

## ASA North Texas Safety Award Application (for General Contractors & Subcontractors):

The purpose of the ASA North Texas Chapter Safety Award is to recognize those construction companies who consistently display exemplary safety performance. Each application will be reviewed for evidence of:

- Company management commitment
- Active employee participation
- Safety training
- Work Site hazard identification and control
- Overall safety performance

Participants will be required to complete the application form and submit them to [awards@asa-northtexas.org](mailto:awards@asa-northtexas.org) by **April 25<sup>th</sup> 2019**. Members of the ASA North Texas Safety Committee will review the submittals and winners will be announced at the Annual Awards Banquet. ***The cost to apply is \$150.***

1. Company Name:
  
2. Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data).

Interstate

Year	Rate
2018	
2017	
2016	

3. Please use the three most recent year's OSHA No. 300 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300/200 logs.)

Year	2018	2017	2016
Number of fatalities: (Total of columns 1 & 8)			
Number of lost and restricted workday cases: (Total of columns 2 & 9)			
Number of medical treatment cases: (Total of columns 6 & 13)			
Number of lost workday cases: (Total of columns 3 & 10)			

Employee Hours Worked:			
OSHA recordable Incidence Rate:			
OSHA Lost Workday Incidence Rate:			

Note:

- Items in parenthesis come from your OSHA 300 Log
- Recordable Incidence Rate =  $[(A+B+C) \times 200,000 / \text{Employee Hours Worked}]$
- Lost Workday Incidence Rate =  $[(D) \times 200,000 / \text{Employee Hours Worked}]$
- Employee Hours Worked = total number of hours worked during the year by all employees

4. Has your company been subject to any OSHA inspections in the last three years?

If yes, please give a brief description of the reason(s) for the inspection. Use additional paper if necessary:

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5. How many OSHA violation(s) has your Company received in the last three years?

Year	Num. of Violations
2018	
2017	
2016	

Any willfull OSHA violations?  Yes  No

If yes, please give a brief description of the violation(s). Use additional paper if necessary:

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Any employee deaths in the past 3 year?  Yes  No

If yes, please give a brief description of the circumstances:

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6. Do you have a qualified person responsible for safety within your company?  Yes  No  
Please describe his/her qualifications:

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7. Does this person do safety inspections on all your projects?  Yes  No

If yes, with what frequency?

8. Do you have a written Company Safety Policy and Program and will you provide copies if requested?  Yes  No

9. Does your Company have a substance abuse policy?  Yes  No  
If yes, please check which are included in the policy:

<input type="checkbox"/>	Pre-hire/ Initial Employment
<input type="checkbox"/>	Cause
<input type="checkbox"/>	Post Accident/ Incident
<input type="checkbox"/>	Random
<input type="checkbox"/>	Periodic

10. Do you have a return to work/light duty program?  Yes  No  
If yes, please describe:

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11. Do you have a mandatory 100%-6-foot fall protection requirement OR do you adhere to your state run OSHA program?  Yes  No

12. Do you require documented safety meetings for your employees? Indicate which and how often.

Field Supervisors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency:
New Hires:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency:
Employee:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency:

13. Does your Company provide safety training for all employees?  Yes  No  
If yes, please list training provided:

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14. Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety?  Yes  No  
If yes, with what frequency?

15. Does your Company set annual safety goals?  Yes  No  
If yes, please describe your company goals:

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16. Does your Company have a program recognizing your employees for safety performance excellence?  Yes  No

17. Does your Company have a disciplinary program in place for safety violations?  
 Yes  No

18. Does your Company review the safety program and safety management systems annually?  
 Yes  No

19. Does your Company conduct accident/ incident investigations?  Yes  No

## Executive Summary

Summarize why your company should be considered for the 2019 ASA Subcontractor North Texas Chapter Safety Award. *Do not include photos, graphics or marketing material.* Limit your answers to 400 words.

The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company:	
Prepared By:	
Signature:	
Title:	
Date:	