

Trinidad Navarro
Insurance Commissioner



Delaware Department of Insurance

Workplace Safety Program Questionnaire Submission Tips

This Questionnaire (PDF) allows for you to complete this form online but in order for the *Submit* button at the bottom of the last page to work properly you must use Internet Explorer as your web browser.

If you are using any web browser other than Internet Explorer (Firefox, Chrome, Safari, etc.) you will need to download the Questionnaire, complete it and then submit it via email (or fax).

If you do not receive a confirmation email from a Workplace Safety Program staff member within 3 full business days of submitting your Questionnaire, please call 302-674-7377 to confirm that your form was received.

Thank you,

Delaware Department of Insurance

Workplace Safety Program

STATE OF DELAWARE
WORKPLACE SAFETY PROGRAM QUESTIONNAIRE
Please submit your application five months prior to your policy renewal date.
PLEASE SUBMIT YOUR INSPECTION FEE at the time of application.

GENERAL INFORMATION

Business Name: _____

Attention (Mr., Mrs., Dr., Name): _____

Job Title: _____

Mailing Address: _____

City/Town: _____ Zip: _____

Physical Address: _____

City/Town: _____ Zip: _____

Telephone #: _____ Cell Phone #: _____ Email: _____

Is any off-site work done? Yes No If yes, please complete **Job Site Addendum**.

Hours of Operation: _____

Are you seasonal? Yes No If yes, please provide the dates you are open for business:

Describe Operation: _____

Delaware Location(s): _____

DEPARTMENT USE ONLY

RENEWAL DATE: _____ FILE #: _____ # OF YEARS: _____ PERCENTAGE: _____

INSPECTION DUE DATE: _____ CHECK #: _____ AMOUNT: _____

AMOUNT PAID LAST YEAR: _____ LOCATION(S): _____ INSPECTION(S): _____

COMMENTS: _____

WORKPLACE SAFETY INSPECTION FEE SCHEDULE*

For Property Management, Artisans, and Contractors (General, Building, Custodial, Lawn Service, etc.):

EFFECTIVE AS OF NOVEMBER 1, 2003

| | 1 st YEAR | ALL CONSECUTIVE YEARS |
|--------------------------------|----------------------|-----------------------|
| Home Base plus 2 Sites or Less | \$700 | \$350 |
| Home Base plus 3 to 5 Sites | \$1,000 | \$500 |
| Home Base plus 6 to 10 Sites | \$1,500 | \$750 |
| Home Base plus 11 to 15 Sites | \$2,000 | \$1,000 |
| Home Base plus 16 or More | \$3,000 | \$1,500 |

For Most Other Businesses:

| | 1 st YEAR | ALL CONSECUTIVE YEARS |
|--|----------------------|-----------------------|
| One Building | \$300 | \$150 |
| One Building Plus CDLs | \$400 | \$200 |
| Two Buildings/ Car Dealerships/Country Clubs | \$600 | \$300 |
| Four Buildings | \$1,200 | \$600 |
| Six Buildings | \$1,800 | \$900 |
| Eight Buildings | \$2,400 | \$1,200 |
| Ten Buildings | \$3,000 | \$1,500 |

Only Delaware work sites are eligible for the Workplace Safety Program. The safety credit applies to Delaware premiums in multi-state policies.

FEES MAY BE ADJUSTED UNDER CERTAIN CIRCUMSTANCES

Please send in a minimum of \$150 if you are unsure of your fee. You will be invoiced for the balance due or refunded, if necessary upon completion of your inspection.

*Not applicable for inspections conducted by workers compensation insurance carriers.

