern. It is available on our company intranet site available to all employees. Because we are a retailer, noise and dust is not usually an issue however responding to customer accidents and illnesses are and that is covered in-depth in our Bloodborne Pathogens Standard.

**9. Choose 3 program components listed above that are the most effective in achieving the result of**



**reduced injuries, illnesses and compliance with the program.**

- 
1. - Accident Prevention
  2. - Reporting a safety concern
  3. - Emergency guidelines and procedures.
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

-A monthly safety action team meeting that reviews the monthly self inspection and accidents that occurred in the previous month. -A monthly self inspection. -OSHA standards including the Blood borne Pathogens Standard, Hazardous Communication Standard and the Lockout/Tagout Standard. -Emergency procedures including evacuation, weather related emergencies and random threat. --Visual/display safety guidelines. (The last 3points are monitored for compliance in monthly audits) Each location is required to submit monthly information regarding the safety audit and the monthly safety action meeting. This information is reviewed for accuracy and compliance.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

The policy states that if there is reasonable suspicion that an associate's performance is being impaired as a result of the use of controlled substance or alcohol, which may occur either on or off the job, the Company may require associates to undergo testing for alcohol and controlled substances. Where associates refuse such testing they will be subject to disciplinary action, up to and including termination.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

No

---

**20. Do you have a safety committee at the workplace which meets regularly?**

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

No

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

No

**23. How often are such surveys conducted and/or updated?**

No Response

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

No Response

**25. What is the protocol?**

No Response

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Bon-Ton has a Modified/Light Duty Return to Work Program in place. This means that the Company will work with the employee's physician to provide temporary job duties which meet the documented physical restrictions. This is handled through the Human Resources Department at each store. Corporately we have a WC Administer who conducts an annual audit and an annual claim review. We also have a Claims Manager who oversees the activities of the WC Administer and litigation process.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

If location cannot accomodate light duty, the insurance adjuster will contact our WC administrator in Risk Management and she will contact the store to encourage finding a place for that employee to return to work.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

N/A

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

DVD training for various OSHA standards and for safe lifting. We also supply a monthly safety topic that includes various training.

**37. Please describe the type of retraining of current employees.**

On-the job training with direct supervision (documented)

Safety video training

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

Monthly safety topics

**38. Does the retraining address all workplace hazards applicable to the industry?**

Yes

**39. List the major hazards addressed in retraining.**

1. - Bloodborne Pathogens

2. - Strains and sprains from material handling

3. - Lockout training

4. - Hazardous chemicals

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress**

**and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Regional facilities management comes into all locations and inspects for emergency lighting. Monthly, a safety audit is conducted identifying hazards throughout the building.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

We have a program and procedure in place for almost all foreseeable emergencies, such as fire, tornado, earthquake, workplace violence, bomb threat, hold up, mail safety and power failure, to name a few.

---

**48. Have you been certified by an international standards organization?**

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No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Once a month, members of that location's safety committee conducts an inspection. In addition myself and our insurance carrier visits various company locations for a safety program evaluation.

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
208.23.227.252**Response Started:**  
Thursday, April 5, 2012 4:21:11 PM**Response Modified:**  
Thursday, April 5, 2012 4:30:48 PM**1. Name of Self Insured Employer**

Dollar General

**2. Primary Industry**

Retail

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Jane Stutsman

Company Name - Dollar General

Street - 100 Mission Ridge

City - Goodlettsville

Zip Code - 37072

**5. Approximate number of WV employees**

1328

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Training, Awareness, Employee Observations

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Training

---

2. - Awareness

---

3. - Employee Observations

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Training Requirements, Re-training if policies are violated

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

No Response

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Daily

and quarterly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

No Response

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

No Response

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

No Response

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

No Response

**37. Please describe the type of retraining of current employees.**

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Weekly toolbox talks

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - Lifting Properly

---

2. - Using a Box Cutter

---

3. - Blood Bourne Pathogens

---

4. - Spill Response

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

No Response



**46. Is there a program in place to address emergency preparedness?**

---

Yes

**47. Please describe**

---

No Response

**48. Have you been certified by an international standards organization?**

---

No

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

**50. Please explain**

---

No Response

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Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
208.15.90.2**Response Started:**  
Tuesday, March 20, 2012 3:09:59 PM**Response Modified:**  
Tuesday, March 20, 2012 3:56:12 PM**1. Name of Self Insured Employer**

Macy's Retail Holding's, Inc.

**2. Primary Industry**

Retail Department Store

**3. Name of Subsidiary Self-insured Entities**

Macy's Corporate Services, Macy's System&amp;Technology

**4. Name and address for contact person regarding survey**

Name - Jack Heckmuller

Company Name - Macy's, Inc.

Street - 7 W 7th Street

City - Cincinnati, Ohio

Zip Code - 45202

**5. Approximate number of WV employees**

425 in Calendar 2011

**6. Approximate WV payroll**

\$6,162,942 in Calendar 2011

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Safety Program Requirements Overview (Document to be mailed to your office)

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - \*\* Same as #8 answer \*\*

---

2. - \*\* Same as #8 answer \*\*

---

3. - \*\* Same as #8 answer \*\*

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Enforced in several ways, including monthly electronic audits and on-site audits.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

No

---

**15. Please describe this policy.**

---

**No Response**

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Yes, there are several programs. a) Claim Performance Program - creates goals for each location based on past years claim experience. If location maintains a strong safety program and reduces accidents (has less than their goal) the saved claim expense goes directly to their bottom line. If they have more, they are charged for more adding to the locations expense. Both situations effect bonuses. b) Safety Program Execution Incentive - if location executes all aspects on the safety program, they receive a monetary award each quarter. c) "No Lost Time" award program - both recognition and monetary based. Locations that work 300,000 work hours without a lost time injury qualify for the award. The longer they go the more award monies they receive.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Monthly

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

All inspections and surveys are written. Recommendations are created where applicable. All recommendations are assigned with a target completion date and require a written response. All are reviewed at monthly safety committee meetings.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

We do NOT have a RTW manager at each facility. However we DO have a National RTW that offers a max. of 90 days of Light Duty. We also offer modified duty and both options are designed to accommodate an employees temporary or permanent restrictions. The RTW Manager is located in the corporate office in Cincinnati, OH. There are approximately five RTW Coordinator's, each responsible for a specific region.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

The RTW Coordinator's have been trained to work exclusively with the HR Manager's at each store to notify them when restrictions become available to ensure that the restrictions are being accommodated appropriately. HR Manager's are restricted to meet with the injured employee to discuss the process.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

Yes

---

**31. Please describe the incentives.**

---

Stores receive a \$500 incentive to return injured employees who have restrictions within 3 days or less for the first notice of restrictions.

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

See Safety Program Requirements Overview document. (To be mailed to you under separate cover).

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training (informal)

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - \*\* See Safety Program Requirements Overview - To

---

2. - be mailed to you under separate cover.

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

See Safety Program Requirements Overview. To be mailed under separate cover.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Each location maintains an Emergency Plan of Action specific to their store/location which covers all aspects of life safety associated with emergency response. The template is used by each location, and filled-out by each location, is attached as "Store Emergency Manual".

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Our corporate safety group conducts approx. 500 safety audits a year. Another 25-30 audits are completed by our insurance broker. In addition, the corporate safety group conducts an additional 1,500-2,000 location safety visits, conducting various safety activities - training, loss analysis, accident investigations, physical/premises safety inspections, etc.

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Default Report

Displaying 17 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
158.48.133.1**Response Started:**  
Friday, March 9, 2012 2:55:36 PM**Response Modified:**  
Friday, March 9, 2012 3:51:14 PM**1. Name of Self Insured Employer**

The Kroger Company

**2. Primary Industry**

Retail Grocery

**3. Name of Subsidiary Self-insured Entities**

Kroger Limited Partnership I

**4. Name and address for contact person regarding survey**

Name - Nathan Fraley

Company Name - The Kroger Company

Street - 1014 Vine ST.

City - Cincinnati, OH

Zip Code - 45202-1100

**5. Approximate number of WV employees**

48944

**6. Approximate WV payroll**

109,690,017

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

The major components of the safety program addresses associate safety, customer safety and OSHA compliance. Top 3 programs a) Store safety committees – each store has store safety committees that meet on a monthly basis to discuss different aspects of safety within each store and the division. b) Observation program – each store safety committee member, along with store management, are continually observing safe behavior and address safety hazards within the store. c) OSHA Compliance – Kroger is engaged in complying with OSHA requirements and standards within our industry. Each store and safety committee is involved in OSHA compliance.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Store Safety Committees
- 
2. - Work Observation Program
- 
3. - OSHA Compliance
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

It is enforced at a division and store level by observations by safety committee members, store management, and Kroger associates. The safety committees meet on a monthly basis to address any issues or concerns. Each store is held accountable through measures and metrics that are posted throughout the company each operating period. (an operating period is 28-days)

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Kroger has a written program concerning pre-employment and post-accident drug screenings. Use of alcohol, illegal substances or controlled substances without a prescription on company premises are not allowed. If there is suspicion of illegal drug or alcohol use, Kroger has the right to request a drug and alcohol screening.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

For every store that is accident free for a fiscal quarter, the store is given \$75 to celebrate the accident free days. Store associates are encouraged to become members of the STAR team and do take ownership of the safety program.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---



**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Annually

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

As safety Reviews are done the safety policies and rules are reviewed to make sure they still apply and there is nothing new being done that needs a policy or rule developed. Also as any new program or piece of equipment is put in place Safety is always part of the introduction of the new item.

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

We have a corporate Return to Work Manager who has a team with divided areas assigned to them. The corporation has written guidelines and expectations and is considered the center of excellence for the Return to Work process.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

• There is a dedicated Return to Work unit through our Third Party Work Comp Administrator with written protocols and expectations. • We have a dedicated corporate department which follows up with to ensure Return to work is being offered. • We have reports that are published and help us identify opportunities for return to work opportunities

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

---

**31. Please describe the incentives.**

---

None

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Kroger provides both computer-based and on-the-job training and re-training for all associates, including management. Training includes safety modules that pertain and address workplace hazards applicable to the grocery store industry. Training is mandatory and is done during the initial training period after hiring. Each training module of the training program varies, along with the type of safety training based on the applicable hazards associated with each specific department in which the associate will and may be working in. Such hazards may include, but are not limited to: slips and falls, proper lifting techniques, food safety and handling, lock-out tag out procedures, etc.

---

**37. Please describe the type of retraining of current employees.**

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - General Workplace Safety

---

2. - Meat and Cheese slicer training

---

3. - Powered Industrial Truck training

---

4. - Blood Borne Pathogens training

---

5. - Ladder Safety

---

6. - Personal Protective Equipment

---

7. - Stacking and Storing Safety

---

8. - Emergency Procedures

---

9. - Hazardous Communications Training

---

10. - Lockout Tagout training

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

There is a store safety audit that is completed each operating period by each store Safety Team. (a operating period is 28 days)

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

The division Safety Manager developed comprehensive emergency procedures that specifically address weather in the WV. region as well as emergency procedures for operations.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Store regularly complete a safety audit of the store and operational machine guards are part of this audit. The audit is completed each operating period. (a operating period is 28 days)

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
161.165.196.84**Response Started:**  
Thursday, April 5, 2012 8:25:49 AM**Response Modified:**  
Thursday, April 5, 2012 4:19:21 PM**1. Name of Self Insured Employer**

Wal-Mart Associates, Inc.

