Sample form, not for offline completion.

Visit https://awci.awardsplatform.com to enter.

Excellence in Construction Safety

Your Company Name

AWCI's Excellence in Construction Safety Award

Eligibility

All AWCI contractor members in good standing are eligible to apply for AWCI's safety award except for those that have had a

- fatality since Dec. 31, 2022 or
- willful citation (final verdict) since Dec. 31, 2021.

All applications must include the following:

- A completed application.
- Your company-wide 2024 OSHA Form 300A.
- A copy of your company's corporate safety and health program table of coll tents/outline (if one exists).
- Photos
- Entry fee: \$150/entry

Additional Information

Winners of AWCI's Excellence in Construction Safety Averds vill be presented primarily in the following annual man-hour categories:

- 0-500,000 annual man-hours worked
- 500,000 1 million annual man-hours worke
- 1 million+ annual man-hours worked

AWCI may reclassify man-hour ego i es based on the volume of applications received.

AWCI reserves the right to combine included applications if they are submitted by the same corporate entity. AWCI also reserves the right to request company-wide safety information from individual offices to verify data and program submissions.

Important Information

Visit <u>https://www.awci.org/about/safety-awards/</u> to review the most current awards information including helpful tips about how to fill out the nomination form for this award.

Questions?

Submit to Janie Hakim at hakim@awci.org.

AWCI Safety Award Nomination Form

Company Information

Company Mailing Address

street, PO box, suite, city, state, ZIP code

Number of Years in Business

Contact Person's Name & Title

Contact Person's Email

Contact Person's Phone
Name of Company CEO/President/Principal
AWCI Chapter (if applicable) (optional)
Number of years your company has been in hus ress
This application is for

Company

O Individual Office

Note: If you selected Individual Office above, you must submit your company-wide safety data and OSHA Form 300A in addition to individual office. Ensure you are submitting the correct OSHA Form 300A log for company or individual office.

Lagging Indicator Statistics

2024 OSHA Form 300A Data (to be completed using corporate OSHA Form 300A)

Note: Applicants must include their 2024 OSHA Form 300A with submission to be eligible for consideration.

Tip: Enter a zero -- 0 -- if there is nothing to report for each question below.

Annual Average Number of Employees

North American Industry Classification System (NAICS) Code (6 digits)

Federal Employer Identification Number (FEIN)

Total Number of **Deaths** Since Dec. 31, 2022

(Note: Any number greater than zero makes your company ineligible for a safety award in 2025.)

Total Recordable Incident Rate (TRIR)

Days Away, Restricted o	r Transferred (DART) Rate
Experience Modificat	on Rate (as reported on Jan. 1)
EMR in 2024	
EMR in 2023	
EMR in 2022	C^{\prime}

How many final OSHA citations did you receive in 2024?

Willful Citations

(Note: Any number greater than zero makes your company ineligible for a safety award in 2025.)

Repeat Citations - 2024

Serious Citations - 2024

How many final OSHA citations did you receive in 2023?

Repeat Citations - 2023

Serious Citations - 2023

How many final OSHA citations did you receive in 2022?

Willful Citations

(Note: Any number greater than zero makes your company ineligible for a safety award in 2025.)

Repeat Citations - 2022

Serious Citations - 2022

Safety Program & Best Practices

Does your company have a written safety and heal the 'og, 'm in place?

🔿 Yes

O No

If Yes, describe your company's willien salety and health program and include a copy of your written program's table of contents with your submission as an ellachment (see Attachments section below).

If you answered No, use "N/A" in this section.

When was the last time your written safety and health program was reviewed and/or updated?

Who was involved in the writing/updating of your written program?

Examples: CEO, corporate safety director, HR, field personnel, jobsite craft labor employees, third party, insurance

Does your company employ a designated safety professional?

◯ Full Time

🔘 Part Time

⊖ No

How many safety professionals does your company currently employ?

Note: This can include consultants.

How many field employees does your company currently employ?

Does your company currently have a safety committee in place?

🔘 Yes

🔿 No

If yes, who are the members of your safety committee? How often do they meet?

Examples: CEO, corporate safety director, HR, field personnel, job site craft labo 'en, 'oyees, etc.

If you answered No, use "N/A" in this section.

Number of Employees with an OSHA 10-Hour Card

Number of Employees with an OSHA 30-Hour Car

Number of Employees with an O' HA 500 Tramer and/or Certified Instructional Trainer (CIT) Certification

Does your company currently have an employee wellness program in place?

🔘 Yes

🔿 No

If Yes, describe the program. (Otherwise enter "N/A.")

150 words

Does your company currently have an Employee Assistance Program (EAP) in place?

🔘 Yes

🔿 No

Leading Indicators

Check all leading indicators c	urrently employed	by your company.
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- Formal new employee safety orientation
- Site-specific safety orientation
- Near miss/near hit analysis
- Jobsite Safety Analysis/Jobsite Hazard Analysis
- Pre-task planning
- Root cause analysis
- Stretch and flex
- Substance abuse program

Describe any other leading indicators not listed above.

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Weekly

Bimonthly

Monthly

Other (see below)

If you selected Other above, describe the frequency of your to old weaks here.

If you did not select Other above, type "N/A" in this box

Safety Culture

How do your employees describe vor ... on pany's safety culture? Provide written responses from three (3) employees below.

Employee #1's comments on your company's safety culture:

Employee #2's comments on your company's safety culture:

Employee #3's comments on your company's safety culture:

Explain, with specific examples, the importance placed on safety in your organization. Who "owns it"? Who is involved in safety decisions?

How does your company ensure safety knowledge and compliance on the job site on a daily basis?

Describe your process for onboarding employees and ensuring compliance with your safety and health policies and procedures on a daily basis. Include how you employ your safety enforcement program to accomplish this.

How does your company encourage workers to actively participate in your safety and health program?

Attachments

OSHA Form 300A

Provide your company-wide 2024 OSHA Form 300A here. This is required.



If this application is for an INDIVIDUAL OFFICE, provide the individual of See's OFHA Form 300A here. (optional)

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If one exists, upload a copy of your corporate safety ... the alth program's table of contents/outline in the box below.

Safety Program Table of Contents and Outline i ava 'able (optional)

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Photography

Provide photos that show your team's safety awareness following the formats listed below. Photos can show proper PPE, safety meetings, warm-up exercises, etc.

• The photo file format should be .png or jpeg (.jpg).

- Minimum dots-per-inch (DPI) requirement is 300 DPI for print
- Size: 2550 pixels wide x 3300 pixels high (minimum)

Safety Photo #1

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Safety Photo #2



Safety Photo #3



Safety Photo #4 (optional)



Safety Photo #5 (optional)



sanne