

Reference #

Status

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2019 RECOGNITION OF SAFETY EXCELLENCE AWARDS (ROSE) APPLICATION

GETTING STARTED

Please read the following instructions carefully before starting the application:

1. The ROSE is an award for a company's unique safety programs, processes, safety excellence, and outstanding performance; as such, please do not treat the application process as a marketing exercise. The use of photos, logos and/or other marketing tools/materials will result in a point deduction at the time of preliminary judging.
2. A company with a fatality on any of its projects or within their entire corporate structure which includes, if applicable, a parent company within the application year (2019) may not compete. This includes all full, part-time, contract or company employees, temporary labor agency hires or subcontractor employees. This rule is in place to protect the integrity of the Awards process and to prevent anyone from questioning AGC Oregon Columbia Chapter or a competing company receiving an award related to a fatality. If you have any questions regarding this policy, please contact AGC Oregon Columbia Chapter.
3. The application is designed to be completed one section at a time. To preview the application, in its entirety, [click here](#).
4. Incomplete or erroneous applications may result in point deductions or disqualification if the judging committee is unable to reach the contact person or other representative.

5. Your application will be initially judged by experienced safety and health professionals who are active AGC members. These members come from companies of like size and perform similar scopes of work as your organization. Judging teams are assembled to balance the volunteers' individual talents to match the categories they will be judging.

6. Finalists will be judged at the 2020 AGC National Convention by a panel of five Safety Professionals. The judges are selected for their recognized talent, experience, knowledge and positions they hold in the industry.

7. Any questions regarding instructions, rules, or policies should be directed to AGC Oregon Columbia Chapter. Contact Chris Miller, Safety Management Consultant, by phone at (503) 704-7636 or via email at chrism@agc-oregon.org.

SUBMISSION DEADLINE: DECEMBER 13, 2019

Save & Return

It is recommended that you create an account and save your progress as you work through the application.

Create an account or login

PLEASE NOTE: Multiple users cannot edit the same application at the same time. Doing so will result in loss of data. As an alternative, download a PDF of the application and work on it locally before returning to the online application.

SECTION 1: APPLICANT INFORMATION

1. Have you contacted your local Chapter regarding their established submission process or procedure?

Yes

No

If you selected 'No', please contact your local Chapter before proceeding. Many AGC chapters have safety awards programs based on the CSEA and require members to submit through their office. If this is the case for your local chapter, you must do so.

2. Has your organization, parent or subsidiary company or one of your subcontractors experienced any occupational-related fatalities involving an employee(s) on any of your projects during 2019?

Yes

No

If you selected 'Yes', STOP HERE! Your company is ineligible to apply for this year's awards.

If you selected 'No', please note the following: If your company or existing subcontractor has a

fatality involving an employee after submitting this application, but prior to the 2020 AGC Annual Convention in Las Vegas, NV, you MUST contact AGC of America and notify them of the fatality. Your company will not be eligible for an award and if you are a finalist, your company will be removed from the list of eligible candidates.

3. Has your company been a previous CSEA winner?

Yes

No

I don't know

Year:

Place:

4. Company Information

Company Name

Complete each field

Address

Complete each field

City

Complete each field

State

Complete each field

Zip Code

Complete each field

Local Chapter(s)

Complete each field

AGC National Member ID

Complete each field

NAICS Code

Complete each field

FEIN

Complete each field

5. Contact information of primary safety professional.

Name

Complete each field

Title

Complete each field

Phone

Complete each field

Email

Complete each field

6. Is your company a subsidiary, division, or member of a larger corporate entity and you receive either financial or technical support from the larger entity?

Yes

No

If you selected 'Yes', please note the following: If you are part of a larger parent company, you MUST identify both their name and AGC National Member ID below. Companies who are part of another parent entity are REQUIRED to provide a letter to AGC of America with this application which indicates that they are the sole company competing within the Parent organization and that the Parent company has authorized them to compete representing both themselves and the Parent company. The separate operating unit must have its own FEIN number and AGC National Member ID and must be a legally incorporated company. Your parent company must also validate that they are the sole designated entity representing the firm and that no other companies from the parent organization will be competing under their

corporate umbrella in any category. This rule is in place to level the playing field so companies under larger parent umbrellas can compete for the CSEA but are not competing against one another unknowingly or potentially receiving safety or financial support which their competitors may not have access to.