**2. Primary Industry**

Retail

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Matt Vaughn

Company Name - Wal-Mart Stores, Inc.

Street - 702 SW 8th Street MS #0695

City - Bentonville

Zip Code - 72716-0695

**5. Approximate number of WV employees**

11597

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Associate Access to Information; Associate Accident Review Form; Automotive Batteries; Backbelt Guidelines; Baler Usage; Bloodborne Pathogens; Box Cutter; Cal OSHA; Ergonomics; Evacuation Guidelines; Eye Wash Station; Facility-Based Sprinkler Test; Fire Extinguishers and Suppression Systems; Floor Care; Hazard Communications; Heat Related Illness Information; Helium Tank Guidelines; Hot Works Procedures; Ladder Safety; Lockout/Tagout Process; OSHA 300 Log; Personal Protective Equipment (PPE); Poison Control; Pool Chemicals; Power Equipment; Powered Propane Buffer; Retailainment; Rooftop Guidelines; Safe Electrical Work Practices; Safe Lifting; Safe Stocking Guidelines; Safety Binder; Safety Feedback Form; Safety Program; Safety Team Responsibilities; Slip, Trip, Fall Guidelines; Spill Absorbent Program; Trash Compactor.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Safety Action Plans (created to focus on areas of safety)
- 
2. - Safety Teams
- 
3. - Weekly Safety Playbook Topics (focus on key areas of safety and communicated in meetings)
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Workplace Safety Policy PD-35

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Walmart has a vital interest in maintaining a safe, healthful and efficient environment for our associates, suppliers and customers, and is committed to maintaining an alcohol and drug free workplace. Alcohol and illegal drug use pose a serious threat to workplace safety, health and productivity. Associates who use illegal drugs or abuse alcohol or prescription drugs present a danger to themselves and others and to our property. Therefore, Walmart strictly forbids improper use of drugs/alcohol. Additionally, Walmart requires applicants and associates to submit to drug/alcohol screening under certain conditions.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Stores have "Safety Incentive Programs" which encourage/motivate associates to achieve a great goal. Rewards/prizes are provided based off accident free days. Although the plans must follow the Corporate Prizes and Awards Policy, examples include snacks, mugs and store-wide cookouts for all associates.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Surveys are monitored and reviewed. Also, there is a PLE checklist process that is done daily and monitored.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

There are guidelines on Temporary Alternative Duty (TAD) which are part of the Safety Program.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

There are guidelines on the TAD program and utilization of the program is management's responsibility.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

There are certain positions/job functions that have written training manuals, such as the PLE (Powered Lifting Equipment) guide. Some of the responsibilities that are included in certain job functions may require/reference the use of, reading, understanding, and following the information provided in the manufacturer's training/owner's manual.

**37. Please describe the type of retraining of current employees.**

Computer based training

Training length and type depends on the particular situation and requirements for the job.

**38. Does the retraining address all workplace hazards applicable to the industry?**

No Response

**39. List the major hazards addressed in retraining.**

1. - This would depend on the type of retraining the associate requires.

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

Yes

**45. Describe the program in place to ensure that this occurs.**

---

Daily PLE checklist program with follow up checks.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Emergency Procedures Manual and Emergency Procedures Flipchart. the EP Manual is much more in-depth guide to various emergency situations, and the Flipcharts are a "quick-reference" tool designed with short action bullet points on the individual emergency. These flipcharts are posted in numerous locations throughout the facility.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Compliance audits are completed (4 per month, plus additional audits and safety visits as needed).

---

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**FINANCE/  
INSURANCE/  
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# **FINANCE/INSURANCE/REAL ESTATE**

**Huntington Bancshares Incorporated**

**Western and Southern Life Insurance Company**

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Normal Response**Custom Value:**  
empty**Response Started:**  
Wednesday, April 25, 2012 1:12:51 PM**Collector:**  
New Link  
(Web Link)**IP Address:**  
170.128.174.152**Response Modified:**  
Wednesday, April 25, 2012 1:19:53 PM**1. Name of Self Insured Employer**

Huntington Bancshares Incorporated

**2. Primary Industry**

Financial Institution

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Heather Myerscough

Company Name - Huntington Bancshares Incorporated

Street - 41 South High Street

City - Columbus

Zip Code - 43215

**5. Approximate number of WV employees**

368

**6. Approximate WV payroll**

\$4,674,160

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

No

**8. What are the major components that the program addresses?**

No Response

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

No Response

10. Is the written safety and loss program enforced?

No Response

11. How is the program enforced?

No Response

12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?

No Response

13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?

No Response

14. Do you have a written policy regarding drug and alcohol testing?

Yes

15. Please describe this policy.

HR pre employment testing

16. Is safety compliance and injury and illness rate a performance review measure for management and employees?

No Response

17. Is a safety incentive program in place for management and employees?

No

18. Please describe the safety incentive program.

No Response

19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.

No Response

20. Do you have a safety committee at the workplace which meets regularly?

No Response

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

No Response

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

---

No Response

---

23. How often are such surveys conducted and/or updated?

---

No Response

---

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

---

No Response

---

25. What is the protocol?

---

No Response

---

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

---

No Response

---

27. Please describe

---

No Response

---

28. Is the written RTW program actively utilized by management and employees?

---

No Response

---

29. What procedures are in place to ensure it is utilized?

---

No Response

---

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

---

No Response

---

31. Please describe the incentives.

---

No Response

---

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

---

No Response

---

33. Does this training address all workplace hazards applicable to the industry?

---

No Response

---

34. Is all of the training mandatory?

---

No Response

---

35. Are developed training curriculum and related materials used?

---

No Response

---

36. Please describe the curriculum and materials.

No Response

37. Please describe the type of retraining of current employees.

No Response

38. Does the retraining address all workplace hazards applicable to the industry?

No Response

39. List the major hazards addressed in retraining.

No Response

40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?

No Response

41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?

No Response

42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?

Yes

43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?

No Response

44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?

No Response

45. Describe the program in place to ensure that this occurs.

No Response

46. Is there a program in place to address emergency preparedness?

Yes

47. Please describe

No Response

48. Have you been certified by an international standards organization?

No Response

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

**50. Please explain**

---

**No Response**

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**Response Type:**  
Normal Response**Custom Value:**  
*empty***Response Started:**  
Thursday, March 8, 2012 12:28:59 PM**Collector:**  
New Link  
(Web Link)**IP Address:**  
207.242.44.6**Response Modified:**  
Friday, March 9, 2012 10:51:54 AM**1. Name of Self Insured Employer**

The Western and Southern Life Insurance Co

**2. Primary Industry**

Life Insurance

**3. Name of Subsidiary Self-insured Entities****No Response****4. Name and address for contact person regarding survey**

Name - Melissa Davis

Company Name - The Western and Southern Life Insurance Co

Street - 400 Broadway

City - Cincinnati

Zip Code - 45202

**5. Approximate number of WV employees**

41

**6. Approximate WV payroll**

2,150,000 per year

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

The Emergency Life/Safety Plan provides associates with information and procedures for use in the event of a natural disaster, accident, emergency, or other miscellaneous threat. The Field Manager's Manual provides local management with information on handling maintenance and safety issues involving their facilities.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**



---

1. - Written procedures instruct management to identify and report problems with facility to Home Office Facility Service Center

---

2. - Local management is responsible for identifying and addressing safety hazards at their location

---

3. - In emergency situations, local management is instructed to take appropriate action, then report the situation to Home Office Facility Service Center for further handling.

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Through Human Resources disciplinary procedures.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

No

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Drug and alcohol testing is performed on a pre-employment, for cause, and random basis.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

**program?**

No

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

At least once every three years

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

There is review of the inspections by Home Office Facilities Management personnel with subsequent follow-up and monitoring to ensure that all issues are addressed.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

No

**27. Please describe**

No Response

**28. Is the written RTW program actively utilized by management and employees?**

No Response

**29. What procedures are in place to ensure it is utilized?**

No Response

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No Response

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Just initial Training for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

No

**35. Are developed training curriculum and related materials used?**

Yes

**36. Please describe the curriculum and materials.**

We provide web-based safety training programs addressing personal safety; dog bites; slips, trips, and falls; striking objects; fire hazards; proper lifting; vehicle maintenance; road hazards; defensive driving; and distracted driving.

**37. Please describe the type of retraining of current employees.**

Computer based training

**38. Does the retraining address all workplace hazards applicable to the industry?**

Yes

**39. List the major hazards addressed in retraining.**

No Response

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

No

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

No

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

Yes

**45. Describe the program in place to ensure that this occurs.**

The company has a service agreement for repair and regular preventive maintenance for copiers and printers.

**46. Is there a program in place to address emergency preparedness?**

Yes

**47. Please describe**

---

The Emergency Life/Safety Plan provides associates with information and procedures for use in the event of a natural disaster accident emergency, or other miscellaneous threat.

---

**48. Have you been certified by an international standards organization?**

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No

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**49. Do you undergo any regular internal or external safety audits?**

---

No

---

**50. Please explain**

---

**No Response**

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# **SERVICES**

## **SERVICES**

**HealthSouth Corporation**

**Heartland Employment Services, LLC**

**Marriott International**

**Wheeling Hospital, Inc.**

**Asplundh Tree Expert Co.**

**General Motors Customer Care and Aftersales**

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
208.68.216.10**Response Started:**  
Monday, April 2, 2012 4:53:59 PM**Response Modified:**  
Monday, April 2, 2012 5:15:01 PM**1. Name of Self Insured Employer**

HealthSouth Corporation

**2. Primary Industry**

Healthcare

**3. Name of Subsidiary Self-insured Entities****No Response****4. Name and address for contact person regarding survey**

Name - Josh Beam

Company Name - HealthSouth Corporation

Street - 3660 Grandview Parkway, Suite 200

City - Birmingham, AL

Zip Code - 35243

**5. Approximate number of WV employees**

795

**6. Approximate WV payroll**

29,058,600

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?****No Response****9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Fall Prevention Program

---

2. - Back Injury Prevention Program

---

3. - Use of Restraints Protocol

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

No Response

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

No Response

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---



**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Annually

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

No Response

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

No Response

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

No Response

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

No Response

**37. Please describe the type of retraining of current employees.**

---

On-the job training (informal)

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - Fall prevention

---

2. - Back injury prevention

---

3. - Emergency medical treatment

---

4. - Drug and Alcohol policy

---

5. - Infection control

---

6. - Respiratory protection program

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

No Response

**46. Is there a program in place to address emergency preparedness?**

---

Yes

**47. Please describe**

---

**No Response**

**48. Have you been certified by an international standards organization?**

---

Yes

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

**50. Please explain**

---

**No Response**

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
208.100.40.45**Response Started:**  
Friday, March 9, 2012 9:07:33 AM**Response Modified:**  
Friday, March 9, 2012 11:19:32 AM**1. Name of Self Insured Employer**

Heartland Employment Services, LLC

**2. Primary Industry**

Health Care

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Kathy Hutchison

Company Name - Heartland Employment Services, LLC

Street - 333 N. Summit

City - Toledo

Zip Code - 43604

**5. Approximate number of WV employees**

1135

**6. Approximate WV payroll**

\$31,071,160.34 - 2011 reporting year

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Active safety and wellness committees that review all accidents identifying trends and root cause analysis, monthly department safety inspections, lift and injury reducing device program (lifts and friction-reducing devices are used to decrease lift-associated injuries), offer safety shoes through Shoes for Crews, Method-Oriented Safety Thinking (M.O.S.T.) program in place - this is a behavioral approach to safety that emphasizes safe thinking and actions at all times. The objective is to eliminate all behavioral causes of injuries while recognizing and rewarding good safe work practices.