EMPLOYEE, WORKPLACE INJURY, AND WORKERS COMPENSATION CLAIMS DATA:

Number of full-time employees: _____ Part-time employees: _____

Have you had any Workers Compensation Claims in the last 36 months? Yes No

If yes, please indicate which year (s): _____

Please provide an estimate of lost workdays*: _____

*(Begin counting the day after the incident occurs. If a single injury involves both days away from work *and* days of restricted work activity, enter the total days for each. Stop counting once the total of either or the combination of both reaches 180 days for that injury. For clarification please see OSHA Recordkeeping at www.osha.gov)

The following information will be explicitly considered in determining whether you receive your Workplace Safety Credit in accordance with the new Delaware law:

*Workplace injuries which have occurred during the last three years:
(use additional paper if needed)*

| Date | Specific Nature of Injury | Fines or Findings Relating to Workplace Safety | Safety Measures Taken by Employer | MDA** |
|------|---------------------------|--|-----------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

*****Please have all applicable Modified Duty Availability Reports available for your inspector to review.***

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

The purpose of a Workplace Safety Program inspection is solely to determine if the participating business qualifies for the Delaware Workplace Safety Program insurance premium discount. Conditions considered include, but are not limited to, the following: an effective health and safety program, adequate and effective employee training, identification and elimination of potential hazardous conditions, and three years of workplace injury data. Although the inspector might cite Occupational Safety & Health (OSHA) standards, other regulations or guidelines, the Delaware Workplace Safety Program is not the same as an OSHA inspection. The purpose is not to determine compliance with OSHA or any other safety regulations or standards of care; it is simply to determine whether the health and the safety of employees are an important part of businesses participating in the program and that hazards are routinely and regularly identified and corrected.

No liability or responsibility is assumed by the person or entity preparing the report or performing the inspection, for any injuries to employees, subcontractors or other persons injured at the businesses participating in the Delaware Workplace Safety Program. It remains the sole responsibility of the participating business to assure their premises are safe for their employees, subcontractors and all other persons at their businesses and facilities. No contractual relationship exists between the parties performing the inspections and preparing the reports and the participating businesses, their employees, subcontractors and all other persons on their premises.

DELAWARE EMPLOYERS' WORKPLACE HEALTH AND SAFETY INCENTIVE PROGRAM

I. SAFETY PROGRAMS/PHILOSOPHY

- 1. Do you have a complete safety program with a written policy statement? Yes No
(Please attach a copy of the index; have complete copy available for the inspector)
- 2. Who is your Safety Director/Coordinator? _____
- 3. Do you have a safety committee? Yes No
- 4. How often do you conduct safety meetings? _____
- 5. Do you follow OSHA records keeping procedures? Yes No
(Please have your latest OSHA 300/300A log available.)

6. Do you maintain written programs on the following?

- a. Emergency Plan and Fire Prevention Plan
- b. Occupational Noise Program
- c. Tag/Lockout Program
- d. Chemical Hazard Communication (MSDS)
- e. Driver/Vehicle Safety
- f. Industrial Truck Operators' Program
- g. Respiratory Protection Program
- h. Personal Protective Equipment/Clothing
- i. Lifting/ Back Safety
- j. Ergonomics
- k. Blood Borne Pathogens
- l. Portable ladders and stairway safety training
- m. Scaffold Safety
- n. Fall Protection
- o. Cranes/Hoists (material/personnel)
- p. Welding and Cutting
- q. Steel Erection
- r. Excavations
- s. Aerial Lifts
- t. Confined Space
- u. Drug & Alcohol

7. Which chemicals are commonly used in the workplace?

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

8. Please check any of the following tools you use to train your employees on safety:

- | | |
|--|---|
| <input type="checkbox"/> a. On the job supervised training | <input type="checkbox"/> d. Safety Consultant |
| <input type="checkbox"/> b. Videos | <input type="checkbox"/> e. Insurance Agent/Carrier |
| <input type="checkbox"/> c. Safety Seminars | <input type="checkbox"/> f. Other _____ |

