

COMPANY PROFILE AND QUESTIONNAIRE

[DATE]



All information is confidential to MiCAH Safety Solutions, LLC and will not be submitted to any other party without the expressed written consent of the participant.

PRESENTED BY: **MiCAH SAFETY SOLUTIONS, LLC**

P.O. BOX 416 LAVALETTE, WV 25535

Phone: (844) 822-1294

OPENING INSTRUCTIONS

This document is designed to be saved and edited as needed to allow customers to complete it as they can. If you must work on it at different times, simply save it as the document that it is.

For all areas requiring your response, simply click on the empty box and begin typing, or follow the prompts for yes/no answers or multiple-choice questions. If you reach the end of a certain line in a box just keep typing, and the document will automatically create the needed space.

YOUR COMPANY INFORMATION

Company Information

Name-

Mailing Address-

Physical Address (if different)-

Office Phone Number-

Alternate Phone Number-

Fax Number-

Email-

COMPANY GOALS

	Top five company goals
1.	
2.	
3.	
4.	
5.	

BUSINESS PURPOSE- BY CLICKING ON THE BOX BELOW, ENTER A DETAILED DESCRIPTION OF WHAT YOUR COMPANY/BUSINESS DOES, AND THE SERVICES YOU PROVIDE

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PRIMARY CUSTOMERS

	Customers Who Use Your Services
1.	
2.	
3.	
4.	
5.	

INJURY CONCERNS AND PROBLEMS

Based on your company history (or if your company is new or young- your personal, professional experience) list the top 5 injury problems or concerns that are known to you in your business.
Example- hand and finger injuries, falls, eye injuries, cuts, burns, strains and sprains, slip/trip/fall, pinch points, struck by, etc.

	List Your Top 5 Injury Concerns or Problems
1.	
2.	
3.	
4.	
5.	

QUESTIONNAIRE

WHAT TYPE OF WORK, AND WORK DANGERS ARE YOUR EMPLOYEES EXPOSED TO? (BE SURE TO INCLUDE ALL THAT ARE, OR COULD BECOME POSSIBILITIES)

*UNDER YES/NO ANSWERS CLICK CHOOSE AN ITEM, THEN CLICK ON THE ARROW TO CHOOSE THE ANSWER. IF YOU LEAVE A QUESTION UNANSWERED AND SKIP TO THE NEXT QUESTION WE WILL ACCEPT THAT AS A NO ANSWER.

YES/NO

	Questionnaire	Yes/No answers
1.	Do your employees work on scaffolds?	Choose an item.
2.	Do you provide scaffold support?	Choose an item.
3.	Work at other elevated heights?	Choose an item.
4.	Use of aerial lifts; scissor lifts, boom operated lifts or trucks, etc.?	Choose an item.
5.	Use of suspended scaffolds?	Choose an item.
6.	Use of ladders; fixed or portable?	Choose an item.
7.	Work in confined spaces?	Choose an item.
8.	Work in tanks, tunnels, silos, hoppers, or similar vessels?	Choose an item.
9.	Using or exposed to heavy equipment?	Choose an item.
10.	Use of fork lifts, or fork trucks?	Choose an item.
11.	Do you perform civil work or heavy highway?	Choose an item.
12.	Do you transport employees or materials on public roadways?	Choose an item.
13.	Do you perform hot work; welding, grinding, torch cutting?	Choose an item.
14.	Do your employees use electrical tools or equipment?	Choose an item.
15.	Are your employees exposed to chemicals, acids, or other?	Choose an item.
16.	Work around or with conveyor systems, or other rotating equipment?	Choose an item.
17.	Work exposed to possible asbestos containing materials?	Choose an item.
18.	Performing asbestos abatement?	Choose an item.
19.	Work with lead (paint, other)?	Choose an item.
20.	Exposure to hexavalent chromium (stainless steel and hot work)?	Choose an item.
21.	Exposed to inorganic arsenic (coal process by-product)?	Choose an item.
22.	Work with or around combustible dusts?	Choose an item.

Questionnaire	Yes/No answers
23. Work with or exposed to mercury hazards?	Choose an item.
24. Work that exposes employees to dust (crystalline silica)?	Choose an item.
25. Do you do concrete or masonry work?	Choose an item.
26. Work on equipment that requires Lock Out/Tag Out?	Choose an item.
27. Work exposing employees to Cadmium hazards?	Choose an item.
28. Work with or exposed to Methyl Ethyl Ketone (MEK)?	Choose an item.
29. With Methylenedianiline (MDA)?	Choose an item.
30. With Methylyne Chloride?	Choose an item.
31. Do you work on or around wastewater systems?	Choose an item.
32. Do you perform hazardous waste operations (spill response, clean up, or disposal- Hazmat)?	Choose an item.
33. Do you use cranes of any type?	Choose an item.
34. Do you perform abrasive blasting?	Choose an item.
35. Do you perform hydro excavation?	Choose an item.
36. Do you perform high pressure blasting of any type?	Choose an item.
37. Do you perform demolition work?	Choose an item.
38. Do you perform steel erection?	Choose an item.
39. Do you work with utilities?	Choose an item.
40. Do you perform any type of surface drilling (core, etc.)?	Choose an item.
41. Are employees exposed to potentially explosive atmospheres?	Choose an item.
42. Are they exposed to possible hazardous energy?	Choose an item.
43. Do employees use air or electric grinders?	Choose an item.
44. Are chainsaws used?	Choose an item.
45. Do you perform tree cutting or trimming?	Choose an item.
46. Do employees use hydraulic jacks and/or tools?	Choose an item.
47. Is compressed air used in manifolds or other storage vessels?	Choose an item.
48. Are you involved with explosives?	Choose an item.
49. Do your employees use respiratory protection?	Choose an item.
50. Are employees exposed to lifting weights over 50 lbs.?	Choose an item.
51. Are they exposed to excessive noise (above 80 decibels)?	Choose an item.
52. Do employees use rigging; chain falls, come-a longs, chokers, etc.?	Choose an item.