Company Name (Larger Corporate Entity):

AGC National Member ID (Larger Corporate Entity):

Upload letter indicating that applicant is the sole company competing within the Parent organization and that the Parent company has authorized them to compete representing both themselves and the Parent company. Size Limit: 100 MB* Alternatively, you can email the letter to chrism@agc-oregon.org.

7. Please provide a brief company biography, written in third person, which includes the company name, year formed or number of years in business, location(s) and/or areas where work is performed, and type of work performed. Character Limit: 200

8. Email at least one high-resolution company logo, preferably in vector format (.AI or .EPS), and at least one project photo to chrism@agc-oregon.org.

Yes
No

SECTION 2: ENTRY DIVISION & HOURS WORKED

NOTE: Joint Venture projects will not be considered for these awards. These awards are intended for companies and is not project specific. Joint venture project hours are prohibited from inclusion within the hours submitted for competing companies.

1. Please select the division that best fits your operation(s).

Applicants are eligible to apply in only ONE division. If your company performs multiple scopes of work (Building, Highway, Federal and Heavy etc.), you must choose one scope BUT submit all work hours for the company for ALL divisions. This includes ONLY hours worked with the United States and its territories.

Division:

Division Descriptions

Building (General Contractor (GC) only). The general contractor is responsible for the means and methods to be used in the construction/ execution of a building or structure in accordance with the contract documents. A general contractor usually is responsible for the supplying of all material, labor, equipment, and services necessary for the construction of the project.

Construction Management (CM). The project was completed using the Construction Management project delivery system where the total percentage of volume of work performed with your own field personnel was under fifteen (15) percent.

CSEA Construction Management Criteria:

1. Must have direct site safety supervision on all projects.
2. Must have safety and health clauses in their contracts, that include the ability to correct or stop unsafe acts or conditions and take disciplinary action toward contractors who create them
3. If your company self performs craft work (carpentry, concrete, steel erection, masonry, etc.) over 15% of your total work, you are not considered a Construction Management company but rather a General Contractor for the purposes of this award.

Heavy Division. Heavy contractor means a contractor whose operations may not fall within the definition of the other divisions and engages in heavy construction other than building. The completed projects include but are not limited to sewers, irrigation projects, flood control projects, trenching/excavating, and marine construction.

Utility Infrastructure. The completed project was related to water and wastewater, underground utility, site preparation and other types of public works construction such as public facilities, gas, water, sewer, or electrical. Construction or rehabilitation is typically underground, but is not all-inclusive and may be open, cut or trenchless.

Specialty Division. Specialty contractor means a contractor whose operations do not fall within the definition of "general contractor". A specialty contractor may only subcontract work that is incidental to the specialty contractor's work.

Highway Division. The completed project included highways, bridges, lane expansions, interchange improvements, new interchanges or alignments, overpasses, pedestrian bridges, road tunnels, transit and railroad project.

Vendor/Supplier. A vendor or supplier is any company that provides construction materials, manufactured products, construction equipment or other goods to contractors or specialty contractors.

SECTION 2: ENTRY DIVISION & HOURS WORKED

2. Enter employee hours for the overall company.

Applicants are required to input their estimated hours worked through the end of 2019. AGC of America will compile all hours worked for each division and utilize this data to establish

categories on a sliding scale. Applicants will then be notified as to which category they will be competing.

Applicants applying in the Construction Management division are required to input the total of their hours worked plus the subcontractor hours worked for all projects.

Hours Worked in 2019:

3. GCs and CMs ONLY:

All General Contractors (GC) and Construction Management (CM) companies need to identify the percentage of self-performed work by only their respective hourly employees, not including management or administrative personnel. For the purposes of the CSEA, the definition of self-performed work is work performed by direct-hire pay-rolled employees, NOT subcontractors, temporary labor agency employees, owner subsidiaries or affiliated companies which operate under a separate business license or tax ID number.