9. What actions have you taken within the last 6 to 12 months to enhance a safer work environment?

II. FIRST AID

- | | |
|---|--|
| 1. Are emergency phone numbers posted in prominent places? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you keep first aid supplies highly visible, close to employees, inspected and replenished continuously? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have an AED kit on hand? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are batteries and chest pads current? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Who is trained in First Aid/CPR? _____ Is training Red Cross approved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you have ANSI approved eyewash/emergency shower facilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do employees work outside? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. If applicable, are first aid and fire extinguishers provided on job sites? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

III. HOUSEKEEPING AND MAINTENANCE

- | | |
|--|--|
| 1. Are any electrical cords strung across walkways? a) If so, are they properly marked and guarded? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are any loose floor mats safety-edged? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Any worn or frayed carpet, open carpet seams or curled edges? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Any holes, uncovered drains, protruding nails, splinters, loose boards or projections in floors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are there any false floors or platforms used to provide dry standing & walking surfaces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are all floors free of debris, lint, dust, oil, grease, paint or spray residue, granular materials, sand, mud, ice or other slippery traction-robbing material? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Is there continual good housekeeping, including immediate cleanup of unavoidable spills ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Is lighting adequate for all operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you have emergency lighting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. What type of sprinkler and/or smoke detection system do you have? _____
 a) When was it last tested? _____
 b) Do you have specific storage areas? _____
 c) Is stock stored 18" below sprinkler heads? _____
11. Are all exits clearly marked and unobstructed? Yes No
12. Are there frequent refuse pickups? Yes No

IV. AUTOMOBILE

This section applies if you have employees who drive cars or trucks as a regular part of their work; and where employees drive their own cars on company business.

1. Are employees taught how to inspect vehicles/equipment before use? Yes No
2. Do employees required to operate motor vehicles participate in a Defensive Driving Program? Yes No
3. Are scheduling & driving speeds reflective of this? Yes No
4. Are employees required to have CDLs? Yes No
5. Are Motor Vehicle Reports (MVR's) requested on all drivers at regular intervals? Yes No
6. Do you have a written drug/alcohol policy program? Yes No
7. Are MVR's requested on all prospective employees, covering all states in which they have been licensed? Yes No
8. How do you enforce the Delaware cell phone/texting law? _____
9. Are employees required to use seatbelts? Yes No
10. Are horns and back up alarms provided and operable on equipment/vehicles that require them? Yes No
11. How often are driver training and safety meetings held? _____
12. What actions are taken in connection with accidents or violations, and have they proven effective? Describe. _____

13. Are there any time pressures inherent in your operations? Yes No
 If "yes", describe. _____

14. Are fully stocked first aid kits and fire extinguishers maintained on vehicles? Yes No

V. GENERAL INFORMATION

1. When did your insurance carrier last conduct an engineering & loss control inspection of your premises and operations. Date: _____
2. What worker's compensation recommendations have been made by your insurance carrier? _____

3. Have they been complied with? Yes No
4. Has an OSHA inspection ever been done? Yes No
- a) If so, were any recommendations made, citations issued; fines or penalties levied? If “yes”, explain. Yes No

5. What regulatory authorities inspect your operations?

a) How often? _____

(Mr., Mrs., Dr.), Name of person completing this questionnaire: _____

Employer: _____

Job Title: _____

Date: _____

If not an employee of company, please provide relationship: _____

Information Verified by: _____

(Management Level Employer Representative)

Please visit our website at: insurance.delaware.gov

For questions, call: (302) 674-7377

Fax #: (302) 736-7910

Email us at: safety@state.de.us

Mailing Address: **Department of Insurance
Attn: Workplace Safety
841 Silver Lake Blvd.
Dover, DE 19904**

The new requirements of House Bill 175 regarding the Workplace Safety Program now take effect. In addition to hazard recognition observations based on the physical walk through of your workplace and abatement of previously made recommendations, where applicable, three years of workplace injury data will now also be considered when determining if you will be awarded the Workplace Safety Program Credit. For compliance, please ensure all information is filled out completely and accurately.