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - Lift and Injury Reducing Devices Program
- 
2. - Method-Oriented Safety Thinking Program
- 
3. - Active Safety and Wellness Committee
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

General orientation and job-specific training, annual training, coaching counseling and discipline when required. We also track compliance and award locations that are meeting set safety criteria.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Policy statement for a Drug-Free workplace is signed each year by our CEO and placed in conspicuous places at each location. We drug test post-offer for all new hires and also have a reasonable suspicion policy when/if an employee is suspected of drug/alcohol use.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Our safety incentive programs allow locations to set safety goals and celebrate successes such as decreasing accidents and having a deficiency-free OSHA inspection. The company has a SALUTE (Safety Awareness Leads U to Excellence) to Safety Program that tracks safety compliance and injury rates on a monthly and annual basis, providing data for comparison from one location to another. This provides ability to recognize and celebrate safety success.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

**23. How often are such surveys conducted and/or updated?**

---

Monthly

We complete monthly department reviews and annual loss-control reviews.

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

**25. What is the protocol?**

---

Any deficiencies are brought to the attention of management with a plan of action to immediately correct or if not feasible, a plan of action for correction with completion dates and responsible party identified. The Safety and Wellness Committee track these issues to completion and escalate concerns as needed to management.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

**27. Please describe**

---

The Human Resources Director oversees the RTW program and works closely with supervisors to ensure restrictions are adhered to. We have a written policy regarding workers' compensation and rehabilitative duty allowing for employees to RTW with restrictions or if a job transfer is required. Rehab duty is a work-hardening program not to exceed 90 calendar days. It includes temporary work assignments designed to accommodate medical restrictions, as outlined and documented by a treating physician.

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

**29. What procedures are in place to ensure it is utilized?**

---

Yes - RTW is tracked by the location and the workers' compensation department. If a location is unable to accommodate, notifications are sent to regional management to alert them and the problem-solve how the location can bring the employee back to work.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

**31. Please describe the incentives.**

---

---

No Response

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

General orientation addresses the safety philosophy of the company and the M.O.S.T. video is shown as well as discussion of bloodborne pathogens and offering of Hep. B vaccinations and titer testing. Job-specific orientation includes a review of all safety hazards attributed to the job. If in nursing, employees are trained on the lifts and friction-reducing devices with return demonstration required. SHARPS are evaluated annually. Mandatory annual in-services include topics such as Bloodborne Pathogens, Electrical Safety, Emergency Response, Fire Protection, Handling of SHARPS and needlestick prevention, Hazard Communication and Infection control and prevention. These are also covered in job-specific orientation for new employees.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

Computer based training

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Bloodborne Pathogens

---

2. - Emergency Response

---

3. - Fire Protection

---

4. - Handling of SHARPS and needlestick prevention

---

5. - Hazard communication

---

6. - infection control and prevention

---

7. - lift and friction reducing device training

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

Yes

**45. Describe the program in place to ensure that this occurs.**

Monthly department checklists.

**46. Is there a program in place to address emergency preparedness?**

Yes

**47. Please describe**

Online course and Emergency Response Manual that is reviewed at least annually and signed off as reviewed.

**48. Have you been certified by an international standards organization?**

No

**49. Do you undergo any regular internal or external safety audits?**

Yes

**50. Please explain**

Locations complete monthly and annual inspections and review of manuals, MSDS, etc. Area Safety Managers complete audits based on need - OSHA inspection preparation, incident/accident analyses and when identified safety concerns are elevated for additional attention.

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
68.157.141.47**Response Started:**  
Thursday, April 5, 2012 7:28:40 PM**Response Modified:**  
Thursday, April 5, 2012 7:40:45 PM**1. Name of Self Insured Employer**

Marriott International

**2. Primary Industry**

Hospitality (Hotel)

**3. Name of Subsidiary Self-insured Entities**

Charleston Marriott Town Center &amp; Charleston Residence Inn

**4. Name and address for contact person regarding survey**

Name - Daniel Danson

Company Name - Marriott International

Street - 10400 Fernwood Road, Global Safety &amp; Security: Dept 52/924.71

City - Bethesda, MD

Zip Code - 20817

**5. Approximate number of WV employees**

176

**6. Approximate WV payroll**

\$6.6 Million

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

OSHA compliance training to include chemical usage, bloodborne pathogens, lockout/tagout, fire safety General safety for the hospitality industry Preventing back injuries Preventing slips trips and falls Job specific job safety analysis training PPE training Knife Safety Training New hire safety training

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

- 
1. - JSAs for specific job tasks
  2. - Preventing back injury training
  3. - New hire safety training
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Required self audits in addition to both regional and corporate audits Safety Philosophy is built to all aspects of both management and hourly jobs

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

All Associates undergo pre-employment drug testing

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Our safety incentive program is more of safety awareness program rather than an accident free reward system to encourage the reporting of all injuries regardless of severity.

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

**program?**

No

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Safety work orders are created and need to be resolved in 48-72 hours Items not able to be corrected are reported to the General Manager for review

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Yes we have a RTW program. Our claims adjusters and nurse care managers work with the property to find modified duty where ever possible

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

All accident with loss time are tracked by regional claim's office and follow-up is made if RTW is not being utilized

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

N/A

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

---

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

Training includes common hazards in the hospitality industry along with require OSHA training

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - Chemical Safety

---

2. - Back Safety Training

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3. - Lockout/Tagout

---

4. - Knife Safety Training

---

5. - PPE

---

6. - Bloodborne Pathogens

---

7. - Slip, Trip and Fall Avoidance

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and**

**operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Formalized self audits, regional audits, and corporate audits. Regular preventative maintenance schedules for all equipment - tracked by regional engineering via web-program

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Fully developed Emergency Plans that are property specific. Plans are reviewed twice a year by the property and are certified annually by corporate Business Continuity.

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

There are a number of regional and corporate reviews made of the safety program annually. Each discipline reviews certain components of the program and the Corporate Safety and Security Team reviews the entire program for compliance.

---

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Default Report

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
65.125.48.99**Response Started:**  
Friday, April 6, 2012 2:30:05 PM**Response Modified:**  
Friday, April 6, 2012 3:00:11 PM**1. Name of Self Insured Employer**

Wheeling Hospital, Inc.

**2. Primary Industry**

Healthcare

**3. Name of Subsidiary Self-insured Entities****No Response****4. Name and address for contact person regarding survey**

Name - Kelly Fry

Company Name - Wheeling Hospital, Inc.

Street - 1 Medical Park

City - Wheeling

Zip Code - 26003

**5. Approximate number of WV employees**

2300

**6. Approximate WV payroll**

170.5 million

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Life Safety Environment of Care Safety Management Hazardous Materials and Waste Management Security Management Medical Equipment Management Utilities Management Air Monitoring Construction Safety

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Life Safety

- 
2. - Environment of Care
- 
3. - Safety Management
- 
4. - Hazardous Materials and Waste Management
- 
5. - Construction Safety
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Audits and reviews by teh Hospital Safety Committee, along with Infection Control Committee.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

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Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

The policy addresses the definition of "drugs", what constitutes a policy violation, reasons for testing employees, administrative procedures and an explanation of the employee assistance program.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

**No Response**

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

**program?**

Yes

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

All survey findings are addressed with appropriate department and reported to the Hospital Safety Committee, and/or Hospital Infection Control Committee.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Our Fitness for Duty Policy addresses these issues. Employees with an occupational injury or illness who are returned to work by Corporate health with restrictions, are accommodated based on the need of the department and individual restrictions. All restriction or modified duty work is handled by the Human Resources Department in coordination with the employee's manager.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Human Resources contacts the employee manager to ensure that employees that are injured have an opportunity to RTW and look for other work/areas that may be able to utilize the employee while on light duty (i.e. medical records)

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**



---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Employees are required annually to participate in Safety Training through an on-line training module. Depending on the position and hazards, additional training may be required. Bloodborne Pathogens Hazcom General Safety Electrical Safety Fire Safety Ergonomics Back Safety Security & Workplace Emergency & Preparedness Reporting Incidents Infection Control

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Environmental hazards

---

2. - Electrical hazards

---

3. - Occupational hazards

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Audit and reviews conducted by the Environment of Care/Safety, Infection Control walkthroughs on a monthly basis.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

All units, departments have "emergency conditions and basic staff response" protocols at their worksite. All employees have computer access to all of the "Emergency Preparation Program" plans which includes all regional/state disaster response plans Ongoing use of hospital "Hazard Vulnerability Analysis."

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Routine audits by State Fire Marshall External audit by WV Health and Human Resources Joint Commission Accreditation Internal audits reported to Hospital Safety Committee External audit by WV EPA Weekly department five minute safety audits

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
12.54.91.130**Response Started:**  
Thursday, March 8, 2012 12:31:26 PM**Response Modified:**  
Wednesday, April 11, 2012 11:52:53 AM**1. Name of Self Insured Employer**

Asplundh Tree Expert Co

**2. Primary Industry**

Right of Way vegetation management

**3. Name of Subsidiary Self-insured Entities**

None

**4. Name and address for contact person regarding survey**

Name - David Riggs

Company Name - Asplundh Tree Expert Co

Street - 708 Blair Mill Road

City - Willow Grove

Zip Code - 19090

**5. Approximate number of WV employees**

870

**6. Approximate WV payroll**

28,160,700

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Incident investigation; job behavior observations; worksite analysis; safety accountability; training &amp; orientation

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - training &amp; orientation

---

2. - safety accountability

3. - worksite analysis

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Through safety accountability and disciplinary program

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Pre-employment, post accident and random sampling, when required.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

Yes

---

**18. Please describe the safety incentive program.**

---

Varies by work area or region

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Quarterly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Review weekly and data review at safety committee meeting. Action plans are created as needed.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

The regional manager and safety personnel are responsible for making positions (restricted, modified or light duty) available for any injured employees.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

W/C claim costs are part of the regional overheads, so they have an incentive to keep employee working or return him back to work as soon as possible. The W/C costs also factor into bonuses.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

Yes

**31. Please describe the incentives.**

W/C claim costs are part of the regional overheads, so they have an incentive to keep employee working or return him back to work as soon as possible. The W/C costs also factor into bonuses.

