



QUALIFICATION APPLICATION

Send this Qualification Application to:
 Safety & Health Department
 AGC Oregon-Columbia Chapter
 9450 SW Commerce Circle, Suite 200
 Wilsonville, OR 97070
 FAX: 503-682-1696

COMPANY INFORMATION	
Membership Type: <input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor/Specialty	
Date of Application:	Select One: <input type="checkbox"/> New applicant <input type="checkbox"/> Renewal
Company Name:	
Address:	
City/State/Zip:	
Phone Number:	Fax:
Company Principal/Owner:	Company Safety Contact:
Company Contact to coordinate program and jobsite audits for evaluation completion	
Contact Phone:	Contact Email:
I hereby certify that all information provided within this application is accurate.	
Person completing this application:	
Name: _____	
Title: _____	
_____	_____
Signature	Date

If you have any questions regarding this application, or the AGC Safety PRIDE process, please do not hesitate to contact the AGC Safety Department at 503-682-3363 or 800-826-6610

AGC Use only:	SMC:				
Application	Checklist	Program Audit	Jobsite Audits	Qualified	OR-OSHA note
Congrats letter	Plaque	Decals	SMC app/AMS		Web



QUALIFICATION APPLICATION

Send this Qualification Application to:
 Safety & Health Department
 AGC Oregon-Columbia Chapter
 9450 SW Commerce Circle, Suite 200
 Wilsonville, OR 97070
 FAX: 503-682-1696

Company Name:
Scope of Work (brief descriptive information about your company: primary type of work, other work, unique operations, processes). Attach additional page if necessary.

SAFETY DATA

PLEASE PROVIDE THE FOLLOWING HISTORICAL INFORMATION:

Experience Rate Modification (ERM) Your firm's Worker's Compensation ERM for the current policy year AND three most recent completed policy years.	ERM Year 0 (current) _____	ERM Year 1 _____	ERM Year 2 _____	ERM Year 3 _____
Incurred Loss Ratio (ILR) Your firm's Worker's Compensation ILR for the three most recent completed policy years.		ILR% Year 1 %	ILR% Year 2 %	ILR% Year 3 %
OSHA 300 Log Summary information: Your firm's OSHA 300 log information for the most recent three (3) completed calendar years		Calendar Year _____	Calendar Year _____	Calendar Year _____
1. Total Employee-hours worked				
2. Total number of deaths <i>(Total in column G of the OSHA 300 log)</i>				
3. Total number of lost work-day cases injuries/illnesses <i>(Total in column H of the OSHA 300 log)</i>				
4. Days Away, Restricted or Transferred (DART) (use formula): <i># of lost workday, restricted or transferred cases MULTIPLIED BY 200,000 DIVIDED BY Total Employee-hours worked</i>				
5. Total Recordable Injury/Illnesses (cases) <i>(Totals in columns H, I & J of OSHA 300 log)</i>				
6. Recordable Incident Rate (use formula): <i># of total recordable cases MULTIPLIED BY 200,000 DIVIDED BY Total Employee-hours worked</i>				
Willful Citations: Any OSHA/OR-OSHA willful citations during the most recent 3 completed calendar years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



QUALIFICATION CHECKLIST

Send this completed Qualification Checklist to:
 Safety & Loss Control Department
 AGC Oregon-Columbia Chapter
 9450 SW Commerce Circle, Suite 200
 Wilsonville, OR 97070
 FAX: 503-682-1696

Company:	Date:
-----------------	--------------

Y	N	NA	Please answer the following questions by placing an "X" in the appropriate box.
			1. Does firm have a written Safety and Health Policy/Accident Prevention Program in place? (If yes, please submit a copy - electronic version preferred)
			2. Does firm have a written safety policy statement signed by a company principal?
			3. Does firm have at least one trained employee (OSHA 30-hour or equivalent) with designated responsibility for employee safety to administer your safety program?
			4. Does firm maintain a written site-specific safety plan covering your scope of work?
			5. Does firm conduct job hazard analysis (JHA) for the most hazardous tasks? (including health as well as safety related tasks)
			6. Does firm have an effective system for hazard identification and control at different worksites including identification, tracking and control?
			7. Does firm have in place a safety committee that is functioning in compliance with Oregon OSHA rules and regulations
			8. Does firm have a written safety orientation program for new hires? Does firm conduct an orientation for all new employees regarding your safety and health program?
			9. Does firm have a written hazard communication program?
			10. Does firm conduct and document employee safety training?
			11. Does firm document and show evidence of new hire employee safety training?
			12. Does firm conduct, document and maintain records of safety meetings? If yes, how often? ___ Weekly ___ Biweekly ___ Monthly
			13. Does firm conduct accident/incident investigations?
			14. Does firm provide evidence/documentation of employee involvement at all levels of the safety and health program? (self-evaluations, site inspections, safety committees, program review, training, mishap investigations)
			15. Does firm have a written drug and alcohol program?
			16. Does firm have a written claims management policy?
			17. Does firm have a written return-to-work (RTW) program?
			18. Does firm use sub-tier subcontractors in the performance of work?
			19. Does firm require sub-tier subcontractors to attend safety meetings?
			20. Does firm review and/or monitor sub-tier subcontractor's safety meetings?