



## **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.

Please submit your inspection fee by mail and include the top page of your questionnaire with your check. See the fee schedule page for additional instructions.

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**.

Do you have a Drug Free Program? ☐ Yes ☐ No If yes, please complete **Drug Free Program 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 PROGRAM INSPECTION FEE SCHEDULE

Effective June 1, 2023

Buildings/Sites	First Year	All Consecutive Years
Home Base plus 1 or 2 Sites	\$800	\$400
Home Base plus 3 to 5 Sites	\$1,100	\$550
Home Base plus 6 to 10 Sites	\$1,600	\$800
Home Base plus 11 to 15 Sites	\$2,100	\$1,050
Home Base plus 16 or More Sites	\$3,100	\$1,550
Businesses with Permanent Locations		
One Building	\$400	\$200
One Building plus CDLs	\$500	\$250
Two Buildings	\$700	\$350
Car Dealerships/Country Clubs	\$700	\$350
Three Buildings	\$1,000	\$500
Four Buildings	\$1,300	\$650
Five Buildings	\$1,600	\$800
Six Buildings	\$1,900	\$950
Seven Buildings	\$2,200	\$1,100
Eight Buildings	\$2,500	\$1,250
Nine Buildings	\$2,800	\$1,400
Ten Buildings	\$3,100	\$1,550

Our Workplace Safety Program inspectors are not State employees. They are independent safety experts under contract with the Delaware Insurance Department. This fee schedule is not applicable for inspections conducted by workers' compensation insurance carriers.

Contractors [General, Electrical, Lawn Care, HVAC, Custodial, etc. with varying job sites] and Property Management follow the Home Base plus Sites portion of the fee schedule.

Most other businesses [restaurants, retail stores, daycare centers, etc.] follow the Businesses with Permanent Locations portion of the fee schedule.

**FEES MAY BE ADJUSTED UNDER CERTAIN CIRCUMSTANCES.** For Businesses with more than one Home Base or more than one building at their location [i.e., shops, offices, warehouses, etc.] additional fees may apply for size.

If you are unsure of your fee, please send in a minimum of \$200. You will be invoiced for the balance due.

Make your check payable to Delaware Insurance Department. Sign and date your check. You may email, fax, or mail your questionnaire. Mail your fee and, if sending your application electronically, please mail the top page your completed questionnaire with your inspection fee to:

Delaware Insurance Department  
Attn: Workplace Safety  
1351 West North Street  
Suite 101  
Dover, DE 19904

## 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](http://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**

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

***The requirements of 2013 House Bill 175 regarding the Workplace Safety Program remain in 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.***

## **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\* **If yes, please complete Drug Free Program Addendum.**

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? ☐ Yes ☐ No
2. Do you keep first aid supplies highly visible, close to employees, inspected and replenished continuously? ☐ Yes ☐ No
3. Do you have an AED kit on hand? ☐ Yes ☐ No
4. Are batteries and chest pads current? ☐ Yes ☐ No
5. Who is trained in First Aid/CPR? \_\_\_\_\_  
Is training Red Cross approved? ☐ Yes ☐ No
6. Do you have ANSI approved eyewash/emergency shower facilities? ☐ Yes ☐ No
7. Do employees work outside? ☐ Yes ☐ No
8. If applicable, are first aid and fire extinguishers provided on job sites? ☐ Yes ☐ No

## III. HOUSEKEEPING AND MAINTENANCE

1. Are any electrical cords strung across walkways? ☐ Yes ☐ No
  - a) If so, are they properly marked and guarded? ☐ Yes ☐ No
2. Are any loose floor mats safety-edged? ☐ Yes ☐ No
3. Any worn or frayed carpet, open carpet seams or curled edges? ☐ Yes ☐ No
4. Any holes, uncovered drains, protruding nails, splinters, loose boards or projections in floors? ☐ Yes ☐ No
5. Are there any false floors or platforms used to provide dry standing & walking surfaces? ☐ Yes ☐ 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? ☐ Yes ☐ No
7. Is there continual good housekeeping, including **immediate cleanup of unavoidable spills**? ☐ Yes ☐ No
8. Is lighting adequate for all operations? ☐ Yes ☐ No
9. Do you have emergency lighting? ☐ Yes ☐ 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?

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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](https://insurance.delaware.gov)

For questions, call: (302) 674-7377

Fax #: (302) 736-7910

Email us at: [safety@delaware.gov](mailto:safety@delaware.gov)

Mailing Address: **Department of Insurance  
Attn: Workplace Safety  
1351 West North Street  
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