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

Line clearance qualification program; safety awareness program ; weekly safety topics

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Safety video training

---

Weekly toolbox talks

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

**39. List the major hazards addressed in retraining.**

---

1. - Traffic control

---

2. - Chipping

---

3. - Power Saw Use

---

4. - Safety equipment

---

5. - Maintenance

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

Job behavior observations

**46. Is there a program in place to address emergency preparedness?**

---

Yes

**47. Please describe**

---

Rescue practice and training.

---

**48. Have you been certified by an international standards organization?**

---

Yes

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Scheduled audits and crew visits

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
198.208.251.21**Response Started:**  
Monday, March 12, 2012 1:44:16 PM**Response Modified:**  
Monday, March 19, 2012 12:07:03 PM**1. Name of Self Insured Employer**

General Motors Customer Care and Aftersales

**2. Primary Industry**

Auto Parts Warehousing and Distribution

**3. Name of Subsidiary Self-insured Entities**

Sedgewick CMS

**4. Name and address for contact person regarding survey**

Name - Richard Boyce

Company Name - GMCCA Martinsburg

Street - 608 Caperton Blvd

City - Martinsburg, WV

Zip Code - 25403

**5. Approximate number of WV employees**

100

**6. Approximate WV payroll**

\$5,760,000.00

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Air Sampling, Noise Sampling, Ergonomics Program, Safety Tours, Safety Talks, Safety Incident Reviews

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Safety Tours



---

2. - Safety talks

---

3. - Safety Incident Reviews

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Plant Leadership, Company Leadership and Union Leadership set strict requirements that must be met.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

New hires are drug and alcohol screened. Employees returning from a substance abuse leave are screened.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

Yes

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Monthly

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

Issues are documented and posted. Resonsibilities are assigned to address issues. Completion dates are set. Plant Leadership follows up to make sure issues are addressed.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Employees are interviewed by Plant Medical and Union and Management representatives to see if they can be placed in work within their restrictions.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Program is voluntary, but Plant Medical is required to refer employees to program.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

n/a

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

Yes

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

All materials are developed by the UAW and General Motors and exceed OSHA requirements.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

Computer based training

---

Safety video training

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Fall Hazard

---

2. - Hazardous Chemicals

---

3. - Material Storage and Stacking

---

4. - Plant Emergency Plan

---

5. - Lockout

---

6. - Confined Space Entry

---

7. - Bloodborne Pathogens

---

8. - Electrical Safe Work Practice

---

9. - Ergonomics

---

10. - Noise Control

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

All equipment is inspected daily by operators and at least annually by Maintenance

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

Plant has an Emergency Response Team which meets Quarterly. Additionally, Plant Team practices with various situations annually.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Plant has monthly internal audits. Plant is also audited annually by GM and UAW auditors on an annual basis.

---

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# **PUBLIC ADMINISTRATION**

# **PUBLIC ADMINISTRATION**

**West Virginia Counties Risk Pool**

**City of Fairmont Utility Department**

**City of Wheeling**

**Wheeling Park Commission**

**City of Huntington**

**City of Parkersburg**

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Displaying 7 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
68.15.153.228**Response Started:**  
Thursday, March 8, 2012 2:40:24 PM**Response Modified:**  
Thursday, March 8, 2012 2:57:47 PM**1. Name of Self Insured Employer**

West Virginia Counties Risk Pool

**2. Primary Industry**

Local Government

**3. Name of Subsidiary Self-insured Entities**

N/A

**4. Name and address for contact person regarding survey**

Name - Chris Carey

Company Name - VACo Risk Management Programs

Street - 308 Market Street, Suites 1 &amp; 2

City - Roanoke

Zip Code - 24018

**5. Approximate number of WV employees**

3,500

**6. Approximate WV payroll**

\$100,000,000

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

1. Accident Prevention 2. Vehicle safety 3. Bloodborne 4. Chemical safety 5. Confined Space 6. Numerous other operational programs

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Vehicle safety

---

2. - Accident prevention

---

3. - Bloodborne

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

On-site training to staff

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Different from locality to locality

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

No

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

No

---



**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

No

**23. How often are such surveys conducted and/or updated?**

No Response

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

No Response

**25. What is the protocol?**

No Response

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

Different for each participant

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Different for each participant

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

N/A - Government employees

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

Both initial and retraining for employees and management

**33. Does this training address all workplace hazards applicable to the industry?**

Yes

**34. Is all of the training mandatory?**

No

**35. Are developed training curriculum and related materials used?**

---

Yes

**36. Please describe the curriculum and materials.**

---

Safety manuals, mandated state training

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

Computer based training

---

Safety video training

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

No

**39. List the major hazards addressed in retraining.**

---

No Response

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

**45. Describe the program in place to ensure that this occurs.**

---

No Response

**46. Is there a program in place to address emergency preparedness?**

---

Yes

**47. Please describe**

---

State mandated

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

The Self-insurance group conducts regulars audits and training for all participants.

---

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**Response Type:**  
Manual Data Entry**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
157.182.226.207**Response Started:**  
Thursday, June 7, 2012 11:58:59 AM**Response Modified:**  
Thursday, June 7, 2012 12:16:24 PM**1. Name of Self Insured Employer**

City of Fairmont Utility Department

**2. Primary Industry**

Municipal Utility Management

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Fred Roman, Superintendent

Company Name - City of Fairmont SAnitary Sewer Board

Street - 901 Howard Ave

City - Fairmont

Zip Code - 26554

**5. Approximate number of WV employees**

184

**6. Approximate WV payroll**

7,169,662

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

The program's main objective is to provide all utility employees with safe work environments and to address all safety concerns and needs of all

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - A proactive safety committee (all departments represented)

- 
2. - Annual CPR & First Aid training
- 
3. - Annual Hazardous Materials training
- 
4. - Annual Wellness Screening (PEIA sponsored)
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Through written policy and all training is documented with rosters and when appropriate training certification

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Implemented and administered through the downtown office. All employees with CDL driver's license are subjected to the WV DOH drug and alcohol program

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

program?

No

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

No

23. How often are such surveys conducted and/or updated?

No Response

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

No Response

25. What is the protocol?

No Response

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

No

27. Please describe

No Response

28. Is the written RTW program actively utilized by management and employees?

No Response

29. What procedures are in place to ensure it is utilized?

No Response

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

No Response

31. Please describe the incentives.

No Response

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

Both initial and retraining for employees and management

33. Does this training address all workplace hazards applicable to the industry?

Yes

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

The Fairmont Utility department routinely contract outside trainers who specialize in their particular safety area. Most trainers are very familiar with our surrounding and particular needs of employees. Powerpoints, videos, handouts and testing are all standard with training. Many trainers (when necessary) provide hands on training tools and materials for their particular area of expertise

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Computer based training

---

Safety video training

---

Weekly toolbox talks

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - chlorine and other hazardous chemicals

---

2. - confined space

---

3. - shoring and trenching

---

4. - first aid - DPR

---

5. - hot cold weather preparation

---

6. - electrical and equipment logout/tagout

---

7. - welding safety

---

8. - safety around heavy equipment

---

9. - fuel safety

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

No

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress**

and lighting is properly maintained?

No Response

44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?

Yes

45. Describe the program in place to ensure that this occurs.

No Response

46. Is there a program in place to address emergency preparedness?

Yes

47. Please describe

No Response

48. Have you been certified by an international standards organization?

Yes

49. Do you undergo any regular internal or external safety audits?

Yes

50. Please explain

The risk manager of our liability insurance carrier performs an annual safety audit, ISO performs an audit every three years

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
67.231.230.218**Response Started:**  
Wednesday, March 14, 2012 2:39:41 PM**Response Modified:**  
Wednesday, March 14, 2012 2:42:48 PM**1. Name of Self Insured Employer**

City of Wheeling

**2. Primary Industry**

No Response

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

No Response

**5. Approximate number of WV employees**

400

**6. Approximate WV payroll**

No Response

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

No

**8. What are the major components that the program addresses?**

No Response

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

No Response

**10. Is the written safety and loss program enforced?**

No Response

11. How is the program enforced?

No Response

12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?

No Response

13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?

No Response

14. Do you have a written policy regarding drug and alcohol testing?

No

15. Please describe this policy.

No Response

16. Is safety compliance and injury and illness rate a performance review measure for management and employees?

No

17. Is a safety incentive program in place for management and employees?

No

18. Please describe the safety incentive program.

No Response

19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.

Yes

20. Do you have a safety committee at the workplace which meets regularly?

No

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

No

22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?

No

23. How often are such surveys conducted and/or updated?

---

No Response

---

24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?

---

No Response

---

25. What is the protocol?

---

No Response

---

26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?

---

No

---

27. Please describe

---

No Response

---

28. Is the written RTW program actively utilized by management and employees?

---

No Response

---

29. What procedures are in place to ensure it is utilized?

---

No Response

---

30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?

---

No Response

---

31. Please describe the incentives.

---

No Response

---

32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?

---

Both initial and retraining for employees

---

33. Does this training address all workplace hazards applicable to the industry?

---

Yes

---

34. Is all of the training mandatory?

---

Yes

---

35. Are developed training curriculum and related materials used?

---

Yes

---

36. Please describe the curriculum and materials.

---

No Response

---

**37. Please describe the type of retraining of current employees.**

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Safety video training

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

No

---

**39. List the major hazards addressed in retraining.**

---

No Response

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

No

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

No Response

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

No Response

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

No

---

**50. Please explain**

---

**No Response**

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
66.118.66.210**Response Started:**  
Thursday, March 8, 2012 12:55:24 PM**Response Modified:**  
Friday, April 20, 2012 10:52:56 AM**1. Name of Self Insured Employer**

Wheeling Park Commission

**2. Primary Industry**

Hospitality

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Karen S. Hess

Company Name - Wheeling Park Commission

Street - 465 Lodge Drive

City - Wheeling, WV

Zip Code - 26003

**5. Approximate number of WV employees**

731

**6. Approximate WV payroll**

\$11,772

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Safety Policy, employee training/retraining, compliance monitoring, accident investigation, inspections, safety committee participation

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - Safety Policies

- 
2. - Employee Training/Retraining creates awareness
- 
3. - Compliance Monitoring by management, safety committee and coworkers
- 

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Following Safety Policy/Management monitoring, Training, Inspections/Monthly inspection forms submitted by directors, Safety Committee

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

Yes

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

Policy 8-9, It is the policy of the Commission to maintain a workplace that is free from the effects of drug and alcohol abuse. Post employment screening, non-fitness for duty and/or accident for cause screening conducted.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

No

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

No Response

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

Yes

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?**

---

---

No

---

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

---

Yes

---

**23. How often are such surveys conducted and/or updated?**

---

Annually

---

Safety Committee Chair/Director is the director of maintenance and monitors occupational safety on a regular basis

---

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

---

Yes

---

**25. What is the protocol?**

---

The Safety Committee Chairperson/Director and HR Director work with appropriate management and/or resources to resolve issue(s).

---

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

---

Yes

---

**27. Please describe**

---

HR Director is responsible for program compliance and works directly with employee, TPA, medical provider to ensure an appropriate RTW; full duty, modified duty or light duty in the employee's department or another department that can provide the modified duty required for the well-being of the employee.

---

**28. Is the written RTW program actively utilized by management and employees?**

---

Yes

---

**29. What procedures are in place to ensure it is utilized?**

---

HR Director monitors and ensures the utilization of the program, as well as the well-being of the employee.