Questionnaire	Yes/No answers
53. Do employees work outdoors?	Choose an item.
54. Do you ever perform work near waterways; river, streams, etc.?	Choose an item.
55. Are employees ever exposed to adverse weather conditions?	Choose an item.
56. Are workers exposed to excessive amounts of heat indoors at times?	Choose an item.
57. Do employees load and unload materials from tractor trailers?	Choose an item.
58. Do employees operate company vehicles?	Choose an item.
59. Is your work force comprised of union employees?	Choose an item.
60. Do you sometimes employ apprentices or inexperienced employees?	Choose an item.
61. Do employees have OSHA 10 HOUR Training?	Choose an item.
62. Does your company have multiple superintendents or project managers?	Choose an item.
63. Does your company have multiple supervisors (foremen)?	Choose an item.
64. Do your supervisors have OSHA 30 HOUR Training?	Choose an item.
65. Does your company have a substance abuse program?	Choose an item.

HOW LONG HAVE YOU BEEN IN BUSINESS

Please submit below, how many years, months, or days that your company has been in business.

YOUR SAFETY CULTURE PROFILE

Please read the statements below, and answer them as honestly and sincerely as you can. Answer by clicking on choose an item, then click on the arrow, and select 1-5 for the level that you agree.

QUANTITATIVE

Safety Profile	Rate questions 1-5
The safety of our workers is the highest priority.	Choose an item.
Worker safety is more important than production.	Choose an item.
Completing a job, or meeting a deadline is meaningless if a worker is injured while doing so.	Choose an item.
All injuries are preventable.	Choose an item.
Accumulating minor injuries eventually lead to more serious injuries.	Choose an item.

[Date]

Safety Profile	Rate questions 1-5
Accumulating serious injuries may lead to a fatality.	Choose an item.
Injuries and Incidents should be learning tools for companies and employees to not repeat them.	Choose an item.
Near Miss Incidents should be used as Lessons Learned to prevent future incidents.	Choose an item.
Since the institution of OSHA, injuries and fatalities in the work place have been greatly reduced.	Choose an item.
I am well prepared for an OSHA audit at my work sites.	Choose an item.
My company safety program could use some improvement.	Choose an item.

SAFETY IMPROVEMENTS

Consider the questions below concerning improvements that you may need within your company, and answer as honestly and sincerely as you possibly can.

	Questionnaire	Yes/No answers
1.	Do you need injury rates to decrease within your organization?	Choose an item.
2.	Do you currently have a company safety manual?	Choose an item.
3.	Is your safety manual old and out of date, and in need of improvement?	Choose an item.
4.	Do your employees receive adequate safety training by a competent person according to OSHA standards?	Choose an item.
5.	Does your company have a Safety Director or Manager?	Choose an item.
6.	Does a safety professional perform daily safety audits of your work sites?	Choose an item.
7.	Is your equipment and tooling inspected periodically by a competent person according to OSHA standards?	Choose an item.
8.	Is your safety equipment inspected periodically by a safety professional?	Choose an item.
9.	Does your company perform pre-hire drug screening?	Choose an item.
10.	Does your company perform random drug screening?	Choose an item.

YOUR COMPANY NEEDS

Please list the top five safety needs that you think your company could use.

	Top 5 Safety Needs
1.	

[Date]

	Top 5 Safety Needs
2.	
3.	
4.	
5.	

SUBMIT ANY COMMENTS OR QUESTIONS BELOW

CLOSING INSTRUCTIONS

Once you have completed your company profile, simply save it, and attach it in an email as you would any other document. Return to; michaelvarney@micahsafety.com.

A representative from **MICAH SAFETY SOLUTIONS, LLC** will respond to your request via email with a **CEP (Company Evaluation and Proposal) Report**, along with a quote for any costs that would be associated with your determined needs, and contact you at that time.

Thank you for your time and effort in preparing this safety profile for your company. We look forward to assisting you in building a safer organization.

Sincerely,



Michael Varney,
MICAH SAFETY SOLUTIONS, LLC