



Textile Services Industry Safety Survey

**Survey Deadline
March 15, 2019**

Your data will be treated confidentially by the Mackay Research Group.
No one from TRSA or its staff will have access to individual company data.
Participant data will be aggregated in a way that prevents identification of any individual company.

Please complete and send **no later than March 15, 2019** to:
Mackay Research Group, P.O. Box 17668, Boulder, CO 80308-0668, or fax 720-890-8719, or email taylor@mackayresearchgroup.com

Instructions

- (1) Please complete one form for each of your facilities.
- (2) If you would prefer the survey in Excel, email John Mackay at taylor@mackayresearchgroup.com or visit www.safetrsa.org
- (3) Questions? Contact Taylor Mackay at the Mackay Research Group, 720-890-4255 or email taylor@mackayresearchgroup.com

Name/Title _____

Company Name _____

Mailing Address _____

City, State, Zip Code _____

Telephone (_____) _____ Fax (_____) _____

Email Address _____

Facility location _____ Location Zip Code _____

Questions

1. Type of facility being reported (**check only one**)..... Plant Depot (no on-site production)
2. How is your business classified? (**check only one**) Linen Supply (NAICS – 812331) Uniform (NAICS – 812332)
 Other (NAICS – _____)
3. **Safety** – Copy data from the facility’s 2017 OSHA Form 300A. Instead of completing question 3, you may submit a copy of your actual OSHA Form 300A for 2018.
 - Average number of employees in 2018..... _____ #
 - Total hours worked by all employees in 2018 _____ hrs
(All employees; salaried, hourly, part-time, and seasonal workers)
 - (H) Total number of cases with days away from work..... _____ #
 - (I) Total number of cases with job transfer or restriction..... _____ #
 - (J) Total number of other recordable cases _____ #
 - (K) Total number of days away from work _____ #
 - (L) Total number of days of job transfer or restriction..... _____ #
4. Does this facility have a formal program to lower incidence of injuries and lost workdays?..... Yes No
 - (A) Does this facility have a formal accident investigation program in place?..... Yes No
 - (B) Average number of safety training hours an employee receives annually _____ hrs
5. Does this facility have formal Safety Committee meetings?..... Yes No
 - (A) What is the ratio between management & employees on the Committee? ____ Management members ____ Number of employees