

CHASE - MINNESOTA

Construction Health and Safety Excellence



PARTNERSHIP APPLICATION

Directions: The following questions should be answered for the work covered in the State of Minnesota only.

COMPANY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT PERSON (Print): _____

CONSTRUCTION SIC CODE: _____ TRADES EMPLOYED: _____

AVERAGE NUMBER OF EMPLOYEES: _____

AVERAGE NUMBER OF SUPERVISORS: _____

AVERAGE NUMBER OF ANNUAL WORK HOURS: _____

DOES YOUR COMPANY HAVE A SAFETY DEPARTMENT? YES NO
SAFETY DIRECTOR IS _____

DO YOU BUDGET FOR SAFETY YES NO

OF FULL-TIME SAFETY EMPLOYEES _____

DATE OF LAST MNOSHA INSPECTION _____

DATE OF ANY WILLFUL OSHA VIOLATION IN THE LAST 3 YEARS FROM THE MNOSHA OFFICE. _____

DATE OF ANY REPEAT SERIOUS VIOLATIONS IN THE LAST 3 YEARS FROM THE MNOSHA OFFICE. _____

DATE OF ANY FATALITIES OR CATASTROPHES WITHIN THE LAST 3 YEARS THAT RESULTED IN SERIOUS OR WILLFUL CITATIONS RELATED TO THE INCIDENT FROM THE MNOSHA OFFICE. _____