---

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

---

No

---

**31. Please describe the incentives.**

---

N/A

---

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees and management

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---



**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

Wheeling Park Commission Employee Guide containing Commission's rules and policies given to all employees and newly hired employees along with new hire orientation including, Safety Policy, Employee Safety, Workplace Safety, i.e. ladder, back/proper lifting, trips, slips, and falls, hand washing sanitation, MSDS, PPE, Safety Quiz, Driver's Training, Food Service Worker Training, CPR/First Aid/AED, TIPS (responsible server training), Fire Extinguisher, Chain Saw, Horticulture Pesticides, Blood Borne Pathogens, Safe Equipment Handling are some of the training modules. Training Manager records training in computer system and monitors when retraining is required, maintains a training matrix by department and offers various training on a monthly schedule; in addition employees participate in off-premises training.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

On-the job training with direct supervision (documented)

---

On-the job training (informal)

---

Safety video training

---

Independently lead training (employee asked to read safety manual/handbook) and sign that he/she understands the safety rules

---

Managers/supervisors instruction as well in staff meetings

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

---

1. - Drivers Training

---

2. - CPR/First Aid/AED

---

3. - Fire Extinguisher

---

4. - MSDS

---

5. - Workplace Safety, Trips, Slips, Ladder

---

6. - Equipment Handling Safety

---

7. - Food Service Worker

---

8. - Blood Borne Pathogens

---

9. - TIPS

---

10. - Harassment

---

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

Monthly inspection forms are completed and returned by directors to Safety Committee Chairperson/Director. Director monitoring, inspections, safety committee meets twice monthly, members are comprised of various departments, hourly and salary employees who work throughout the property.

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

There is protocol for emergency situations handled by trained staff in conjunction with the Wheeling Fire Department and Ohio County Sheriff Department.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

Monthly safety audits performed within departments by management examples are: Extension cords in good condition, grounded, etc. Equipment power cords good condition; Compressed gas cylinders secured and valve protection cap in place; Flammables stored in appropriate sealed containers and storage areas in accordance with NFPA 30 regulations. Have had outside audits (insurance company, Wheeling Fire Dept.) Safety Committee Chairperson/Director conducts inspections throughout property.

---

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Displaying 51 of 63 respondents

**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
64.139.66.25**Response Started:**  
Wednesday, April 11, 2012 2:06:06 PM**Response Modified:**  
Wednesday, April 11, 2012 2:49:38 PM**1. Name of Self Insured Employer**

City of Huntington

**2. Primary Industry**

Municipality

**3. Name of Subsidiary Self-insured Entities**

N/A

**4. Name and address for contact person regarding survey**

Name - Sherry Lewis, Human Resources Director

Company Name - City of Huntington

Street - 800 Fifth Avenue

City - Huntington

Zip Code - 25701

**5. Approximate number of WV employees**

350

**6. Approximate WV payroll**

\$16,000,000.00

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

Yes

**8. What are the major components that the program addresses?**

Bloodborne Pathogens, Defensive Driving Procedures, Electrical Safe Work Procedures, Fall Protection Procedures, Hazard Communication Program, Lockout/Tagout Procedures, PPE, Walking and Working Surfaces Procedures

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

1. - PPE

---

2. - Defensive Driving Procedures

---

3. - Electrical Safe Work Procedures

---

**10. Is the written safety and loss program enforced?**

---

Yes

---

**11. How is the program enforced?**

---

Supervisory personnel enforce the City of Huntington Employee Rules and Regulations, which outlines progressive discipline for violations.

---

**12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?**

---

No

---

**13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?**

---

Yes

---

**14. Do you have a written policy regarding drug and alcohol testing?**

---

Yes

---

**15. Please describe this policy.**

---

It is the policy of the City of Huntington that its employees be free of substance and alcohol abuse. Consequently, the use of illegal drugs by employees is prohibited. Further, employees shall not use alcohol or engage in prohibited conduct as outlined in the policy. The overall goal is to ensure a drug and alcohol-free workplace and to reduce accidents, injuries and fatalities.

---

**16. Is safety compliance and injury and illness rate a performance review measure for management and employees?**

---

Yes

---

**17. Is a safety incentive program in place for management and employees?**

---

No

---

**18. Please describe the safety incentive program.**

---

**No Response**

---

**19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.**

---

Yes

---

**20. Do you have a safety committee at the workplace which meets regularly?**

---

No

---

**21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety**

**program?**

No

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

Yes

**23. How often are such surveys conducted and/or updated?**

Annually

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

Yes

**25. What is the protocol?**

The City of Huntington utilized an independent consultant to: a) work with building maintenance to execute maintenance/facility-related improvements; b) advise department/division heads of management/operational components that needed to be addressed regarding safety; c) follow up to ensure safety items were addressed; and d) advise the Mayor's Office of safety recommendations. A final report was prepared by the consultant in June, 2011, regarding his follow-up to safety inspections conducted at the City Garage, City Hall, Jean Dean Public Safety Building and the six (6) fire stations.

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

The program is intended to provide City employees with an opportunity to continue as valuable members of the team while recovering from work-related injuries. The goal is to minimize any adverse effects of an on-the-job injury to any employee and return the injured employee to his/her original job. The program is intended to benefit an injured employee by promoting a speedy recovery while keeping his/her work patterns and income consistent. The City shares in the benefits of having its employees retain work skills, thus contributing to the overall productivity of the municipality.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

The Human Resources Director coordinates efforts with the respective department/division heads in making every effort to accommodate modified duty for employees based on applicable physical restrictions from the treating physician.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

---

Both initial and retraining for employees

---

**33. Does this training address all workplace hazards applicable to the industry?**

---

Yes

---

**34. Is all of the training mandatory?**

---

Yes

---

**35. Are developed training curriculum and related materials used?**

---

Yes

---

**36. Please describe the curriculum and materials.**

---

A certified instructor provides monthly safety training to employees within the Public Works Department. The topics have included the following: safety equipment usage, fire extinguisher safety, working safely in and around traffic, ergonomics, electrical safety and workplace safety - good housekeeping practices. A confined space course was also provided to employees within the Floodwall and Street Divisions. The Fire and Police Departments handle training internally for sworn personnel.

---

**37. Please describe the type of retraining of current employees.**

---

Instructor lead classroom training

---

**38. Does the retraining address all workplace hazards applicable to the industry?**

---

Yes

---

**39. List the major hazards addressed in retraining.**

- 
1. - Exposure to bloodborne pathogens
  2. - Exposure to combustible materials
  3. - Exposure to falling objects
  4. - Exposure to high voltage
  5. - Exposure to high traffic areas
  6. - Improper lifting of objects
- 

**40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?**

---

Yes

---

**41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?**

---

Yes

---

**42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?**

---

Yes

---

**43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?**

---

Yes

---

**44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?**

---

Yes

---

**45. Describe the program in place to ensure that this occurs.**

---

See response to #25

---

**46. Is there a program in place to address emergency preparedness?**

---

Yes

---

**47. Please describe**

---

The City of Huntington implemented a Continuity of Operations (COOP) Plan in June, 2011.

---

**48. Have you been certified by an international standards organization?**

---

No

---

**49. Do you undergo any regular internal or external safety audits?**

---

Yes

---

**50. Please explain**

---

The City of Huntington is audited by the Offices of the Insurance Commissioner.

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
66.109.188.75**Response Started:**  
Friday, April 6, 2012 3:58:19 PM**Response Modified:**  
Friday, April 6, 2012 4:08:37 PM**1. Name of Self Insured Employer**

City of Parkersburg

**2. Primary Industry**

Local Government

**3. Name of Subsidiary Self-insured Entities**

No Response

**4. Name and address for contact person regarding survey**

Name - Pamela Salvage

Company Name - City of Parkersburg

Street - One Government Square

City - Parkersburg

Zip Code - 26101

**5. Approximate number of WV employees**

300

**6. Approximate WV payroll**

\$13,000,000.00

**7. Do you have a written safety and loss program for your employees, including provisions for any particular problems associated with the business (such as dust or noise)?**

No

**8. What are the major components that the program addresses?**

No Response

**9. Choose 3 program components listed above that are the most effective in achieving the result of reduced injuries, illnesses and compliance with the program.**

No Response



10. Is the written safety and loss program enforced?

No Response

11. How is the program enforced?

No Response

12. Are the guiding principles, mission statement or company philosophy of the safety and loss program posted on a bulletin board and/or at other conspicuous places at the worksite?

No Response

13. Does senior management meet at least once annually to review the safety and loss program and systems/programs for its compliance to ensure the program is effective, sustainable and continually improving?

No Response

14. Do you have a written policy regarding drug and alcohol testing?

Yes

15. Please describe this policy.

We have 2 policies. One our for CDL drivers that complies with DOT standards, and for all employees. All employee policy includes: \* Pre-Employment \* Post-Accident \* Post-Shooting (for police officers) \* Random (for all employees who drive a City vehicle on a regular basis) \* Reasonable Cause \* Return-to-Duty \* Follow-up (for those who have been through an assistance program)

16. Is safety compliance and injury and illness rate a performance review measure for management and employees?

No

17. Is a safety incentive program in place for management and employees?

No

18. Please describe the safety incentive program.

No Response

19. Do you have a progressive discipline policy in place to address violations of the safety and loss program? For example a three strikes rule that includes verbal warning, written warning then termination.

Yes

20. Do you have a safety committee at the workplace which meets regularly?

No

21. Do you have at least one full-time employee dedicated solely to oversight of your work's safety program?

No

**22. Has a safety survey been completed for each work area and each area evaluated for occupational safety?**

No

**23. How often are such surveys conducted and/or updated?**

No Response

**24. Once the surveys are completed, is there a protocol for addressing issues reflected in the surveys?**

No Response

**25. What is the protocol?**

No Response

**26. Do you have a written return-to-work (RTW) program (i.e., restricted, modified or light duty work) complete with a RTW manager at each facility?**

Yes

**27. Please describe**

The City is committed to returning an employee to modified or alternate work as soon as possible after an injury. Mainly for Worker's Comp injuries, but also used for non-work related injuries.

**28. Is the written RTW program actively utilized by management and employees?**

Yes

**29. What procedures are in place to ensure it is utilized?**

Personnel Director oversees and coordinates efforts with management to return employees to work as soon as possible.

**30. Are there incentives provided to management and employees for reviewing and implementing the RTW program?**

No

**31. Please describe the incentives.**

No Response

**32. Do you provide training (both initial training and retraining) for employees and management, participating in job activities involving potential workplace hazards?**

We do not provide any training

**33. Does this training address all workplace hazards applicable to the industry?**

No Response

**34. Is all of the training mandatory?**

No Response

35. Are developed training curriculum and related materials used?

No Response

36. Please describe the curriculum and materials.

No Response

37. Please describe the type of retraining of current employees.

No Response

38. Does the retraining address all workplace hazards applicable to the industry?

No Response

39. List the major hazards addressed in retraining.

No Response

40. Do you provide appropriate personal protection equipment (PPE) to employees who have the potential for exposure to a workplace hazard?

