

# **2026 Vulcraft/Nucor Cold Finish Contractor/Vendor**

## **Safety Questionnaire**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Email: \_\_\_\_\_

1. List your firm's **Worker's Compensation Insurance Experience Modification Rate** for the three most recent years as evidenced in Worker's Compensation Insurance premiums. If not interstate rated, provide your intrastate EMR.

2023 \_\_\_\_\_ 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

2. Using the last three year's **OSHA 300 Logs**, fill in the number of injuries in the following blanks.

	2023	2024	2025
No. of fatalities each year	_____	_____	_____

No. of cases involving lost work Days/restricted activity	_____	_____	_____
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No. of non-lost work day cases each year	_____	_____	_____
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No. of citations by OSHA in the past three years	_____	_____	_____
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Total employee hours worked by local office for the last three years (field, supervisory and clerical).

	2023	2024	2025
TOTAL EACH YEAR:	_____	_____	_____

3. To calculate Incidence Rate, multiply Total for each year (a) x 200,000 and divide by the total number of employee hours for that year.

OSHA Incidence Rate: \_\_\_\_\_

4. What is your NAICS or SIC code? (Available from Work Comp Insurance)

\_\_\_\_\_

5. What is the three year incident rate average for your NAICS or SIC?

\_\_\_\_\_

6. Do you have an orientation program for new hires? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Does your program include instructions of the following:

	<u>YES</u>	<u>NO</u>
Confined Space	_____	_____
Company Safety Policy	_____	_____
Company Safety Rules/Procedures	_____	_____
Injury Reporting	_____	_____
Personal Protective Equipment	_____	_____
Housekeeping	_____	_____
Fire Protection	_____	_____
Fire Extinguisher Training	_____	_____
Electrical Safety	_____	_____
Emergency Action Plan	_____	_____
Rigging Safety	_____	_____
SDS (Haz-Com)	_____	_____
Substance Abuse Policy	_____	_____
Hazard Recognition	_____	_____
Respiratory Protection	_____	_____
Toxic Substances	_____	_____
First Aid	_____	_____
Fall Protection	_____	_____
Lockout/Tagout	_____	_____
Ladder/Stairway Safety	_____	_____
Hearing Conservation	_____	_____
Power Platforms	_____	_____
Material handling power industrial trucks	_____	_____
Heat Stress	_____	_____

YES NO

8. Do you hold craft “toolbox” safety meetings?

a. Are subcontractors included

b. How often

Weekly	_____	Time duration	_____
Bi-Weekly	_____	Time duration	_____
Monthly	_____	Time duration	_____
Less often, as needed	_____	Time duration	_____

c. How are they documented? \_\_\_\_\_

9. Are Safety Data Sheets (SDS) provided for employees and clients at the job site?

10. Do you have a written company drug program?

If yes, please provide a copy of your program and policy.

11. Do you have a written hazard communication program? \_\_\_\_\_

12. Do you have a written respirator protection program? \_\_\_\_\_

13. Do you have one or more full time: \_\_\_\_\_

a. Physicians

b. Safety Professional

c. Industrial Hygienists

14. **PROVIDE A CURRENT CERTIFICATE OF INSURANCE WITH ENDORSEMENTS.**