% of Self Performed Work Hours

Enter the percent (%) work performed by individual trades. The sum of the percentages should equal 100%. Enter N/A in unused rows.

Trade 1

Trade Name

%

Trade 2

Trade Name

%

Trade 3

Trade Name

%

Trade 4

Trade Name

%

Trade 5

Trade Name

%

Trade 6

Trade Name

%

Trade 7

Trade Name

%

Trade 8

Trade Name

%

Trade 9

Trade Name

%

Trade 10

Trade Name

%

SECTION 3: INJURY & ILLNESS INCIDENTS AND FREQUENCY RATE

NOTE: These numbers will be confirmed during initial judging process. Missing information may result in reduction of judging points.

Reporting information is required for 2017, 2018, and 2019 (estimate through end of the 2019 calendar year).

1. Average number of employees

2017

2018

2019*

2. Percent of self-performed hours worked

2017

2018

2019*

3. Total employee-hours worked

2017

2018

2019*

4. Total number of cases with days away from work (Column H of the OSHA 300A Summary Log)

2017

2018

2019*

5. Total number of cases with job transfer or restriction (Column I of the OSHA 300A Summary Log)

2017

2018

2019*

6. Total number of other recordable cases (Column J of the OSHA 300A Summary Log)

2017

2018

2019*

7. Lost workday incidence rate (Formula below)

2017

2018

2019*

8. Total number of recordable injuries/illnesses (Sum of columns H, I, and J of the OSHA 300A Summary Log)

2017

2018

2019*

9. Recordable incidence rate (Formula below)

2017

2018

2019*

10. Total number of cases with days away from work and job transfer or restriction (Sum of Columns H and I of the OSHA 300A Summary Log)

2017

2018

2019*

11. DART rate (Formula below)

2017

2018

2019*

OPTIONAL: Average number of full-time safety professionals

2017

2018

2019*

OPTIONAL: Experience Modification Rate (EMR)

2017

2018

2019*

Reporting and Calculations Instructions

Row 1. Enter the average number of employees reported on your OSHA 300A Summary Log.

Row 2. Percentage (%) Of Self Performed Work Hours – These are the work hours that your company self- performed for the year. Estimate the percentage of work as opposed to subcontracting out. This number is the same number from Section 2 if you are a General Contractor or a Construction Manager.

Note: Self-Performed Work Hours or Percentage Self-Performed Work. Work hours or percentage of work on a construction project performed by Field Personnel such as Laborers, Carpenters, Masons, Electricians, Pipe Fitters, Ironworkers, Sheet Metal Workers and other trades who are paid to perform work – usually on an hourly basis. This does not include Superintendents, Project Management, Project Engineers, Administrative Assistants and other supervisory or support personnel. Do not include hours worked by subcontracted employees or subsidiary/sister-company employees.

Row 3. Total Employee Hours Worked by Your Company - Enter the total number of work hours reported on your OSHA 300. This does NOT include subcontractor or temporary labor agency hours.

Row 4. From your OSHA 300A Summary Log, enter the total of Column H. Lost Workday Cases Injury/Illness: include any occupational injury or illness which results in an employee

being unable to work a full assigned work shift.

Row 5. From your OSHA 300A Summary Log, enter the total of Column I. Job Transfer or Restriction Injury/Illness: include any occupational injury or illness that involves restricted work or job transfer but does not involve death or days away from work.

Row 6. From your OSHA 300A Summary Log, enter the total of Column J. Total number of other recordable cases.

Row 7. Lost Work-Day Incidence Rate – a mathematical calculation that describes the number of lost work days per 100 full-time employees in any given time frame. The formula is:

$$\frac{\text{\# of lost workday cases} * 200,000}{\text{total employee-hours worked}}$$

Example: X Company, 3 Lost Workday Cases, 350,000 Man Hours

$$(3 * 200,000) / 350,000$$

$$= 600,000 / 350,000$$

$$= 1.71$$

Lost Workday Incidence Rate = 1.71

Row 8. From your OSHA 300A Summary Log, total columns H, I, and J.