Yes

41. Is there a system in place for regular inspection by management to ensure the PPE is being used correctly?

No

42. Do you provide appropriate access and egress to the facility, including proper emergency lighting?

Yes

43. Is there a system in place for regular inspection by management to ensure the access, egress and lighting is properly maintained?

No

44. Are the machines (including office equipment) properly inspected, guarded, maintained and operated?

Yes

45. Describe the program in place to ensure that this occurs.

Employees inspect all equipment prior to using to ensure the safety of the equipment.

46. Is there a program in place to address emergency preparedness?

No

47. Please describe

No Response

**48. Have you been certified by an international standards organization?**

---

No

**49. Do you undergo any regular internal or external safety audits?**

---

No

**50. Please explain**

---

**No Response**

---

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**INSURERS**

## **INSURERS**

**Brickstreet Mutual Insurance Company**

**The Travelers Indemnity Company and its P&C Affiliates**

**Zurich American Insurance Company and its Affiliates**

**Liberty Mutual Insurance**

**Rockwood Casualty Insurance Company**

**WestField Insurance Company**

**FirstComp Insurance Company**

**American Mining Insurance Company**

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**Response Type:**  
Normal Response**Custom Value:**  
empty**Response Started:**  
Thursday, April 5, 2012 1:42:03 PM**Collector:**  
New Link  
(Web Link)**IP Address:**  
64.127.50.254**Response Modified:**  
Thursday, April 5, 2012 2:02:21 PM**1. Name of Carrier**

BrickStreet Mutual Insurance Company

**2. Name and address for contact person regarding survey**

Name - Thomas W. Withrow II

Company Name - BrickStreet Mutual Insurance Company

Street - 400 Quarrier St.

City - Charleston, WV

Zip Code - 25301

**3. Approximate number of WV insureds**

16,000

**4. Approximate amount of WV WC premium dollar**

\$194,815,312

**5. Do you offer safety and loss programs and initiatives to your WV insured employers?**

Yes

**6. Please provide in detail the types of safety programs and initiatives you offer (i.e., resources, consultation, on-site assistance, etc.).**

Safety Assessments We will perform a comprehensive assessment of your operation, including a survey of your facility to identify hazards, controls and recommendations. We will then work with you to educate and train both management and employees on the proper ways to identify, avoid and control workplace hazards. Safety Policy & Program Development After an assessment has taken place, we can assist with building a policy to fit your workplace needs. This can include an outline of accident investigation as well as a return-to work program. Education and Training In addition to the identification of hazards, we can provide seminars or materials on a myriad of safety topics, including safety and return-to-work program development, risk/ claim management, accident frequency and severity, accountability, regulatory compliance and many more. We hold trainings at our headquarters throughout the year free of charge to policyholders, or, for qualifying policyholders, we can customize seminars and hold them at your workplace for convenience. Loss Analysis We can provide a review of accident / claim activity to identify frequency and severity trends, as well as determine effective means to eliminate or minimize accident hazards and related expenses. Ergonomic Evaluations We can review your workstations with regard to set up, worker interfacing (including body mechanics and motion efficiency) and environmental issues, such as lighting, noise, temperature, ventilation and more. Video Library We have several hundred safety videos that we lend to policyholders free of charge. To see what topics are available and to register, visit brickstreet.com. SafetySource BrickStreet's web-based safety program, SafetySource, is a comprehensive online resource that can help save your company money. Available free of charge, these resources provide basic tools that can facilitate immediate implementation.

**7. Do you offer the services of a unit dedicated (solely to safety and loss) to your WV insured**

**employers?**

---

Yes

---

**8. Please describe this unit.**

---

BrickStreet has 14 safety and loss control consultants strategically located throughout West Virginia who provide safety and loss control service to our policyholders BrickStreet maintains an online safety and loss control resource library called SafetySource, which is also available to our policyholders. BrickStreet maintains a safety training calendar of scheduled training sessions we offer throughout the year at the BrickStreet office for all policyholders to register and attend.

---

**9. What criteria do you use to determine whether to offer debits or credits to a WV employer pursuant to the NCCI scheduled rating plan? Please specify for each of the following categories in the scheduled rating plan.**

---

Premises - Underwriters debit or credit the account if information from the application, loss control documentation, audits or third party sources indicates that this characteristic increases or decreases the risk associated with the account.

---

Medical Facilities - Underwriters debit or credit the account if information from the application, loss control documentation, audits or third party sources indicates that this characteristic increases or decreases the risk associated with the account.

---

Safety Devices - Underwriters debit or credit the account if information from the application, loss control documentation, audits or third party sources indicates that this characteristic increases or decreases the risk associated with the account.

---

Employees - Selection, Training and Supervision - Underwriters debit or credit the account if information from the application, loss control documentation, audits or third party sources indicates that this characteristic increases or decreases the risk associated with the account.

---

Management - Safety Organization - Underwriters debit or credit the account if information from the application, loss control documentation, audits or third party sources indicates that this characteristic increases or decreases the risk associated with the account.

---

**10. Do you offer regular safety audits to your WV insured employers?**

---

Yes

---

**11. Are these audits utilized in determining whether to apply a credit or debit under scheduled rating?**

---

Yes

---

**12. Do you take into account whether an employer has a drug and/or alcohol testing program in determining whether to apply a credit or a debit under scheduled rating?**

---

Yes

---

Subjective application considering industry, risk exposure, & account as well as the anticipated impact a substance abuse program on the quality of the account going forward.

---

**13. How many WV insured employers regularly utilize the safety and loss programs and initiatives offered by you?**

---

1984

---

**14. What amount of premium dollar does this represent?**

---

\$150,000,000

---

**15. What specific programs and incentives are most commonly used?**

---

1. - On-Site and worksite support, surveys, hazard assessments, and training

---

2. - Safety seminars - maintain an annual in-house safety training calendar

---

3. - Loss Analysis

---

4. - Web based safety resource library - SafetySource

---



- 
- 5. - Safety video library
  - 6. - Custom safety program development
  - 7. - Ergonomic evaluations
  - 8. - Safety committee implementation and support
- 

**16. How many WV insured employers engage in the safety audit process offered by you?**

---

775

---

**17. What amount of premium dollar does the safety audit process represent?**

---

\$144,000,000

---

**18. Generally speaking, how do your WV insured employers compare regarding effective use of safety and loss programs to insured employers in other states?**

---

Not applicable, BrickStreet has only recently expanded into other states; therefore, comparable data is not yet available

---

**19. Do you have any suggestions of what the State of West Virginia could do in order to encourage its employers to engage in more safety and loss programs and initiatives?**

---

Based on data analysis, coordinate with the DOL to target industries with poor performance. The information gathered and recommendations made could be afforded to the workers' compensation carrier to target and focus on companies which warrant attention.

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**Response Type:**

Manual Data Entry

**Collector:**New Link  
(Web Link)**Custom Value:**

empty

**IP Address:**

157.182.226.207

**Response Started:**

Friday, June 8, 2012 10:10:19 AM

**Response Modified:**

Friday, June 8, 2012 10:46:27 AM

**1. Name of Carrier**

The Travelers Indermity Company &amp; it P&amp;C Affiliates

**2. Name and address for contact person regarding survey**

Name - Robin Sage

Company Name - The Travelers Indermity Company

Street - One Tower Square, 8MS

City - Hartford, CT

Zip Code - 06183

**3. Approximate number of WV insureds**

2,763

**4. Approximate amount of WV WC premium dollar**

26,317,918

**5. Do you offer safety and loss programs and initiatives to your WV insured employers?**

Yes

**6. Please provide in detail the types of safety programs and initiatives you offer (i.e., resources, consultation, on-site assistance, etc.).**

Travelers Risk Control Division offers a variety of safety and loss control services to our West Virginia policyholders. We offer a world class customer website with over 1,500 safety and health related resources and tools (see attached web site document for additional detail). We also have an AIHA accredited industrial Hygiene laboratory. We provide safety and health training services (live and virtual), on-site surveys, consultations, industrial Hygiene testing/monitoring, ergonomic assessments and training, Post Injury Management assistance, safety newsletters for customers, and many other services. We also have Alliances with many vendors that

**7. Do you offer the services of a unit dedicated (solely to safety and loss) to your WV insured employers?**

Yes

**8. Please describe this unit.**

Travelers Risk Control Division is our department dedicated to assisting in the prevention of losses to our policy holders. We currently have 744 employees in our Risk Control department. We have two Risk Control Consultants physically located in West Virginia. We also have other Risk Control Consultants and Specialists (ergonomics, industrial Hygiene, etc.) in surrounding areas that can provide additional services to West Virginia policy holders when needed.

**9. What criteria do you use to determine whether to offer debits or credits to a WV employer pursuant to the NCCI scheduled rating plan? Please specify for each of the following categories in the scheduled rating plan.**

Premises - we have filed and gained approval for a proprietary schedule rating product. Since we don't use the NCCI plan we can't respond to this

Medical Facilities - n/a

Safety Devices - n/a

Employees - Selection, Training and Supervision - n/a

Management - Safety Organization - n/a

**10. Do you offer regular safety audits to your WV insured employers?**

Yes

**11. Are these audits utilized in determining whether to apply a credit or debit under scheduled rating?**

Yes

**12. Do you take into account whether an employer has a drug and/or alcohol testing program in determining whether to apply a credit or a debit under scheduled rating?**

No

We offer a number of Risk Control services to our West Virginia insureds, including loss control surveys. Attached is a notice that describes the Risk Control services available to our insureds. This notice is sent to all Travelers West Virginia workers' compensation policyholders in their initial and renewal policy packages. Our Risk Control customer website address is also listed on the notice. Information used for schedule rating comes from a variety of sources one of which may be our internal Risk Control surveys. We also use our internal Risk Control services to determine insurability based on underwriting guidelines

**13. How many WV insured employers regularly utilize the safety and loss programs and initiatives offered by you?**

244

**14. What amount of premium dollar does this represent?**

No Response

**15. What specific programs and incentives are most commonly used?**

1. - industrial ergonomics

2. - site sense - professional development for supervisors

3. - REACT - Accident investigation training

4. - Professional Crane Operations - Mobile Cranes

5. - Post Injury Management

**16. How many WV insured employers engage in the safety audit process offered by you?**

100%

**17. What amount of premium dollar does the safety audit process represent?**

Less than 1%

**18. Generally speaking, how do your WV insured employers compare regarding effective use of**

---

**safety and loss programs to insured employers in other states?**

---

According to our Risk Control management team responsible for West Virginia, there are three areas that we seem to be receiving more questions and/or making more recommendations with respect to our West Virginia workers' compensation policyholders versus workers' compensation policy holders in other states. These include: Return to Work/ Post Injury Management issues; Formalization of safety and health programs (many programs are not in formal written format); Understanding the importance of safety and risk control and the affects they can have on their insurance (e.g. experience mod.)

