

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF LABOR**  
PO BOX 2076  
CONCORD, NH 03302-2076

**SAFETY SUMMARY FORM SUPPLEMENTAL INSTRUCTIONS\***

**THE INFORMATION ON THE SUMMARY OF SAFETY AND HEALTH PROGRAM FORM MUST BE SPECIFIC AND COMPLETED IN FULL. FORMS THAT ARE INCOMPLETE AND/OR ARE TOO GENERALIZED WILL BE SENT BACK FOR FURTHER INFORMATION. IF YOU DO NOT HAVE ENOUGH SPACE ON THIS FORM, PLEASE FEEL FREE TO USE ADDITIONAL PAPER AS NECESSARY. INFORMATION ON THIS FORM MUST BE COMPLETED, UPDATED AND FILED BI-ANNUALLY BY BUSINESSES WITH 10 OR MORE EMPLOYEES. IF YOU HAVE QUESTIONS ABOUT THE FORM ITSELF, OR WITH YOUR COMPANY'S NEEDS, PLEASE DO NOT HESITATE TO CALL A SAFETY INSPECTOR AT 271-6850 OR 271-6297.**

Topics on form which need further instructions:

- Please include Corporate address if filing for more than one New Hampshire Division.
- You are accountable for your total number of employees for establishing your joint loss management committee and for your written safety program. If you have, at any time of the year 5 or more employees, you need to set up a joint loss management committee. If you have, at any time of the year 10 or more employees, you must have a written safety program.
- On item #1, **be specific** about both existing or potential safety and health hazards or concerns of your company.
- On item #3, be sure to identify by name and job title, employee representatives as well as employer representatives of your joint loss management committee. Also, identify chairperson. There should be equal representation of both employee/employer representatives.
- On item #4, specify the emergency response procedures as outlined in your written safety program. This should include everything from emergency numbers and evacuation and head count to dealing with any minor or major injuries. Be specific about procedures used in case an emergency occurs.
- On item #7, indicate the safety and health policies or procedures you use, **or would use** if sub-contractors perform work in your facility. This would include anyone from outside of your company coming in to perform any type of work or service.
- On item #9, summarize your policy for providing adequate **time and resources** dedicated to safety. Resources could be equipment, training, personal time, commitment to safety and/or financial investments.

\* Please refer to Chapter 600, Safety Programs and Joint Loss Management Committees for further information.