



2/25/2011

Form 7.2

**OGE ENERGY, CORP.  
CONTRACTOR SAFETY INFORMATION**

<b>Name of Firm:</b>			
<b>Primary Business:</b>		<b>Number of Employees</b>	
<b>North American Industrial Classification System (NAICS) Code:</b>		<b>Date:</b>	
<b>Submitted By:</b>		<b>Title:</b>	

**Please respond to each question as accurately as possible. All forms will be reviewed in their entirety and each supplier will be considered regardless of initial answers on this form.**

- 1 List your Worker's Compensation Experience Modification Rate (EMR) for the last three years. Please attach a copy of the correspondence from the insurance carrier containing the EMR.

Year	Policy Number	Carrier	Experience Modification Rate

- 2 List your OSHA Incident Rate for the last three years. Use your OSHA form No. 300/300A and the formula:  
(Number of Incidents or lost workdays X 200,000)/Total man-hours worked during calendar year.

Direct labor man-hours are used to compute incident rates. Administrative, engineering, sales, man-hours, etc are not included.

Year	Incidence Rate By Year

- 3 Do you have a written safety program/policy?  
*If yes, attach a copy of the program/policy table of contents or index.*  
(A copy of the complete program may be requested later, if determined necessary).
- 4 Do all employees have access to this manual?
- 5 Do you employ a full time position dedicated to safety?
- 6 Do you have a new employee training program?
- a) If yes, are all new employees trained before beginning work on a job?

<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No

b) Indicate the topics employees are trained in:

	Yes	No		Yes	No
Company safety policies/rules	<input type="radio"/> Yes	<input type="radio"/> No	Confined Space Entry	<input type="radio"/> Yes	<input type="radio"/> No
Hazard recognition/reporting	<input type="radio"/> Yes	<input type="radio"/> No	Housekeeping	<input type="radio"/> Yes	<input type="radio"/> No
Injury reporting	<input type="radio"/> Yes	<input type="radio"/> No	Lockout/Tagout	<input type="radio"/> Yes	<input type="radio"/> No
Accident prevention signs/tags	<input type="radio"/> Yes	<input type="radio"/> No	Electrical Safety	<input type="radio"/> Yes	<input type="radio"/> No
Hazard Communication	<input type="radio"/> Yes	<input type="radio"/> No	Fall Protection	<input type="radio"/> Yes	<input type="radio"/> No
Personal Protective Equipment	<input type="radio"/> Yes	<input type="radio"/> No	First Aid & CPR	<input type="radio"/> Yes	<input type="radio"/> No
Respiratory Protection	<input type="radio"/> Yes	<input type="radio"/> No	Excavation Safety	<input type="radio"/> Yes	<input type="radio"/> No
Fire Extinguishers	<input type="radio"/> Yes	<input type="radio"/> No	Cranes, Slings, & Rigging	<input type="radio"/> Yes	<input type="radio"/> No
Hot Work Procedures	<input type="radio"/> Yes	<input type="radio"/> No	Emergency Procedures	<input type="radio"/> Yes	<input type="radio"/> No
Bloodborne Pathogens	<input type="radio"/> Yes	<input type="radio"/> No	Forklift	<input type="radio"/> Yes	<input type="radio"/> No
Scaffolding	<input type="radio"/> Yes	<input type="radio"/> No	Asbestos	<input type="radio"/> Yes	<input type="radio"/> No
Other Ongoing Training, please specify:	<input type="radio"/> Yes	<input type="radio"/> No	Other Ongoing Training, please specify:	<input type="radio"/> Yes	<input type="radio"/> No

7 Do you have an electrical lineman training program for your employees?  Yes  No  N/A

If yes, describe program & topics covered: Required if applicable to Specific Power Delivery job associated with contract.

8 Do you have a training program for newly hired or promoted first line supervisors?  Yes  No

If yes, describe the program & topics covered:

9 Do you maintain training records for each employee indicating name, date of training, and means used to verify that the employee understood the training?  Yes  No

10 Do you hold periodic safety meetings for your employees?  Yes  No

If yes, how often?

- Weekly  Bi-weekly  Monthly  Other: \_\_\_\_\_

11 Do you conduct field safety inspections of work in progress?  Yes  No

a) If yes, who conducts the inspection? \_\_\_\_\_

b) How often? \_\_\_\_\_  
Attach a copy of the form used, if applicable.

12 Are all accidents and injuries investigated?  Yes  No

a) Are all employees informed of accidents/injury facts and preventive actions resulting from investigations?  Yes  No

b) If yes, how is this notification accomplished?  
 Safety Meeting  Written Notification  Other: \_\_\_\_\_

13 Is safety a criteria in evaluating the performance of:  
Laborers?  Yes  No

Supervisors?  Yes  No

Management  Yes  No

14 Do you hold field safety meetings?  Yes  No

If yes, how often?  
 Daily  Weekly  Bi-weekly  Other: \_\_\_\_\_

15 Do you have an Operator Qualification Program that complies with PHMSA Department of Transportation Part 192 requirements?  Yes  No  N/A

16 Do you have a Substance Abuse Program which complies with PHMSA Department of Transportation Part 199 requirements?  Yes  No  N/A

17 Do you have Substance Abuse Program?  Yes  No

18 Do you have a program for medically qualifying employees during Pre-employment?  Yes  No

19 Have you had any OSHA violations within the previous three (3) years?  Yes  No

If yes, please list:  
\_\_\_\_\_

I certify that the information prepared is complete and accurate.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE