

Please complete and return this form by March 31, 2012 to:

North Dakota Safety Council
1640 Burnt Boat Dr.
Bismarck, ND 58503

ECCS ANNUAL CONTRACTOR QUESTIONNAIRE

1. What was your company's Worker's Compensation experience modification rates (EMR) for the following years?

_____ _____ _____
2009 2010 2011

2. List your company's incidence rate for OSHA governed activities for the following years. (number of injuries divided by total hours worked times 200,000)

_____ _____ _____
2009 2010 2011

3. Have you submitted your comprehensive written safety plan to NDSC as required by the ECCS guidelines?

YES _____ NO _____

4. Does your company have a substance abuse policy in effect?

YES _____ NO _____

- Please submit your substance abuse policy if you haven't submitted it previously with your safety plan.

Does your substance abuse policy require testing in the following circumstances?

Annual	YES _____	NO _____
Random	YES _____	NO _____
Post incident/Accident	YES _____	NO _____

5. Does your company require all workers to complete the safety training prior to assignment to an ECCS site?

YES _____ NO _____

6. Which safety training class does your company require of its workers prior to assignment to an ECCS site?

OSHA 10 hour course	YES _____	NO _____
Other _____ (Please indicate)	YES _____	NO _____

Company Name _____

Address _____

(City) _____ **(State)** _____ **(ZIP)** _____

Contact Person _____

Phone _____

Email _____

Note: You will be required to update and submit this form annually.