



Please complete and return this form by January 31, 2019 to:  
North Dakota Safety Council  
Email: [eccs@ndsc.org](mailto:eccs@ndsc.org)

## ECSS ANNUAL CONTRACTOR QUESTIONNAIRE

1. List your company's Incident Rate for OSHA governed activities for the following years.  
(Number of injuries divided by total hours worked times 200,000)

\_\_\_\_\_ 2016      \_\_\_\_\_ 2017      \_\_\_\_\_ 2018

2. List your company's IR-Days Away Incident Rate for OSHA governed activities for the following years.  
(Number of IR-Days Away incidents divided by total hours worked times 200,000)

\_\_\_\_\_ 2016      \_\_\_\_\_ 2017      \_\_\_\_\_ 2018

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

\_\_\_\_\_ 2016      \_\_\_\_\_ 2017      \_\_\_\_\_ 2018

4. List the number of OSHA Citations that you have received in the following years.

\_\_\_\_\_ 2016      \_\_\_\_\_ 2017      \_\_\_\_\_ 2018

5. List the number of fatalities for the following years.

\_\_\_\_\_ 2016      \_\_\_\_\_ 2017      \_\_\_\_\_ 2018

6. List total number of hours worked by all employees for the following years.

\_\_\_\_\_ 2016      \_\_\_\_\_ 2017      \_\_\_\_\_ 2018

7. List annual average number of employees for the following years.

\_\_\_\_\_ 2016      \_\_\_\_\_ 2017      \_\_\_\_\_ 2018

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\*Company and Contact Information MUST be entered for this form to be processed\*