



**PLUMBING-HEATING-COOLING
CONTRACTORS ASSOCIATION
OF GEORGIA**
Best People. Best Practices.™



Recognizing Outstanding Proactive Efforts in Safety



**PLUMBING-HEATING-COOLING
CONTRACTORS ASSOCIATION®**
Best People. Best Practices.®

Company _____

Address _____

City _____

State _____

I am a Sole Proprietor with no employees.

Company has _____ employees.

All PHCC of Georgia Members please complete this section.

YES

NO

Do you inspect your tools and equipment on a regular and frequent basis?

Are these inspections documented?

Do you inspect your Personal Protective Equipment (PPE) on a regular and frequent basis?

Are these inspections documented?

Do you maintain Safety Data Sheets (SDS) on materials you use?

Do you update these SDSs to remain current?

Have you received Safety training this year? (examples - Fall Protection, Confined Space, Excavation, Ladders, Scaffolding etc.)

Please list the Safety training topics received this year.

All PHCC of Georgia Members who are Sole Proprietorship with no employees, you have completed the survey.

Thank You.

All PHCC of Georgia Members who have at least one employee, please continue with the survey.

	YES	NO
Do you have required OSHA posters in place?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Safety Program / Manual?	<input type="checkbox"/>	<input type="checkbox"/>
Is this updated annually?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Drug Free Workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Fleet, Driving Program, which includes inspection check list?	<input type="checkbox"/>	<input type="checkbox"/>
How often do you inspect vehicles and trailers?	_____	

Do you have a Distracted Driving Policy and driver training?	<input type="checkbox"/>	<input type="checkbox"/>
Is this training documented?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have regular Safety Meetings / Tool Box Talks?	<input type="checkbox"/>	<input type="checkbox"/>
Are these documented with attendees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide Safety Training for your employees? (examples - Fall Protection, Confined Space, Excavation, Ladders, Scaffolding etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Please list the Safety training topics received this year.

Do you maintain records of this training?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current trained 1st Aid / CPR Trained employee? (with a recertification program) Certified by AHA (American Heart Association) or similar?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a New Hire Safety Orientation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have OSHA 10 Hour trained employees? (Construction / General Industry)	<input type="checkbox"/>	<input type="checkbox"/>
What percentage of your workforce has received OSHA 10 training?	_____	
Are accidents investigated to determine the Root Cause, to improve Safety Program?	<input type="checkbox"/>	<input type="checkbox"/>

All PHCC of Georgia Members who with fewer than 10 employees, you have completed the survey.

Thank You.

All PHCC of Georgia Members who have 10 or more employees, please continue with the survey.

YES NO

Do you hold weekly Tool Box Talks with workforce?

Are these documented?

Do you have an OSHA 30 Hour trained employees?
(Construction / General Industry)

What percentage of your workforce has received OSHA 30 training? _____

Do you have an OSHA #510 Trained employee?

Do you have an OSHA #511 Trained employee?

Do you have an active Safety Committee, or Safety Technician?

Do you have and use Job Hazard Analysis (JHA)?

Do you track and use Near-Miss /Near-Hit reports to improve Safety Program?

Do you maintain an OSHA 300 log and 300A summary? (Applies to a company that employed more than 10 employees during any point during a 12 months period)

What is your company's Experience Modification Rate (EMR)? (Information from your insurance company) _____

What is your company's Dart Rate? (Dart Rate Calculator... creativesafetysupply.com) _____

What is your company's Total Recordable Incident Rate? (Total Recordable Incident Rate calculator ...safetymanualtoday.com) _____

Thank you for taking time to complete this survey.

Recognizing Outstanding Proactive Efforts in Safety

Signature of person completing this form.

