



# Textile Services Industry Safety Survey

Survey Deadline  
March 15, 2021

**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, 2021** to: surveys@mackayresearchgroup.com  
Mackay Research Group, P.O. Box 17668, Boulder, CO 80308-0668, or fax 720-890-8719

### Instructions

- (1) Please complete one form for each of your facilities.
- (2) If you would prefer the survey in Excel, email Taylor Mackay at [taylor@mackayresearchgroup.com](mailto:taylor@mackayresearchgroup.com) or visit [www.safetrsa.org](http://www.safetrsa.org)
- (3) Questions? Contact Taylor Mackay at the Mackay Research Group, 720-890-4255 or email [taylor@mackayresearchgroup.com](mailto: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 2020 OSHA Form 300A. Instead of completing question 3, you may submit a copy of your actual OSHA Form 300A for 2020.
  - Average number of employees in 2020..... \_\_\_\_\_ #
  - Total hours worked by all employees in 2020 ..... \_\_\_\_\_ 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