



Company Name		Date			
Company Address		Years in Service			
1. Does your firm have a written safety program?		Yes		No	
2. Primary Safety Contact Name		3. Primary Safety Contact Phone number			
4. North American Industry Classification System (NAICS) code(s) that applies to your Firm					
4a. Number of employees		4b. Average number of hours worked per year.			
5. Firm's OSHA Incident Rate for Previous Three Years					
Year	Incident Rate	Industry average for your NAICS code			
6. Three-year History of Worker's Compensation Experience Modification Rate					
Year	EMR	Policy renewal date			
7. Has your firm had any work-related fatalities during the current and /or past three years?		Yes		No	
8. Has your firm had any OSHA citations within the last three years?		Yes		No	
8a. List any fatalities , Federal or State citations your firm has received during the last three years (i.e., OSHA, EPA, etc.)					
8b. Description of any fatalities, and the current status of the Citations listed above.					
9. Does your firm perform asbestos and/or lead abatement work?		Yes		No	
10. Has your firm ever performed work for Dominion or been a contractor for Dominion before?		Yes		No	
10a. If yes, Indicate Locations					
11. Has your firm been required to meet with Dominion's Corporate Safety Dept. during the current and /or past three years regarding safety violations or the above incident rates?		Yes		No	
11a. If yes, What was the outcome of the meeting.					

Attach any Federal and State citations your firm has received during the past three years.