

# 2020 SEAA Safety Awards Application

## Purpose

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

### 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 mitigation planning, will be required.)

20\_\_\_\_

20\_\_\_\_

20\_\_\_\_

2. Please use your 2020 OSHA 300A Summary Log to complete the following information:

**\* Please submit your summary logs for documentation**

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. Were there any fatalities? Yes \_\_\_ No \_\_\_ If yes, how many? \_\_\_\_\_

F. Employee hours worked last year \_\_\_\_\_

G. Average number of employees \_\_\_\_\_

**\* Please submit copies of OSHA 300A Summary Log for 2018, 2019 & 2020. Points will be deducted if not submitted.**

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3. Have you had any OSHA citations for the calendar year 2020, 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. Points will be deducted if not submitted.**

5. When was the last revision of your Health & Safety Policy?

\_\_\_\_\_

6. Are the costs of individual accidents kept? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how are they reported? \_\_\_\_\_

7. Do you have an orientation program for new hires?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the program briefly:

\_\_\_\_\_  
\_\_\_\_\_

8. Do you submit site specific safety plans?

Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_

**\*Please provide a SSSP cover page & table of contents for a project in 2020. Points will be deducted if not submitted.**

9. Do you have a disciplinary program?

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Please provide a safety related "write up" for the year 2020. Points will be deducted if not submitted.**

10. Do you conduct frequent project safety inspections?

Yes \_\_\_\_\_ No \_\_\_\_\_ How often? \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Please provide a site pre task or JSA from 2020. Points will be deducted if not submitted.**

14. Do you have a Behavioral Based Safety Program?

If yes, how are they reported? \_\_\_\_\_

If yes, what do you do with the information? \_\_\_\_\_

\_\_\_\_\_

15. Do you provide the following training for all Ironworkers?

- Fall Protection
- GHS/Hazcom
- Silica
- OSHA 10
- OSHA 30
- Connector hazard training
- Other \_\_\_\_\_

**\*Please provide supporting documentation. Examples are: Sign in sheets or employee training records.**

Sign: \_\_\_\_\_ Print: \_\_\_\_\_