

Business Name:

Business Type:

Address:

If other, please describe:

SIC:

City, State, Zip:

PART 1: Contractor Self Assessment

Have all employees received appropriate training including Hazard Communication training as required by OSHA 29 CFR 1910.1200?

Have any Safety or Environmental regulatory citations been issued to this company in the last 3 years? (If yes, attach a summary describing the inspection, citation result and corrective action.)

Do you have a mandatory substance abuse program?

Pre-employment Screening?

Random Testing?

Testing for Cause?

Do you have a light duty/restricted duty work policy?

Do all new employees complete Safety and Environmental Orientation prior to performing any work activities?

Do you routinely conduct site safety inspections?

Do you routinely conduct safety and environmental audits at work sites?

Are accident investigations conducted and documented?

Do you employ a Safety Coordinator or something similar?

Do you have a written Environmental, Health and Safety Program?

Identify the documented EHS programs you currently have in place (Yes, No, In Development (ID), or N/A)

Management commitment and expectations

“Hot Work” Permitting Program

Employee Participation

Hazardous Energy Lockout/Tagout Program

Resources for meeting safety and health requirements

Personal Protective Equipment Program

Hazard recognition and control

Respiratory Protection Program

Confined Space Entry Program

Fall Prevention Program

Powered Industrial Vehicle Program

Hearing Preservation Program

Electrical Safety Program

Tool and Equipment Inspection Program

Accident and Near Miss Reporting Policy

Use of Cell Phone Policy

Welding, Cutting, Brazing Program

Hazardous Waste Management Program

Yaskawa America, Inc. reserves the right to verify the existence and application of each of the programs identified as “Yes”

PART 2: Contractor Safety Information Data Sheet

Please record data from OSHA 300 log for the past 3 years:

Year			
Total-hours Worked (from OSHA 300)			
Recordable Injuries			
Rate (Total recordable injuries) * 200,000/ Total Worked Hours			
Fatalities			
Incidents with Days away from work or transfer			

Submitted by:

Date:

Title:

If Submit button does not open your email client, print the forms and send to the following two addresses:

EHS@Yaskawa.com

Facilities@Yaskawa.com