

Section X: Workers' Compensation Addendum

Employee Jobsite Exposures

Number of employees:	
Employee turnover rate (%):	
Are you a union or non-union shop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Union employees (%): _____ Non-union employees (%): _____	

Employment & Hiring Practices

1. Do you use either non-permanent union hall, temporary employees or day laborers? If yes, please provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is job training provided? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you require a written employment application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are physical exams or fit for duty exams required? If yes, specify: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Post-employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are drug/substance abuse tests conducted? a. For: <input type="checkbox"/> All employees <input type="checkbox"/> CDL drivers only b. When: <input type="checkbox"/> Pre-hire <input type="checkbox"/> Post-accident <input type="checkbox"/> Random <input type="checkbox"/> For-cause	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you use a designated medical provider for workplace injuries? If yes, please provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety Programs & Procedures

7. Do you have a Safety Director? Name: _____ Percentage of time dedicated to safety functions: _____ Is there anyone else responsible for safety activities? If so, name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Is there a written safety program? If yes, attach the table of contents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the safety program include a positive incentive component? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are safety/tailgate meetings held? If yes, how often? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is there a written fall protection program? If yes, at what height is 100% protection required? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Worksite Activities

12. Is work performed above two stories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is roofing work performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are scaffolds used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is excavation or below-grade work performed? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is confined space work performed? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety Compliance & Reporting

17. Is there a lock-out/tag-out program? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Is there a hazardous materials communication program? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is there a formal equipment inspection/maintenance program? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are there written procedures for reporting claims or injuries? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is there a formal accident investigation process? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Return to Work & Workers' Compensation

22. Is modified duty offered to injured employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do you have written job descriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is there a Return-to-Work program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Workers Compensation</p> <p>a. Is the applicant subject to any of the following?</p> <p><input type="checkbox"/> Defense Base Act</p> <p><input type="checkbox"/> Jones/Maritime Act</p> <p><input type="checkbox"/> Longshore and Harbor Workers Act</p> <p><input type="checkbox"/> Federal Employers' Liability Act?</p> <p>If yes, please describe: _____ <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	