Row 9. Recordable incidence rate – Enter the number from Row 8 into the following formula to calculate this rate:

$$\frac{\text{total recordable cases} * 200,000}{\text{total employee-hours worked}}$$

Example: X Company, 5 Total Recordable Cases, 350,000 Man Hours

$$(5 * 200,000) / 350,000$$

$$= 1,000,000 / 350,000$$

$$= 2.86$$

Recordable Incidence Rate = 2.86

Row 10. From your OSHA 300A Summary Log, total columns H and I.

Row 11. DART Rate (Days Away, Restrictions, and Transfers Rate) – This number is also based on trending over 200,000 hours but it is not based on total injuries. It is based only on those injuries and illnesses severe enough to warrant “Days Away, Restrictions and Transfers”. The formula is:

$$\frac{(\text{\# of lost workday cases} + \text{total restricted workday cases}) * 200,000}{\text{total employee-hours worked}}$$

Example: X Company, 10 Lost Workday Cases, 3 Restricted Workday Cases, 350,000 Man Hours

$(13 * 200,000) / 350,000$

$= 2,600,000 / 350,000$

$= 7.42$

Company DART Rate = 7.42

SECTION 4: EXECUTIVE SUMMARY - WHY DO YOU DESERVE TO WIN?

Summarize why your safety program should be considered the “Best of the Best” in America. Explain how you demonstrate top management involvement rather than management commitment. Do NOT include photos or other marketing materials. Any deviation from these directions will result in points docked from your application. Word Limit: 500

SECTION 5: DESCRIPTION OF COMPANY PROJECTS

Give a brief and definitive description of your last three (3) completed projects, including unique hazards and controls. This will allow the judges to gain some understanding of the scope and type of work your company performs. Do NOT include photos or other marketing materials. Any deviation from these directions will result in points docked from your application. Word Limit: 500

SECTION 6: DESCRIPTION OF SAFETY PROGRAM

Describe the key features of your safety program. Include examples that demonstrate hard work, persistence, innovation, teamwork, and a passion for continuously improving your safety management systems above and beyond minimum state and federal safety standards.

Avoid repeating what you have said in your application to this point or what is published in your corporate program. This is your opportunity to demonstrate that “special something” that sets you apart from others in the industry – be creative. Explain those things that you feel you do better than everyone else. The following will be evaluated: overview of Company safety program; level of employee involvement in safety; new programs, procedures or resources used by Company to promote safety; Management's ownership and involvement in safety; and unique program elements used by Company to promote and heighten safety awareness.

Please include information on the following elements:

Management Ownership and Involvement - How does senior management drive project safety throughout the organization?

Risk Identification and Analysis - How are risks identified, analyzed, and communicated to proactively drive project safety management?

Task Design - Engineering Controls and Design for Safety - Provide examples of how you have used engineering controls and the sequence of work to reduce worker injury exposures.

Safe Work Methods (Planning and Validation) - Describe how work is planned safely and how you validate that your planning procedures are effective.

Worker Engagement, Involvement, and Participation - Consider how the individuals closest to the daily work make decisions that improve safety. Write about how your project managers/superintendents ensure that everyone can participate in the decision-making process when it comes to safety.

Safety Training and Validation of Training - Explain key elements of your safety training system; orientation and ongoing. How do you validate the training received was effective?

Subcontractor Management - Describe key elements of your subcontractor safety management process.

Emergency and Crisis Management - What are unique aspects of your process?

Do NOT include photos or other marketing materials. Any deviation from these directions will result in points docked from your application.

Word Limit: 1,400

SECTION 7: SAFETY PROGRAM ASSESSMENT

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

PART 1: PRINCIPAL COMMITMENT

1. Written safety & health policy signed by company principal with an emphasis on company commitment to safety & health

Yes
No
N/A

Notes:

2. Designated safety administrator/coordinator trained in safety & health hazard recognition and management/risk control

Yes
No
N/A

Notes:

3. Consider safety and health issues as an overriding factor during construction

Yes
No
N/A

Notes:

4. Have an annual safety and health budget, and budget(s) for each job. Funds available to support the safety program on company-wide and project-specific basis

Yes
No
N/A

Notes:

5. Company policy gives field employees authority to “shut down” a job or operation because of a hazard that presents an imminent danger to employees

Yes
No
N/A

Notes:

6. Have safety and health policy or requirements written into contracts to require subcontractors to meet your safety requirements

Yes
No
N/A

Notes:

7. Utilize a pre-qualification safety & health-screening method to select subcontractors, suppliers or vendors

Yes
No
N/A

Notes:

8. Require a site-specific orientation for all sub-contractor, vendor, support personnel prior to project access

Yes
No
N/A

OPTIONAL: Length of site-specific orientation (in hours)

< 1
1
2
3
4
> 4

Specify number of hours

Notes:

9. Control and monitor all safety activities on jobsites

Yes
No
N/A

Notes:

10. Provide contractual provisions for termination of contractors for unsatisfactory safety performance

Yes
No
N/A

Notes:

11. OPTIONAL: Conduct employee culture/perception surveys

Yes
No
N/A

Who performs the employee culture/perception surveys?

In-house
Third party

Notes:

PART 2: ACCIDENT PREVENTION PLAN & PROCEDURES

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the

selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. Provide safety and health rules that are equal to OSHA standards

Yes
No
N/A

Notes:

2. Provide safety and health rules that exceed OSHA standards

Yes
No
N/A

Notes:

3. Require Job Hazard Analyses (JHA) job-specific tasks

Yes
No
N/A

Notes:

4. Company-wide hazard communication coordinator

Yes
No
N/A

Notes:

5. A job-specific hazard communication coordinator

Yes
No
N/A

Notes:

6. Standard procedure to inform and receive information from other contractors on the same jobsite

Yes
No
N/A

Notes:

PART 2A: NEW-HIRE ORIENTATION INCLUDES

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. How to report injuries & unsafe conditions and work practices

Yes
No
N/A

Notes:

2. An overview of the company's safety & health requirements

Yes
No
N/A

Notes:

3. Location of first aid kits/facilities

Yes
No
N/A

Notes:

4. Use and care of Personal Protective Equipment (PPE)

Yes
No
N/A

Notes:

5. Actions to take in the event of emergencies

Yes
No
N/A

Notes:

6. Overviews of the company's discipline procedures and enforcement policy

Yes
No
N/A

Notes:

7. Company's roles and responsibilities in the safety program

- Yes
- No
- N/A

Notes:

8. How is your company ensuring the safety of new hires coming to your jobsite, especially those that are new to construction? Please provide your response below. Word Limit: 150

9. OPTIONAL: Length of new-hire orientation (in hours)

- < 1
- 1
- 2
- 3
- 4
- > 4

Notes:

Specify number of hours:

10. OPTIONAL: Length of new-hire orientation for management (in hours)

- < 1
- 1
- 2
- 3
- 4
- > 4

Specify number of hours:

Notes:

11. OPTIONAL: Length of new-hire safety-specific orientation (in hours)

- < 1
- 1
- 2
- 3
- 4
- > 4

Specify number of hours:

Notes:

PART 2B: EMPLOYEE TRAINING & DOCUMENTATION INCLUDES

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. Have personnel on each job trained in first aid and CPR

- Yes
- No
- N/A

Notes:

2. Provide 30-Hour OSHA training to field employees

- Yes
- No
- N/A

Notes:

3. Provide 30-Hour OSHA training to field management staff

Yes
No
N/A

Notes:

4. Fall protection systems

Yes
No
N/A

Notes:

5. Forklift operator training, certification, & evaluation

Yes
No
N/A

Notes:

6. Competent person safety training applicable for your business (i.e., scaffolds, trenching & excavations, etc.)

Yes
No
N/A

Notes:

7. Fire prevention

Yes
No
N/A

Notes:

8. Hazard communication

Yes
No
N/A

Notes:

9. Defensive driving

Yes
No
N/A

Notes:

10. Use of Personal Protective Equipment (PPE) and respirators

Yes
No
N/A

Notes:

11. Confined space hazards

Yes
No
N/A

Notes:

12. Asbestos hazard awareness

Yes
No
N/A

Notes:

13. Lead hazard awareness

Yes
No
N/A

Notes:

14. Silica dust hazard awareness

Yes
No
N/A

Notes:

15. Manual lifting hazard awareness

Yes
No
N/A

Notes:

16. Electrical hazards, including lockout/tagout procedures

Yes
No
N/A

Notes:

17. Site-specific risks and hazard awareness

Yes
No
N/A

Notes:

18. Traffic zone hazard awareness & flagging

Yes
No
N/A

Notes:

PART 2C: A WRITTEN POLICY OR PROCEDURE THAT INCLUDES

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. Lockout/tagout of hazardous energy sources

Yes
No
N/A

Notes:

2. Permit-required confined space entry procedures

Yes
No
N/A

Notes:

3. Blood borne pathogens exposure control plan

Yes
No
N/A

Notes:

4. Fall protection plan

Yes
No
N/A

Notes:

5. Fire prevention & emergency action plan

Yes
No
N/A

Notes:

6. Asbestos and lead procedures

Yes
No
N/A

Notes:

7. Trenching and excavation procedures

Yes
No
N/A

Notes:

8. Traffic control plan

Yes
No
N/A

Notes:

9. Vehicle driver selection & fleet safety policy

Yes
No
N/A

Notes:

10. Assured equipment grounding or GFCI program

Yes
No
N/A

Notes:

11. Disciplinary procedures and enforcement of subcontractor safety

Yes
No
N/A

Notes:

12. Workplace violence and harassment policy

Yes
No
N/A

Notes:

13. Explosives and detonation safety plan

Yes
No
N/A

Notes:

14. Pre-lift cranes or hoisting equipment plan

Yes
No
N/A

Notes:

15. Behavior-based observations & reporting

Yes
No
N/A

Notes:

16. Quality assurance/quality control plan

Yes
No
N/A

Notes:

17. Demolition plan

Yes
No
N/A

Notes:

18. Muscle strain prevention program

Yes
No
N/A

Notes:

19. OPTIONAL: Do you complete, at least annually, a comprehensive safety program evaluation?

Yes
No
N/A

Who performs the comprehensive safety program evaluation?

In-house
Third party

Notes:

PART 3: DESIGNATED SAFETY COORDINATOR/MANAGER/COMMITTEE

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the

selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. Safety responsibilities clearly defined in writing

Yes
No
N/A

Notes:

2. Reports to executive management

Yes
No
N/A

Notes:

3. Attends management and project safety meetings

Yes
No
N/A

Notes:

4. Has degree or professional certificates in safety and health

Yes
No
N/A

OPTIONAL: Select the professional designations that apply

CSP
CHST
STS
CIH
Other:

Notes:

5. Conducts and records safety inspections

Yes
No
N/A

Notes:

6. Conducts and records accident investigations

Yes
No
N/A

Notes:

7. Makes decisions on safety procedures & policies

Yes
No
N/A

Notes:

8. OPTIONAL: Completes safety trending reports

Yes
No
N/A

Frequency of completing trending reports

Monthly
Quarterly
Annually
Other:

Notes:

PART 4: EMERGENCY PROCEDURES AND FIRST AID/CPR

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. First aid and CPR certifications (current and up-to-date)

Yes
No
N/A

Notes:

2. Written emergency procedure plan for evacuation

Yes
No
N/A

Notes:

3. Crisis management plan

Yes
No
N/A

Notes:

4. Have the appropriate/adequate first aid supplies and equipment on a jobsite

- Yes
- No
- N/A

Notes:

5. Have an emergency rescue plan in place for a fall and caught-in-between victim (i.e., falls, excavations, confined space, etc.)

- Yes
- No
- N/A

Notes:

PART 5: INSPECTION & ACCIDENT INVESTIGATION & REPORTS

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. Maintain safety and health recordkeeping requirements

- Yes
- No
- N/A

Notes:

2. Provide safety inspection and accident investigation procedures

- Yes
- No
- N/A

Notes:

3. Injury accidents are investigated promptly after an occurrence and a report is presented

- Yes
- No
- N/A

Notes:

4. Accident reports are reviewed regularly to determine corrections

- Yes
- No
- N/A

Notes:

5. Require safety and health inspections of each jobsite

- Yes
- No
- N/A

Identify who performs these safety and health inspections and the frequency of their inspections

Safety Manager

- Weekly
- Bi-weekly
- Monthly
- N/A
- Other

Supervisor

Weekly
Bi-weekly
Monthly
N/A
Other

Superintendent

Weekly
Bi-weekly
Monthly
N/A
Other

Project Manager

Weekly
Bi-weekly
Monthly
N/A
Other

Notes:

6. Safety and health issues are discussed and addressed at each job progress meeting with the other contractors

Yes
No
N/A

Notes:

7. An investigation procedure for near misses

Yes
No
N/A

Notes:

8. Daily site inspections conducted by competent person

- Yes
- No
- N/A

Notes:

9. Daily site inspections documented by competent person

- Yes
- No
- N/A

Notes:

PART 6: CONSISTENT USE OF SAFETY POSTERS & POSTED INFORMATION

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. All required federal and state forms & notices posted at jobsite

- Yes
- No
- N/A

Notes:

2. Post injury and illness records such as 300A form

Yes
No
N/A

Notes:

3. Communicate all environmental monitoring and test data with employees (i.e., post the results of air tests)

Yes
No
N/A

Notes:

4. Use warning signs on jobsites to alert workers to hazards

Yes
No
N/A

Notes:

5. Safe work practices and rules posted

Yes
No
N/A

Notes:

6. Crane or material handling hand signals posted

Yes
No
N/A

Notes:

PART 7: SUBSTANCE ABUSE POLICY PROCEDURES, INCLUDING FOR SUBCONTRACTORS

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. Written drug & alcohol prohibition policy

Yes
No
N/A

Notes:

2. Inclusion of subcontractors in testing policy

Yes
No
N/A

Notes:

3. Drug testing protocol

Yes
No
N/A

OPTIONAL: Random drug testing performed

Yes
No
N/A

Specify frequency of random drug testing

Notes:

4. Alcohol testing protocol

Yes
No
N/A

Notes:

5. Employee assistance program or counseling referral program

Yes
No
N/A

Notes:

6. Have you taken the Drug-and-Alcohol-Free pledge at drugfreeconstruction.org?

Yes
No
N/A

Notes:

PART 8: SITE-SPECIFIC SAFETY PLANS

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. Documented pre-planning process/lists

Yes
No
N/A

Notes:

2. Weekly safety meetings (tool box safety discussions)

Yes
No
N/A

Notes:

3. Written site-specific plans (fall protection, confined space, etc.)

Yes
No
N/A

Notes:

PART 9: PARTICIPATION IN CONSTRUCTION SAFETY ACTIVITIES

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. Construction-related association training class

- Yes
- No
- N/A

OPTIONAL: Specify the training course(s) and the host association(s)

1.

Training Course(s)

Host Association(s)

2.

Training Course(s)

Host Association(s)

3.

Training Course(s)

Host Association(s)

4.

Training Course(s)

Host Association(s)

5.

Training Course(s)

Host Association(s)

Notes:

2. Active participation in a construction-related association safety committee

Yes

No

N/A

OPTIONAL: Specify the host association(s)

1.

Host Association(s)

2.

Host Association(s)

3.

Host Association(s)

4.

Host Association(s)

5.

Host Association(s)

Notes:

3. National safety organization conference

- Yes
- No
- N/A

OPTIONAL: Specify the host association(s)

1.

Host Association(s)

2.

Host Association(s)

3.

Host Association(s)

4.

Host Association(s)

5.

Host Association(s)

Notes:

4. Academia-sponsored safety seminar/conference (i.e., college, university or junior college)

- Yes
- No
- N/A

OPTIONAL: Specify the host organization(s)

1.

Host Organization(s)

2.

Host Organization(s)

3.

Host Organization(s)

4.

Host Organization(s)

5.

Host Organization(s)

Notes:

5. Local or regional safety seminars

- Yes
- No
- N/A

OPTIONAL: Specify the host organization(s)/vendor(s)

1.

Host Organization(s)/Vendor(s)

2.

Host Organization(s)/Vendor(s)

3.

Host Organization(s)/Vendor(s)

4.

Host Organization(s)/Vendor(s)

5.

Host Organization(s)/Vendor(s)

Notes:

PART 10: RETURN-TO-WORK PROGRAM & MEDICAL MANAGEMENT

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or "N/A" response may result in a deduction of points.

1. Written return-to-work (RTW) program

Yes

No

N/A

Notes:

2. Written modified duty tasks or descriptions

Yes

No

N/A

Notes:

3. Coordination with physicians/modified duty descriptions

Yes
No
N/A

Notes:

4. Documentation of supervisory training in RTW criteria

Yes
No
N/A

Notes:

5. Written claims management policy & procedure

Yes
No
N/A

Notes:

6. OPTIONAL: Pre-hire fitness-for-duty/agility testing

Yes
No
N/A

PART 11: BILINGUAL EMPLOYEES

Complete the following checklist based on your company's current policies and procedures.

For those items/areas that do not pertain to your company, select "N/A – not applicable". For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL "No" or "N/A" responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a "No" or

“N/A” response may result in a deduction of points.

1. Provide safety training in a language other than English

- Yes
- No
- N/A

Notes:

2. Provide written material and signs in language other than English

- Yes
- No
- N/A

Notes:

PART 12: GENERAL CONTRACTORS / CONTRACT MANAGERS SECTION ONLY

NOTE: Part 12 MUST be completed by General Contractors and Construction Management firms ONLY.

Complete the following checklist based on your company’s current policies and procedures.

For those items/areas that do not pertain to your company, select “N/A – not applicable”. For example, a floor tile subcontractor may not have any need for trenching & excavation safety components. Therefore, N/A would be the appropriate selection.

Applicants may use the "Notes" field to provide additional, limited information to support the selection made. However, ALL “No” or “N/A” responses MUST include a brief explanation as to why the selection was made. Incomplete or the absence of an explanation for a “No” or “N/A” response may result in a deduction of points.

1. Track subcontractor work hours by site or project

- Yes
- No
- N/A

Notes:

2. Track subcontractor work-related injuries by site or project

- Yes
- No
- N/A

Notes:

3. Have a mandatory 100%-6-foot fall protection requirement for all trades

- Yes
- No
- N/A

Notes:

4. Does your company participate in any OSHA Partnerships or Alliances

- Yes
- No
- N/A

OPTIONAL: List the OSHA Partnerships or Alliances you participate in

1.

OSHA Partnerships or Alliances

2.

OSHA Partnerships or Alliances

3.

OSHA Partnerships or Alliances

4.

OSHA Partnerships or Alliances

5.

OSHA Partnerships or Alliances

Notes:

5. Do you offer your subcontractors free OSHA 10- or 30-hour training

Yes

No

N/A

Notes:

6. Require JSA (job safety analysis) use by subcontractors for daily operations

Yes

No

N/A

Notes:

7. Require daily written crane inspections

Yes

No

N/A

Notes:

8. Require crane pre-task planning for all picks

Yes

No

N/A

Notes:

9. Require 3rd party crane inspections prior to crane operational start up

Yes
No
N/A

Notes:

10. Do you conduct daily pre-task meetings with involved trades covering high hazard work

Yes
No
N/A

Notes:

11. Do you conduct a project-wide muscle strain prevention program

Yes
No
N/A

Notes:

TERMS AND CONDITIONS

As a candidate for the AGC Construction Safety Excellence Awards, I understand and agree that I swear or affirm that I have read and understand the items and instructions on this form and that the responses are true and complete to the best of my knowledge.

Print Name:

Signature:

Title:

President
CEO
Owner

Date:

Would you like to receive a copy of your completed application?

Yes
No

First Name:

Last Name:

Email:

Your application is now complete.

Last Update

Start Time

Finish Time