



1223 Kinder Drive
Waconia, MN 55387
Ph: (952) 442-7075

INDUSTRIAL NEEDS QUESTIONNAIRE

Date:	
Firm Name:	
Address:	
City/State/Zip:	
Telephone:	
Completed by:	

1. In the past three years, has your work-related injury rate:

- Decreased
- Increased
- Remained about the same
- Unsure

Why?

2. In the past three years, has the cost of your work-related injuries:

- Decreased
- Increased
- Remained about the same
- Unsure

Why?

3. How many employees are at your facility?

- Full time Part time

4. In the last three years, have the total number of employees at your firm:

- Decreased
- Increased
- Remained about the same

5. Is your firm self-insured?

- Yes
- No

(pg. 2)

6. Are you aware of the amount you spend annually on workers' compensation injuries?

\$ _____ 2001
\$ _____ 2000
\$ _____ 1999

7. What are your annual workers' compensation insurance premiums for the following years?

\$ _____ 2002
\$ _____ 2001
\$ _____ 2000

8. Have you experienced any time loss work injuries in:

_____ 2001 If yes, how many days? _____
_____ 2000 If yes, how many days? _____
_____ 1999 If yes, how many days? _____

9. In which departments do the majority of your injuries occur?

10. What type of injuries is most likely to occur at your facility?

_____ Bursitis
_____ Tendentious
_____ Carpal Tunnel
_____ Neck injuries
_____ Low Back injuries
_____ Others-explain _____

11. In the past three years, have your medical claims/medical premiums:

_____ Decreased
_____ Increased
_____ Remained about the same
_____ Unsure

12. Does your firm utilize any of the following?

_____ Company Doctor (Full time or part time)
_____ On-site _____ At his/her own clinic
_____ Occupational Health Nurse
_____ Full time or _____ Part time
_____ On-site or _____ Consultant
_____ Safety Supervisor/Coordinator
_____ Full time or _____ Part time
_____ Other agencies to assist Human Resource

13. Does your firm have a safety committee?

_____ Yes, its function is: _____
_____ No

(pg. 3)

14. Does your firm currently investigate reported injuries to prevent future problems?

Yes
 No

15. Does your firm have a written accident prevention program?

Yes
 No

16. Does your firm currently make efforts to educate and motivate your management and supervisory personnel about the practicality and cost effectiveness of safety and prevention methods?

Yes
 No
 Would like to do more

17. Does your firm currently make efforts to educate and motivate your workers in methods of preventing and reducing work-related injuries?

Yes
 No
 Would like to do more

18. How would you rate your employee's moral and company pride?

Great Good Poor Unsure

19. Does your firm currently incorporate ergonomic considerations in your safety and prevention program?

Yes
 No
 Would like to do more

20. What is your companies' current profit margin?

_____ %

Thank you for completing this. Please include Work Comp Loss Run Reports and OSHA 200 Logs for the last 3 years. Contact Advantage Wellness at (952) 442-7075 or at the address at the beginning of this form.