

2020 STEEL ERECTORS ASSOCIATION OF AMERICA

Safety Excellence Awards

APPLICATION

PURPOSE

To acknowledge and reward those companies who have implemented pro-active programs and goals to create safe and healthy work environments to better our industry.

DISCLAIMER

The identity of each company's submission will be confidential and withheld from the award judges. For privacy purposes, upon submission the SEAA office will assign the company's application a unique number. Any data furnished in this application will not be made public at any time and will only be used as a metric to base award recognition.

SAFETY AWARD APPLICATION

Company Name: _____ Date: _____

Address: _____

Contact Name: _____ Phone: _____

1. List your company's interstate Experience Modification Rate for the three most recent years. (If EMR rate exceeds 1.00 in any of the three years or is increasing, a letter of explanation, including proactive planning, will be required.)

20 _____

20 _____

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2. Please use your OSHA 300A Summary Log to complete the following information:

	2017	2018	2019
A. Total number of recordables on OSHA 300A form	_____	_____	_____
Recordable Incident Rate	_____	_____	_____
B. Total number of Lost Time on OSHA 300A form	_____	_____	_____
Lost Time Incident Rate	_____	_____	_____
C. Total number of DART on OSHA 300A form	_____	_____	_____
DART	_____	_____	_____
D. Total number of OTHER on OSHA 300A form	_____	_____	_____
E. Employee hours worked last year	_____	_____	_____
F. Average number of employees	_____	_____	_____
G. Were there any fatalities? Yes ___ No ___ If yes, how many? _____ What year? _____			



APPLICATION

3. Have you had any OSHA citations for the calendar year 2019, if so what severity?

Serious _____ Other than Serious _____ Da Minimus _____

Failure to Abate _____ Repeat _____

4. Do you have a written safety program, including a Hazard Communication Policy?

Yes ___ No ___ **If yes, enclose a copy of Table of Contents.**

5. Are the costs of individual accidents kept? Yes ___ No ___

If yes, how are they reported? _____

6. Do you have an orientation program for new hires? Yes ___ No ___

If yes, describe the program briefly: _____

7. Do you hold site safety meeting for feild supervisors?

Yes ___ No ___ How often? _____

8. Do you hold craft "tool box" safety meetings?

Yes ___ No ___ How often? _____

9. Do you conduct project safety inspections?

Yes ___ No ___ How often? _____

10. Do you have a 100% Fall Protection 6' and above policy for all projects?

Yes ___ No ___

11. Do you have a daily Stretch & Flex program?

Yes ___ No ___

12. Do you require supervisors to perform daily JSA Job Safety Analysis or Pre-Task meetings?

Yes ___ No ___

13. Do you have a Behavioral Based Safety Program?

Yes ___ No ___ If yes, how are they reported? _____

If yes, what do you do with the information? _____

14. What are your Safety Training requirements? _____

Sign: _____ Print: _____