

APPENDIX II

STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR

95 PLEASANT STREET
CONCORD, NH 03301
FAX (603) 271-2668

SAFETY SUMMARY FORM DATED _____

COMPANY NAME: _____

COMPANY N.H. PHYSICAL ADDRESS: _____ CITY _____ ST _____ ZIP _____

COMPANY MAILING ADDRESS (Included in this form): _____ CITY _____ ST _____ ZIP _____

CONTACT PERSON: _____ TITLE: _____

PHONE#: _____ FAX#: _____ EMAIL: _____

NUMBER OF N. H. EMPLOYEES: _____ (This includes anyone, who at any time works, in N.H. within the year.)

North American Industry Classification CODE (NCICS): _____ FED. ID. #: _____

NATURE OF BUSINESS: _____

Please list additional NH locations, if any, at the end of this report.

*Answer all of the following questions. If you are not sure how a particular question applies to your company, **contact NH DOL or view the supplemental instructions**, a separate document available for viewing or download at <https://www.dol.nh.gov/inspections/safety/file-online-safety-summary-form> on the NH DOL web site.*

***“Does not apply”** is not an acceptable response to any of the questions.*

- 1) List **potential** safety and health hazards of your company. (Example: burns, trips/falls, or violence, etc.)

- 2) List the members of your company's joint loss management committee by name and job title. Please indicate which members represent the employer and those which represent employees and identify chairperson. There should be equal representation between management and employees or more employees than management representation.
Management Member(s)-(supervisor) Employee Member(s)-(non-supervisory)

- 3) Specify your emergency response procedures. (Example: call manager; call 911; transport injured employee, etc.)

- 4) Identify person(s) by name and title qualified to take corrective actions on safety and health hazards, conduct on-site inspections, and responsible for employees' safety training.

- 5) Indicate your policy to communicate safety and health concerns with the activities of **sub-contractors or outside service providers**, when, or if utilized. (Example: are they in compliance with OSHA Regulations? Do they have workers' compensation coverage?)

- 6) Summarize your disciplinary policy with regard to violations of your safety and health policies.

- 7) Summarize your policy for providing adequate resources dedicated to safety including providing safety training, posting minutes of the JLMC meetings, providing access to your safety and health manual, and when required, providing personal protective equipment.

Person completing the form

Date

**ADDITIONAL NH COMPANY LOCATIONS
(common owner and same industry type)**

NAME	STREET	CITY	FED ID NO.	NO. of EMP.