

**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): _____

<p>Department Use Only</p> <p>RENEWAL DATE: _____ FILE#: _____ #OF YEARS: _____ PERCENTAGE _____</p> <p>INSPECTION DUE DATE: _____ CHECK: _____ AMOUNT: _____</p> <p>AMOUNT PAID LAST YEAR: _____ LOCATION (S): _____ INSPECTION(S): _____</p> <p>COMMENTS: _____</p> <p>_____</p> <p>_____</p>
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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)

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?

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@delaware.gov

Mailing Address: **Department of Insurance
Attn: Workplace Safety
1351 West North Street
Suite 101
Dover, DE 19904**