

## Regional Safety Excellence Award 2009 - 2010

The purpose of the Safety Excellence Award is to recognize those companies who excel at safety performance. Each candidate will be examined for their commitment to safety, occupational health management and risk control. Judges will look for evidence of company management commitment, active employee participation, safety training, work site hazard identification and control, and safety program innovation.

Participants will be required to complete the attached application form. The application form must be filled out completely to qualify. All four (4) pages must be completed. With your response at the end, you will submit UP TO 6 PAGES, BUT NO MORE THAN 6. If there are portions of the form that do not apply, mark an N/A response. **Chapters will select up to three finalists in each category and submit the recommendations to the Regional Safety Chair (Region 4 - Kathi Dobson [[kdobson@alberici.com](mailto:kdobson@alberici.com)]) no later than 5:00 pm on March 5, 2010.** An independent committee will review the submissions and the winners will be notified at the Region 4 Forum in Akron, Ohio. A winner will be chosen for both categories (Construction Company and Construction - Related Industry Company).

### Section 1 (General Information)

Company Name	Contact Person
Address	Title
City	Phone
State/Zip Code	Fax
Chapter Name and Number	E-mail
Check One: Construction Company <input type="checkbox"/>	Construction-Related Industry <input type="checkbox"/>

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2 (Injury & Illness Incidents & Frequency Rate)**

**Calendar Year 2009 CY through Feb 2010**

Total Employee-hours Worked		
Total number of lost work-day cases Injuries/Illnesses (Total of column H of the OSHA 300 log)		
Lost work-day Incidence Rate (see formula below)		
Total Recordable Injury/Illnesses (Totals in columns H,I & J of the OSHA 300 log)		
Recordable Incidence Rate (see formula below)		

The formula for either rates is  $\frac{\# \text{ of (lost work-day cases or total recordable cases) * 200,000}}{\text{Total Employee-hours worked}}$

**Section 3 (Checklist-Program Assessment)**

Please indicate by placing an "X" in the appropriate box as to whether or not your company includes the following items in your accident prevention program. If items do not apply to your company mark the N/A response. If you answer NO to one or more of the items, it will reflect poorly with the judging criteria unless you provide an explanation in the notes section at the end of the checklist for any NO or N/A responses.

**Principal Commitment**

YES	NO	N/A	
			Written Safety & Health Policy signed by a company principal with an emphasis on company commitment to Safety & Health
			Designated Safety Administrator/Coordinator trained in Safety & Health hazard recognition and management/risk control
			Consider safety and health issues as an overriding factor
			Have an annual safety and health budget, and budgets for each job. Funds available to support the safety program on company wide and project specific basis
			Company policy gives employees authority to shut down operations because of a safety hazard that presents an imminent danger to employees
			Have safety and health policy requirements written into contracts to require subcontractors to meet your safety requirements
			Utilize a pre-qualification safety & health screening method to select subcontractors, suppliers, or vendors

**Accident Prevention Plan & Procedures**

YES	NO	N/A	
			Provide safety and health rules that equal to OSHA standards.
			Provide safety and health rules that exceed OSHA standards.
			Require JHA's (Job Hazard Analysis)
			Have a written Hazard Communication Program.
			Have new hire orientation procedures
			Emergency Action Plan
			Disciplinary Procedures
			Employee Training & Documentation
			Written Policy & Procedures to cover tasks associated to your type of business

**Designated Safety Coordinator/Manager/Committee**

YES	NO	N/A	
			Safety responsibilities clearly defined
			Reports to executive management.
			Conducts safety inspection or audits.
			Investigates injuries and accidents

**Emergency Procedures and First Aid/CPR**

YES	NO	N/A	
			First Aid and CPR Certifications (Current and up to date)
			Written emergency procedure plan for evacuation
			Crisis Management Plan
			Appropriate First Aid Supplies available
			Emergency Rescue plan in place for a fall and caught-in-between victim (i.e., falls, excavations, confined spaces, etc.)

**Inspections/Accident Investigation/Reports**

YES	NO	N/A	
			Maintain safety and health recordkeeping requirements
			Provide safety inspection and accident investigation procedures
			Injury accidents are investigated promptly after an occurrence and a report is presented
			Accident reports are reviewed regularly to determine corrections
			Weekly safety and health inspections by a supervisor
			Safety and health issues are discussed and addressed
			An investigation procedure for near misses
			Site inspections conducted by a competent person and documented

**Consistent Use of Safety Posters & Posted Information**

YES	NO	N/A	
			All required Federal and State forms & notices are posted
			Injury and illness records (OSHA 300 log) are posted as required
			Use warning signs to alert workers to hazards
			Safe work practices and rules posted
			Crane and material handling hand signals posted

**Substance Abuse Policy & Procedures**

YES	NO	N/A	
			Written Drug & Alcohol Policy
			Drug testing protocol
			Alcohol testing protocol

**Site Specific Safety Plans**

YES	NO	N/A	
			Documented preplanning process or list
			Weekly safety meetings (tool box safety discussions)
			Written site specific plans (fall protection, scaffold erection, confined space, etc.)