---

**19. Do you have any suggestions of what the State of West Virginia could do in order to encourage its employers to engage in more safety and loss programs and initiatives?**

---

No

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
empty**IP Address:**  
206.252.74.170**Response Started:**  
Thursday, March 15, 2012 5:26:22 PM**Response Modified:**  
Thursday, March 15, 2012 5:34:30 PM**1. Name of Carrier**

Zurich American Insurance Company and its affiliates

**2. Name and address for contact person regarding survey**

Name - Ms. Donna Durham

Company Name - Zurich North America

Street - 15303 Dallas Parkway #800

City - Addison

Zip Code - 75001

**3. Approximate number of WV insureds**

639

**4. Approximate amount of WV WC premium dollar**

\$17,793,306

**5. Do you offer safety and loss programs and initiatives to your WV insured employers?**

Yes

**6. Please provide in detail the types of safety programs and initiatives you offer (i.e., resources, consultation, on-site assistance, etc.).**

Loss Control Surveys Recommendations Consultation by qualified Field Safety Representatives Analysis of accident causes Industrial Hygiene Services Industrial Health Services Return-to-Work Coordination Services Construction Management Services - Accident investigation techniques Construction Risk Services: Accident investigation techniques Advanced Fire Protection Engineering Course Basic Fire Protection Engineering Course - Correspondence Course Intermediate Fire Protection Engineering Course - Schaumburg (IL), USA International Risk Engineering Course - Schaumburg (IL), USA Zurich Hazard Analysis Team leader Training - On-site Zurich Hazard Analysis Team leader Training - Schaumburg (IL), USA Hazard Analysis & Critical Control Points (HACCP) Training e-Tools Portal -Our e-tools portal is to help our insured manage their risk through smart technology and state-of-the-art risk engineering services: FirstReport ONLINE. Risk Engineering's portal, FirstReport ONLINETM, provides both large and small employers a secure, online OSHA record keeping service for occupational safety and health incidents. The "Incident Description" entry form will also produce state specific "First Reports of Injury" and provide management reports. Virtual Risk Manager - Forklift. Delivers state-of-the-art forklift operator training and hazard profile assessment. This is not an OSHA training product but instead an online product designed to assess a forklift operator's hazard profile. Zurich Safety Plan Resource. Risk Engineering has partnered with OSHA Fast Fix, a leading provider of written OSHA compliance plans, to provide a suite of OSHA-oriented safety plans to Zurich Customers. Zurich Services Corporation's Virtual Consulting-Virtual Consulting is the most effective way for our insureds to access the information and tools they need to improve worker and customer safety and reduce the risk of loss in their business environment.

**7. Do you offer the services of a unit dedicated (solely to safety and loss) to your WV insured**

**employers?**

---

No

---

**8. Please describe this unit.**

---

**No Response**

---

**9. What criteria do you use to determine whether to offer debits or credits to a WV employer pursuant to the NCCI scheduled rating plan? Please specify for each of the following categories in the scheduled ratingplan.**

---

Premises - How effectively are hazards controlled on the premises

---

Medical Facilities - Are employees trained & have available the appropriate equipment to handle emergencies; utilization of managed care concepts

---

Safety Devices - Effectiveness and appropriateness of machinery and safety equipment

---

Employees - Selection, Training and Supervision - Does employer have a program where they select, train & retain employees who are most likely to avoid injuries & return to work if they do have an injury.

---

Management - Safety Organization - Effectiveness of safety and return-to-work programs and active management involvement in these programs

---

**10. Do you offer regular safety audits to your WV insured employers?**

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Yes

---

**11. Are these audits utilized in determining whether to apply a credit or debit under scheduled rating?**

---

Yes

---

**12. Do you take into account whether an employer has a drug and/or alcohol testing program in determining whether to apply a credit or a debit under scheduled rating?**

---

Yes

---

Underwriters are authorized to consider the existence of an effective drug or alcohol testing program in determining the appropriate schedule rating factor. However, these programs are not equally effective for all employments.

---

**13. How many WV insured employers regularly utilize the safety and loss programs and initiatives offered by you?**

---

33

---

**14. What amount of premium dollar does this represent?**

---

\$10,060,891

---

**15. What specific programs and incentives are most commonly used?**

---

1. - on-site visits

---

2. - loss evaluations

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3. - training/guidance

---

4. - loss control brochures

---

5. - recommendations

---

**16. How many WV insured employers engage in the safety audit process offered by you?**

---

27

---

**17. What amount of premium dollar does the safety audit process represent?**

---

\$9,796,560

---

**18. Generally speaking, how do your WV insured employers compare regarding effective use of safety and loss programs to insured employers in other states?**

---

Zurich's Risk Engineers are based locally, and thus we are unable to effectively identify how West Virginia employers compare to those in other states. However, West Virginia does have lower rates than most states, which might imply that West Virginia employers have more effective loss control measures too.

---

**19. Do you have any suggestions of what the State of West Virginia could do in order to encourage its employers to engage in more safety and loss programs and initiatives?**

---

Employers should work with their insurance carriers to determine the most effective way to reduce their losses.

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
143.115.155.56**Response Started:**  
Thursday, March 8, 2012 1:03:28 PM**Response Modified:**  
Monday, March 26, 2012 4:07:30 PM**1. Name of Carrier**

Liberty Mutual Insurance - Commercial Markets

**2. Name and address for contact person regarding survey**

Name - Robert B. Mindock

Company Name - Liberty Mutual Insurance - Commercial Markets

Street - 2000 Westwood Dr.

City - Wausau, WI

Zip Code - 54401

**3. Approximate number of WV insureds**

932

**4. Approximate amount of WV WC premium dollar**

\$14.3 mil

**5. Do you offer safety and loss programs and initiatives to your WV insured employers?**

Yes

**6. Please provide in detail the types of safety programs and initiatives you offer (i.e., resources, consultation, on-site assistance, etc.).**

-On-site loss control consultation -SafetyNet website available through customer portal -Loss Control resource catalog, safety DVDs, literature, etc. -Consulting Center - toll free technical support hotline -Training webinars and seminars

**7. Do you offer the services of a unit dedicated (solely to safety and loss) to your WV insured employers?**

Yes

**8. Please describe this unit.**

Loss Control Advisory Services - responsible for assisting our policyholders with the identification and mitigation of risk to safety/health exposures in the workplace.

**9. What criteria do you use to determine whether to offer debits or credits to a WV employer pursuant to the NCCI scheduled rating plan? Please specify for each of the following categories in**



**the scheduled rating plan.**


---

Premises - Assess physical conditions, workplace design and workflow. Rate on a relative scale of good to poor.

Medical Facilities - Evaluate proximity to facilities, availability of on-site first aid. Rate on a relative scale of good to poor.

Safety Devices - Access availability of appropriate personal protective equipment, enforcement of usage, safety devices appropriate for operations, controls for manual material handling exposure. Rate on a relative scale of good to poor.

Employees - Selection, Training and Supervision - Selection, Training, and Supervision – Evaluate company criteria and adherence to it. Rate on a relative scale of good to poor.

Management - Safety Organization - Safety Organization – Evaluate management commitment, enforcement, disaster planning, timely reporting, and recordkeeping. Rate on a relative scale of good to poor.

---

**10. Do you offer regular safety audits to your WV insured employers?**


---

Yes

---

**11. Are these audits utilized in determining whether to apply a credit or debit under scheduled rating?**


---

Yes

---

**12. Do you take into account whether an employer has a drug and/or alcohol testing program in determining whether to apply a credit or a debit under scheduled rating?**


---

Yes

This could impact ratings related to "Employee Selection, Training, Supervision," or "Management Organization."

---

**13. How many WV insured employers regularly utilize the safety and loss programs and initiatives offered by you?**


---

58

---

**14. What amount of premium dollar does this represent?**


---

\$5.4 mil

---

**15. What specific programs and incentives are most commonly used?**

- 
1. - Onsite Safety Consultation
  2. - SafetyNet Website
  3. - Safety Seminars & Webinars
  4. - Loss Control Resource Catalog
  5. - Consulting Center Toll Free Technical Support
  6. - Model Safety Programs - including Compliance Support
  7. - OSHA Compliance Resources
- 

**16. How many WV insured employers engage in the safety audit process offered by you?**


---

Data not tracked

---

**17. What amount of premium dollar does the safety audit process represent?**


---

Data not tracked

---

**18. Generally speaking, how do your WV insured employers compare regarding effective use of safety and loss programs to insured employers in other states?**

---

Similar - but not specifically tracked

---

**19. Do you have any suggestions of what the State of West Virginia could do in order to encourage its employers to engage in more safety and loss programs and initiatives?**

---

Remind WV employers that their insurance carriers are a source of assistance with strengthening their safety and loss control programs.

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
75.149.1.153**Response Started:**  
Monday, March 26, 2012 8:56:03 AM**Response Modified:**  
Monday, March 26, 2012 9:11:56 AM**1. Name of Carrier**

Rockwood Casualty Insurance Company

**2. Name and address for contact person regarding survey**

Name - Denny Weimer

Company Name - Rockwood Casualty Insurance Company

Street - 654 Main Street

City - Rockwood, PA

Zip Code - 15557

**3. Approximate number of WV insureds**

10

**4. Approximate amount of WV WC premium dollar**

\$6,372,817

**5. Do you offer safety and loss programs and initiatives to your WV insured employers?**

Yes

**6. Please provide in detail the types of safety programs and initiatives you offer (i.e., resources, consultation, on-site assistance, etc.).**

On site surveys and recommendations Analysis of accident causes Accident &amp; Illness Prevention Training Industrial Hygiene Services Industrial Health Services Accident &amp; Illness Prevention Evaluations Consultations Pre-operational process reviews Safety Committee Development and training

**7. Do you offer the services of a unit dedicated (solely to safety and loss) to your WV insured employers?**

Yes

**8. Please describe this unit.**

The Rockwood Loss Control Department comprises 10 Loss Control Professionals dedicated to servicing our accounts. Areas of expertise within this group include mining, oil &amp; gas, manufacturing, transportation, and etc. The minimum level of formal education among this group is the National Safety Council's Advanced Safety Certificate with 5 years experience. This group is either based out of our Home Office, or they operate from their residences. Each WV account has a dedicated Loss Control Rep.

**9. What criteria do you use to determine whether to offer debits or credits to a WV employer pursuant to the NCCI scheduled rating plan? Please specify for each of the following categories in the scheduled rating plan.**

---

Premises - Housekeeping, maintenance, security, etc.

---

Medical Facilities - Proximity to emergency and/or specialized services (trauma unit, burn center, etc.), designated helipad, etc.

---

Safety Devices - PPE policy and enforcement, Safety equipment and level of training, seat belt policy, etc.

---

Employees - Selection, Training and Supervision - Experience of workforce, level of employee turnover, pre-employment processes, etc.

---

Management - Safety Organization - Level of Company Safety Culture, Relationship between safety and production, compliance levels, etc

---

**10. Do you offer regular safety audits to your WV insured employers?**

---

Yes

---

**11. Are these audits utilized in determining whether to apply a credit or debit under scheduled rating?**

---

Yes

---

**12. Do you take into account whether an employer has a drug and/or alcohol testing program in determining whether to apply a credit or a debit under scheduled rating?**

---

Yes

We do, but only as it relates to the overall safety culture of the organization.

---

**13. How many WV insured employers regularly utilize the safety and loss programs and initiatives offered by you?**

---

100%

---

**14. What amount of premium dollar does this represent?**

---

\$6.37m

---

**15. What specific programs and incentives are most commonly used?**

---

1. - on site surveys and recommendations

---

2. - training including assistance with Annual Refresher Training

---

3. - accident investigation training

---

4. - awareness programs including posters, stickers, video's, and etc.

