

**Incident Survey for Calendar Year 2009**

Company Name: \_\_\_\_\_ Company NAICS Code: \_\_\_\_\_

Company's End Product and/or Services: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Did your firm have any work related fatalities during 2009? No \_\_\_\_\_ Yes \_\_\_\_\_

From your 2009 OSHA 300 Log posting:

Column H \_\_\_\_\_ Column I \_\_\_\_\_ Column J \_\_\_\_\_ Number of hours worked \_\_\_\_\_

(All employees during calendar year 2009, including temporary help, part-time, full-time, administrative and production)

*NOTE: If the total number of hours worked is not available, take the average number of full time employees and multiply by 2,000 (2,000 = employee working 50 weeks, 40 hours per week).*

<b>Safety Council Use</b>

**INCIDENT RATE** (Column H + I + J x 200,000/number of hours worked)

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**DART RATE** (Columns H + I x 200,000/number hour hours worked)

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AWARDS WILL BE GIVEN FOR SAFETY PERFORMANCE BETTER THAN AVERAGE FOR YOUR INDUSTRY IN ***EITHER*** TOTAL INCIDENT RATE OR LOST WORKDAY INCIDENT RATE CATEGORIES

\*\* NOTE: Information will be compared to the most current rates available from BLS.

CONTACT PERSON:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

★ Please list the top 3 elements that contribute to the success of your safety program.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

★ Please tell us your most pressing need for improving your safety program.

\_\_\_\_\_  
\_\_\_\_\_

**Return By: February 12, 2010**

Send/Fax to: FDL Area Association of Commerce  
207 North Main Street - Fond du Lac, WI 54935  
Fax: 920.921.9559 E Mail: [tammyy@fdlac.com](mailto:tammyy@fdlac.com)



Awards handed out on **Wednesday, March 24 at 2:15 p.m.** at UW – Fond du Lac (Safety Day).