

STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR

PO BOX 2076

CONCORD NH 03302-2076

FAX (603) 271-2668

SAFETY SUMMARY FORM FOR JANUARY 1, _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY LOCATIONS (Included In This Form): _____

CONTACT PERSON: _____ TITLE: _____ PHONE #: _____

FAX #: _____

NUMBER OF EMPLOYEES: _____

EMAIL: _____

STANDARD INDUSTRIAL CODE (SIC CODE): _____ FED ID #: _____

NATURE OF BUSINESS: _____

- 1) List potential safety and health hazards of your company.
- 2) Who is responsible for your inspections and how often are they done?
- 3) List the members of your company's joint loss management committee by name and job title. Please indicate which members represent the employer and those which represent employees, identify chairperson.
Management Member(s)-(supervisor) Employee Member(s)-(non-supervisory)
- 4) Specify your emergency response procedures.