---

5. - workers compensation training for supervisors

---

6. - customized training presentations based on client requests

---

**16. How many WV insured employers engage in the safety audit process offered by you?**

---

100%

---

**17. What amount of premium dollar does the safety audit process represent?**

---

\$6.37m

---

**18. Generally speaking, how do your WV insured employers compare regarding effective use of**

---

**safety and loss programs to insured employers in other states?**

---

WV insured employers appear to perform on roughly the same levels as those in other states. They do seem to take more advantage of the services that are offered to them.

---

**19. Do you have any suggestions of what the State of West Virginia could do in order to encourage its employers to engage in more safety and loss programs and initiatives?**

---

A "Certified Safety Committee" program similar to the Pennsylvania program (with financial incentive) could be a good motivator.

---

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
12.168.68.11**Response Started:**  
Tuesday, April 3, 2012 1:45:14 PM**Response Modified:**  
Tuesday, April 3, 2012 1:51:55 PM**1. Name of Carrier**

Westfield Insurance Company

**2. Name and address for contact person regarding survey**

Name - Cassie Van Valkenburgh

Company Name - Westfield Insurance

Street - 1 Park Circle

City - Westfield Center, OH

Zip Code - 44251

**3. Approximate number of WV insureds**

191

**4. Approximate amount of WV WC premium dollar**

\$978,382

**5. Do you offer safety and loss programs and initiatives to your WV insured employers?**

Yes

**6. Please provide in detail the types of safety programs and initiatives you offer (i.e., resources, consultation, on-site assistance, etc.).**

We conduct on-site risk assessments and provide applicable recommendations to support loss prevention. We offer on-site and on-line training on a myriad of topics (see the Westfield website and specifically the Risk Control page).

**7. Do you offer the services of a unit dedicated (solely to safety and loss) to your WV insured employers?**

Yes

**8. Please describe this unit.**

We have a risk services department which is made up of both risk control and claims services. The claims services team provides loss trending and claims reviews to our largest commercial lines customers. The risk control team provides loss prevention activities (see #6 above).

**9. What criteria do you use to determine whether to offer debits or credits to a WV employer**

**pursuant to the NCCI scheduled rating plan? Please specify for each of the following categories in the scheduled rating plan.**

Premises - Condition of overall housekeeping, storage of materials (especially chemicals, etc) . Proper lighting, well marked exits/egress. Congestion, clear stairways. Building-premises maintenance.

Medical Facilities - Proximity to physician, clinic or hospital. On site medical professionals, e.g., nurse, trained EMT, or first aid trained employees. Protective and first aid tools/equipment, e.g., eye wash stations, etc

Safety Devices - Proper equipment and maintenance with proper guarding. Eye and hearing protection as well as body protection, e.g. proper shoes, hard hats, etc., if required. Working and maintained fire extinguishers, functional ladders, catwalk rails, back up alarms on fork lifts, etc.

Employees - Selection, Training and Supervision - Appropriate/effective hiring practices with employee screening methods, referral hires, experience level of workers, rate of turnover. Appropriate and useful on-going training with adequate employee supervision

Management - Safety Organization - Organizational commitment to employee safety. Existence of effectual safety committees, safety programs. Maintained OSHA logs. Staff incentives to maintain safety standards and reduce injury potential. Safety manual, employee handbook. Offer Return to Work policy. Light duty incentives Accident investigation procedure to prevent future losses.

**10. Do you offer regular safety audits to your WV insured employers?**

Yes

**11. Are these audits utilized in determining whether to apply a credit or debit under scheduled rating?**

Yes

**12. Do you take into account whether an employer has a drug and/or alcohol testing program in determining whether to apply a credit or a debit under scheduled rating?**

Yes

Drug/alcohol testing is one of many factors we consider. The existence of drug/alcohol testing would not always apply, but could support a schedule rating modification if past experience indicated testing was warranted or if testing demonstrated commitment to safety, good organizational control and supervision, etc.

**13. How many WV insured employers regularly utilize the safety and loss programs and initiatives offered by you?**

3

**14. What amount of premium dollar does this represent?**

\$376,322

**15. What specific programs and incentives are most commonly used?**

1. - Fleet Safety/Driver Training

2. - Return to Work

**16. How many WV insured employers engage in the safety audit process offered by you?**

8

**17. What amount of premium dollar does the safety audit process represent?**

\$687,558

**18. Generally speaking, how do your WV insured employers compare regarding effective use of**

**safety and loss programs to insured employers in other states?**

---

About the same

---

**19. Do you have any suggestions of what the State of West Virginia could do in order to encourage its employers to engage in more safety and loss programs and initiatives?**

---

No

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**Response Type:**  
Normal Response**Collector:**  
New Link  
(Web Link)**Custom Value:**  
*empty***IP Address:**  
67.130.119.194**Response Started:**  
Thursday, March 8, 2012 1:51:32 PM**Response Modified:**  
Thursday, March 15, 2012 5:01:10 PM**1. Name of Carrier**

FirstComp Insurance Company

**2. Name and address for contact person regarding survey**

Name - Kim E. Coonrod

Company Name - FirstComp Insurance Company

Street - 222 South 15th Street, Suite 1500N

City - Omaha

Zip Code - 68102-1656

**3. Approximate number of WV insureds**

1156

**4. Approximate amount of WV WC premium dollar**

\$3,073,015

**5. Do you offer safety and loss programs and initiatives to your WV insured employers?**

Yes

**6. Please provide in detail the types of safety programs and initiatives you offer (i.e., resources, consultation, on-site assistance, etc.).**

A wide range of safety and health programs and initiatives are provided including: on-site assessments, recommendations for improvement based on assessments, written safety programs, training materials and claims analysis. Safety resource materials are now also available on our website.

**7. Do you offer the services of a unit dedicated (solely to safety and loss) to your WV insured employers?**

Yes

**8. Please describe this unit.**

A loss control department has been developed that includes four staff members that will communicate with policyholders, answer questions, provide tools and materials to assist in the development of their safety and health programs, and complete general consulting.

**9. What criteria do you use to determine whether to offer debits or credits to a WV employer**

**pursuant to the NCCI scheduled rating plan? Please specify for each of the following categories in the scheduled ratingplan.**

Premises - Height Exposure, Manual Loading / Unloading, No Lock out Tag out Program, No Safety Guards on Machinery, No Safety Manual, Old Machinery, Various Work Conditions

Medical Facilities - No Employee Health Plans Offered, No Physicals Offered Before or After Employment

Safety Devices - No Employee Background Checks, No Formal Safety Meetings, No Formal Use of Safety Wear, No Lockout Tag out Program

Employees - Selection, Training and Supervision - Employee Turnover, No Background Checks, Seasonal Employees

Management - Safety Organization - No Formal Management on Site, No Prior Work Comp Experience

**10. Do you offer regular safety audits to your WV insured employers?**

Yes

**11. Are these audits utilized in determining whether to apply a credit or debit under scheduled rating?**

No

**12. Do you take into account whether an employer has a drug and/or alcohol testing program in determining whether to apply a credit or a debit under scheduled rating?**

No

At this time this is not one of the considerations for a credit or debit.

**13. How many WV insured employers regularly utilize the safety and loss programs and initiatives offered by you?**

One over the past year

**14. What amount of premium dollar does this represent?**

\$117,000

**15. What specific programs and incentives are most commonly used?**

1. - Written Safety Programs

2. - Safety Videos

3. - Toolbox Safety Talks

4. - Self-Inspection Checklists

5. - Return to Work Documents

**16. How many WV insured employers engage in the safety audit process offered by you?**

1

**17. What amount of premium dollar does the safety audit process represent?**

\$117,000

**18. Generally speaking, how do your WV insured employers compare regarding effective use of safety and loss programs to insured employers in other states?**

Based on the number of policies and premium written currently it is slightly lower.

**19. Do you have any suggestions of what the State of West Virginia could do in order to encourage its employers to engage in more safety and loss programs and initiatives?**

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Approved Safety Committee and / or Drug Free Workplace Credit.

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Default Report

Displaying 3 of 12 respondents

**Response Type:**  
Normal Response**Custom Value:**  
*empty***Response Started:**  
Thursday, March 8, 2012 1:22:23 PM**Collector:**  
New Link  
(Web Link)**IP Address:**  
12.198.205.9**Response Modified:**  
Wednesday, March 14, 2012 9:26:58 AM**1. Name of Carrier**

American Mining Insurance Company, Inc.

**2. Name and address for contact person regarding survey**

Name - Mike Carney

Company Name - American Mining Insurance Company, Inc.

Street - 3490 Independence Drive

City - Birmingham

Zip Code - 35209

**3. Approximate number of WV insureds**

64

**4. Approximate amount of WV WC premium dollar**

3,679,369

**5. Do you offer safety and loss programs and initiatives to your WV insured employers?**

No

**6. Please provide in detail the types of safety programs and initiatives you offer (i.e., resources, consultation, on-site assistance, etc.).**

No Response

**7. Do you offer the services of a unit dedicated (solely to safety and loss) to your WV insured employers?**

No

**8. Please describe this unit.**

No Response

**9. What criteria do you use to determine whether to offer debits or credits to a WV employer pursuant to the NCCI scheduled rating plan? Please specify for each of the following categories in the scheduled rating plan.**

Premises - Premises hazards and protections

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Medical Facilities - Location of medical facilities

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Safety Devices - Utilization of safety devices

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Employees - Selection, Training and Supervision - Utilization of employment screening program. Utilization of employee training program. Utilization of employee supervision program.

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Management - Safety Organization - Management organization, communication and enforce of safety program

---

**10. Do you offer regular safety audits to your WV insured employers?**

---

No

**11. Are these audits utilized in determining whether to apply a credit or debit under scheduled rating?**

---

No Response

**12. Do you take into account whether an employer has a drug and/or alcohol testing program in determining whether to apply a credit or a debit under scheduled rating?**

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Yes

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Utilization of a drug and/or alcohol testing program or a lack thereof may be taken into account.

**13. How many WV insured employers regularly utilize the safety and loss programs and initiatives offered by you?**

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N/A

**14. What amount of premium dollar does this represent?**

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N/A

**15. What specific programs and incentives are most commonly used?**

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1. - N/A

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2. - N/A

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3. - N/A

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4. - N/A

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5. - N/A

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6. - N/A

---

7. - N/A

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8. - N/A

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9. - N/A

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10. - N/A

**16. How many WV insured employers engage in the safety audit process offered by you?**

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N/A

**17. What amount of premium dollar does the safety audit process represent?**

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N/A

**18. Generally speaking, how do your WV insured employers compare regarding effective use of safety and loss programs to insured employers in other states?**

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N/A

**19. Do you have any suggestions of what the State of West Virginia could do in order to encourage its employers to engage in more safety and loss programs and initiatives?**

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We would like to note that our schedule rating form, which is modeled after the nationwide NCCI schedule rating plan and format, includes two categories that are not included in the above schedule rating categories. These two categories are classification peculiarities and management cooperation with insurance carrier.

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