

RETRO PROSPECT EVALUATION FORM

MANAGEMENT COMMITMENT AND COMPANY CULTURE

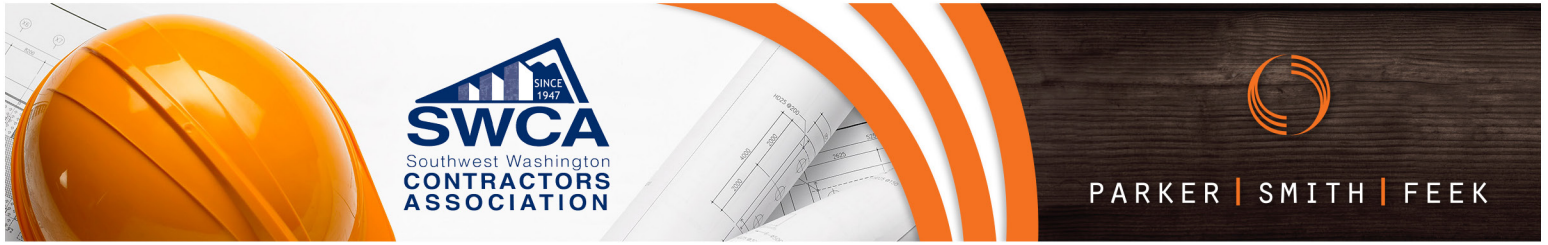
1. Does your company have a written safety & health program? Yes No
2. Does it cover:
 - a. Management commitment and expectations? Yes No
 - b. Accountabilities and responsibilities for managers, supervisors & employees? Yes No
3. Who manages the safety program? _____
4. Is the management team actively involved in safety operations? Explain.

5. How are employees involved in the safety program? _____

 a. Has a safety committee been established? Yes No
 b. What other mechanisms are in place for employee involvement? _____

WRITTEN PROGRAMS

Confined Space	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fall Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Control of Hazardous Energy LOTO	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Rigging	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fire Prevention & Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Excavation & Trenching	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hot Work/Welding Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Walking/Working Surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Electrical Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Emergency Action Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hand & Powered Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Written PPE assessments for all job classifications or tasks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Material Handling/ Strain & Sprain Prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ladders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Scaffolding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	NFPA 70E Electrical Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



PRE-TASK PLANNING

1. Describe pre-task planning processes that are followed.

EMPLOYEE TRAINING

1. Is a new employee safety orientation process in place? Yes No
Does it involve classroom and/or a formal mentoring program? Yes No
2. How often are safety meetings held? _____

ACCIDENT/INCIDENT INVESTIGATIONS

1. Describe process used for investigating accidents/injuries and any follow up. Attach an example.

2. Are near miss investigations performed? Attach an example. Yes No
3. How are hazards identified and corrected before injuries occur? How are these findings and corrective actions communicated to employees? _____

FLEET SAFETY

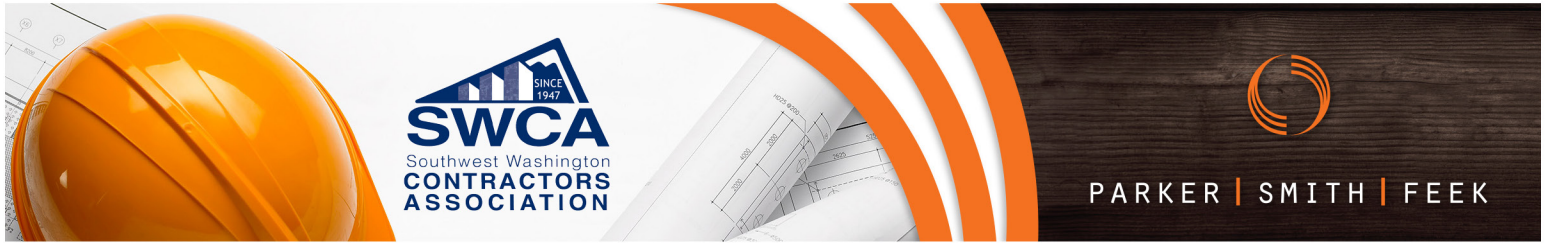
1. Is a program in place that includes driver training, a written distracted driving policy, pre-hire and annual MVR evaluations compared against written criteria, requirements for immediate reporting of all vehicle accidents, procedures for documenting at the accident scene, and a formal investigation of incidents?

TRAFFIC CONTROL

1. Is there a program in place for planning and implementing traffic controls with certified flaggers?

LOST TIME & RETURN-TO-WORK PROGRAM

1. Is a Kept-on-Salary (KOS) policy currently in place for lost time claims? Yes No
2. Is a light duty/return to work program in place? Yes No
3. Have job descriptions with physical capacity requirements been completed to guide the light duty/return-to-work process? Yes No



SAFETY & HEALTH PERFORMANCE

1. Has a 5 year loss run been submitted to SWCA? Yes No
Note: This will be obtained from LNI once your authorization form has been submitted.
2. Please submit current and previous 3 OSHA 300 and 300A forms.
3. What is your experience modification rating (EMR) for the past 3 years?
Oldest to Current: _____

Use the formula below to answer questions 3-5.

$$\text{RATE} = \frac{\text{Number of Cases} \times 200,000}{\text{Number of Hours Worked That Year}}$$

4. What is your Recordable Injury Rate for the past 3 years?
Oldest to Current: _____
5. What is your Lost Time Incident Rate for the past 3 years?
Oldest to Current: _____
6. What is your Total Case Incident Rate for the past 3 years (includes first aid cases)?
Oldest to Current: _____

PREVIOUS RETRO PROGRAM MEMBERSHIP

Are you currently in a retro program or been a member of one in the last 5 years? Yes No

If Yes, please name the retro program and the reason for leaving:
