



CHAPTER NUMBER _____
REGION _____
NAWIC MEMBER NAME

NAWIC 2012 SAFETY EXCELLENCE AWARDS

INTRODUCTION TO THE 2012 SAFETY EXCELLENCE AWARDS

NAWIC's Safety & Health Awareness Committee is pleased to offer this award, which recognizes safety as a corporate value and commitment, to the membership as a regional recognition honor as well as a national recognition award. The award is intended to recognize individual companies or company divisions who employ a current NAWIC Chapter or At-Large Member. The award is evaluated on several levels, first by the member's Chapter. At-Large Members should submit directly to their Region's Safety & Health Awareness Chairperson.

The date for submitting awards to Chapters is February 1, 2012. Each Chapter will then forward their winner(s) in each category (if applicable) to their Region's Safety & Health Awareness Chairperson. (REGION CHAIRPERSONS WILL RECUSE THEIR OWN COMPANY OR SUBSIDIARY TO AVOID ANY SENSE OF CONFLICT OF INTEREST) *The deadline for Chapters to submit their selections to their Region's Safety & Health Awareness Committee Chairperson is February 29, 2012. NO SELECTIONS WILL BE ACCEPTED AFTER FEBRUARY 29, 2012.*

The Region Safety & Health Awareness Committee Chairpersons will then identify their top choice(s) for recognition at their Region's Spring 2012 Forum. Winners of the Region Safety Excellence Awards will then be forwarded to the National Safety & Health Awareness Committee Chairperson and her committee (tentatively consisting of the current Chair, Co-Chair, one current Regional Safety & Health Awareness Committee Chairperson, TBD, and the two immediate past Chairs of the NAWIC National Safety & Health Awareness Committee). **They** will select the National Winner who will be recognized at the 2012 NAWIC National Convention in Denver, Colorado. There will be one winner from the Contractor/Subcontractor category and one winner from the Construction-Related Firm category awarded at National Convention.

SAFETY EXCELLENCE AWARDS APPLICATION: PART I (25 POINTS)

Part I applies to your parent corporation and its safety statistics for 2011

FIRST, identify if you are a contractor (self performs labor, or works as a Prime or General Contractor), a subcontractor (self performs labor for a Prime or General Contractor or Owner/Client OR a construction-related company (supports/supplies/advises the industry such as insurance, accounting, etc. or works ONLY as CM)

INDICATE the appropriate category

a	PRIME CONTRACTOR > 100 EMPLOYEES	
b	PRIME CONTRACTOR < 100 EMPLOYEES	
c	SUBCONTRACTOR > 50 EMPLOYEES	
d	SUBCONTRACTOR < 50 EMPLOYEES	
e	CONSTRUCTION-RELATED FIRM	

B What is your company's NAICS Number _____

C INCLUDE A COPY OF YOUR CORPORATE OSHA 300A SUMMARY FOR 2011 WITH THIS APPLICATION

1	Total number of Labor Hours worked by your company	
2	Total number of Labor Hours worked by your division. (location where NAWIC member is employed - helps determine percentage of work performed at NAWIC Member Location)	
3	Total number of work-related fatalities (Column G)	

NOTE: if your company, parent or subsidiary company OR ONE OF YOUR SUBCONTRACTORS (if submitting as CONTRACTOR) experienced an occupational-related fatality on one of your projects involving an employee(s) during 2011, you will not be eligible for the NAWIC Safety Excellence Award in 2012

If your company or existing subcontractor has a fatality involving an employee(s) after submitting this application, but prior to the 2012 deadline for submittals, you MUST notify NAWIC's National Safety & Health Awareness Committee Chairperson (Kathleen Dobson - kdobson@alberici.com) and notify her 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 eligible candidate list.

4 Total number of cases with DAYS AWAY from work (column H)

5 Total number of cases with JOB RESTRICTION or JOB TRANSFER (column I)

6 Total number of other recordable cases (column J)

7 Total number of days away from work (column K)

8 Total number of days of job restriction or job transfer (column L)

INDICATE

9 What is your company EMR for 2009?

Interstate	Intrastate
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10 What is your company EMR for 2010?

Interstate	Intrastate
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11 What is your company EMR for 2011?

Interstate	Intrastate
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12 IF KNOWN, what is your company EMR for 2012?

Interstate	Intrastate
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13 IF APPLICABLE, has your (where the NAWIC member is employed) BRANCH, SUBSIDIARY or DIVISION had any cases of DAYS AWAY or JOB RESTRICTION/JOB TRANSFER CASES?

YES	NO

a How many DAYS AWAY CASES?

i How many DAYS AWAY?

b How many JOB RESTRICTION/JOB TRANSFER CASES?

i How many JOB RESTRICTION/JOB TRANSFER DAYS?

Who is completing this form?

NAME (PRINT) _____

JOB TITLE _____

WHO IS THE NAWIC MEMBER SUBMITTING THIS FORM? _____

WHAT CHAPTER (NAME/NUMBER) AND REGION? _____

SAFETY EXCELLENCE AWARDS APPLICATION: PART II (35 POINTS)

Part II applies to your (the NAWIC Member's) office, branch, division or subsidiary where the majority of your work is performed - NOT the Corporate Office, unless you work in the Corporate Office

If your answer requires an explanation OR if you respond "NO" to any question below, please provide an explanation on a separate page

	YES	NO
1 Do you employ a full-time Safety Manager or Director at your location?		
2 Do you have a safety plan and emergency/crisis response plan for your office staff?		
3 Do you have an emergency/crisis plan for your office staff?		
4 Do you have a health promotion program for your employees and their families? (smoking secession/weight loss/heart health/offer CPR & First Aid)		
5 Who oversees field (site/project) safety? (job title of the person)		
a If not full time, how frequently are site inspections conducted?		
b Indicate all applicable		
DAILY		
WEEKLY		
AS NEEDED		
OTHER (explain)		
6 Do you have minimum educational criteria for site safety management?		
	YES	NO
7 Is there someone within your company trained in basic first aid and CPR at every location where there is not a medical office on site?		
8 Do you utilize a site specific safety plan?		
	YES	NO
9 Do you utilize a site specific emergency/crisis response plan?		
a If applicable, who develops the site specific safety plan and emergency/crisis response plan?		
	YES	NO
10 Does your company offer a site specific orientation for all employees who are newly hired and/or new to a project?		
11 What percentage of employees have OSHA 10 Outreach and/or OSHA 30 Hour Outreach? - specify for each		
a 10 hour?		
b 30 hour?		

- c Both 10 & 30 hour?
- 12 If you hire any workers whose first language is not English, how do you ensure that they know and understand safe work practices?
- 13 Do you have a substance abuse prevention plan?
- a Does it consist of pre-hire, annual, random, post-accident drug testing?
- b Does it include alcohol testing (swab or BAT)?
- 14 Do your employees use their own vehicles for work-related activities?
- a Are vehicle operators' driving records checked prior to authorizing them to operate a company owned vehicle?
- b Do you have a program that includes defensive driving training?
- c Do you have a "NO TEXTING" /HANDS FREE PHONE USE policy while operating company owned vehicles or while on company owned business?
- d How many miles (approximate) driven annually by employees for work-related activities from your location?
- e How many "at fault" vehicle accidents occurred from the vehicles driven from your location?

	YES	NO
13 Do you have a substance abuse prevention plan?		
a Does it consist of pre-hire, annual, random, post-accident drug testing?		
b Does it include alcohol testing (swab or BAT)?		
14 Do your employees use their own vehicles for work-related activities?		
a Are vehicle operators' driving records checked prior to authorizing them to operate a company owned vehicle?		
b Do you have a program that includes defensive driving training?		
c Do you have a "NO TEXTING" /HANDS FREE PHONE USE policy while operating company owned vehicles or while on company owned business?		

	YES	NO
15 Are pre-task plans developed for your field work?		

- 15 Are pre-task plans developed for your field work?
- a Who develops these for the project?

	YES	NO
16 Are daily prestart meetings conducted with your field crews?		

- 16 Are daily prestart meetings conducted with your field crews?
- a Who conducts the meetings?

	YES	NO
17 Do you conduct weekly Tool Box Talks with your field crews?		
18 Do you enforce a strict 6 foot fall protection rule?		
a Do you utilize a Controlled Access Zone/Controlled Decking Zone (CAZ/CDZ) plan?		
b Do you utilize a Safety Monitoring Plan?		
19 Do you conduct field observations?		

- 17 Do you conduct weekly Tool Box Talks with your field crews?
- 18 Do you enforce a strict 6 foot fall protection rule?
- a Do you utilize a Controlled Access Zone/Controlled Decking Zone (CAZ/CDZ) plan?
- b Do you utilize a Safety Monitoring Plan?
- 19 Do you conduct field observations?
- a Who does the observations?
- b How often are they conducted?

	YES	NO
20 Do you use other tools to assure that employees are performing their work safely?		

- 20 Do you use other tools to assure that employees are performing their work safely?
- a Please identify the tool(s) used

SAFETY EXCELLENCE AWARDS APPLICATION: PART III (40 POINTS)

Part III applies to your company's safety & health commitment and culture

	YES	NO
1 Does your safety program have a commitment statement from your company CEO/President/Owner?		

2 What makes your safety program better than your competitors?
(What is your competitive edge - be specific.) (Attach to the application using no more than 2 page of Times New Roman, 10 Font.)

Reviewed by: _____
Printed Name/Title and Signature of Company's/Location's Most Senior Executive

NOTE: You must submit a copy of your corporate's 2011 OSHA 300A, any explanations for responses in Section II and the one page response to question 2 of Section III

Check:	
APPLICATION	[]
OSHA LOG	[]
EXPLANATION SHEET	[]
SECTION III RESPONSE	[]

FOR JUDGES ONLY:	FINAL SCORE	[]
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