



INTRODUCTION

NAWIC's Safety & Health Awareness Committee is pleased to offer this award which recognizes safety as a corporate value and commitment, to its 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 submit directly to the Region Safety & Health Awareness Chairperson.

The Chapter determines its own deadline for submitting the awards (*recommended date is February 1, 2013*). Each Chapter will then forward their top three (3) in each category to their Region's Safety & Health Awareness Chairperson. (REGION CHAIRPERSONS SHOULD RECUSE THEIR OWN COMPANY OR SUBSIDIARY TO AVOID ANY SENSE OF CONFLICT OF INTEREST) *The deadline for your Chapter to submit their selections to their Region's Safety & Health Awareness Committee Chairperson is not later than March 1, 2013.*

The Region Safety & Health Awareness Committee Chairperson will then identify their top choice(s) for recognition at their Region's Spring 2013 Forum. Winners of the Region Safety Excellence Awards will then be forwarded to the National Safety & Health Awareness Committee Chairperson and her committee (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) who will then identify the National Winner who will be recognized at the 2013 NAWIC AM&EC in Bellevue, Washington. There will be one winner from the Contractor/Subcontractor category and one winner from the Construction-Related Firm category awarded at Annual Meeting & Education Conference.

SAFETY EXCELLENCE AWARDS APPLICATION: PART I

Part I applies to your parent corporation and its safety statistics for 2012

- A. *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)*

CHOOSE the appropriate category (circle one)

- a. CONTRACTOR b. SUBCONTRACTOR c. CONSTRUCTION-RELATED FIRM

- B. *What is your company's primary NAICS Number?* _____

- C. *Include a copy of your corporate OSHA 300A Summary for 2012 with this application.*

- 1. Total number of labor hours worked by your company _____
- 2. Total number of labor hours worked by your division _____
- 3. Total number of fatalities (column G) _____

NOTE: If your organization, parent or subsidiary company or one of your subcontractors experienced an occupational-related fatality on one of your projects involving an employee(s) during 2012, you will not be eligible for the Safety Excellence Award in 2013.

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(Company Name)

NAWIC 2013 SAFETY EXCELLENCE AWARDS

If your company or existing subcontractor has a fatality involving an employee after submitting this application, but prior to the 2013 deadline for submittals, you must notify NAWIC's National Safety & Health Awareness Committee Chairperson (Terri Piasecki - nawicsafety@gmail.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 of job transfer or restriction (column K) _____
 - a. Total number of days away from work (column L) _____
8. What is your company EMR for 2010? _____ (is it Interstate or Intrastate?)
9. What is your company EMR for 2011? _____ (is it Interstate or Intrastate?)
10. What is your company EMR for 2012? _____ (is it Interstate or Intrastate?)
11. IF KNOWN, what is your company EMR for 2013? _____ (is it Interstate or Intrastate?)

If your company is a branch, subsidiary, division of, or a member of a larger corporate entity and you receive either financial or technical support from the larger entity please identify who the corporate entity is here. _____

12. IF APPLICABLE, has your BRANCH, SUBSIDIARY or DIVISION (where the NAWIC Member is employed) had any cases of DAYS AWAY or JOB RESTRICTION/JOB TRANSFER CASES?
 - a. How many DAYS AWAY CASES? _____
 - i. How many DAYS AWAY? _____
 - b. HOW MANY JOB RESTRICTION CASES? _____
 - i. How many JOB RESTRICTION DAYS? _____

Who is completing this form?

NAME _____
JOB TITLE _____

WHO IS THE NAWIC MEMBER SUBMITTING THIS FORM? _____
WHAT REGION & CHAPTER? _____

SAFETY EXCELLENCE AWARDS APPLICATION: PART II

Part II applies to your (the NAWIC Member's) office, branch, division or subsidiary

1. Do you employ a 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 a health promotion program for your employees and their families? (smoking cessation/weight loss/heart health/offer CPR & First Aid) _____
4. Who oversees field (site/project) safety? _____
 - a. If not full time, how frequently are site/project visits scheduled? (Circle all applicable)
 - i. DAILY
 - ii. WEEKLY
 - iii. AS NEEDED
 - iv. OTHER
5. What are the minimum educational criteria for site safety management? _____
6. 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? _____
7. Do you utilize a site specific safety plan? _____

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NAWIC 2013 SAFETY EXCELLENCE AWARDS

8. 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? _____
9. Does your company offer a site specific orientation for all employees who are new to a project? _____
10. Do you offer or subscribe to any training programs to your employees, such as OSHA 10 Hour Outreach/OSHA 30 Hour Outreach/MUST/MOST/Other programs? (Circle all applicable)
 - a. Are these offered to all field employees or field supervisors and above (Circle all applicable)
11. Are you signatory to any trade unions?
 - a. Which ones? _____
 - b. Is any training shared? _____
12. Do you hire any workers whose first language is not English? _____
 - a. 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 you have a fleet of company owned vehicles? _____
 - a. Are vehicle operators' driving records checked prior to authorizing them to operate a company owned vehicle? _____
 - b. Does your program consist of 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 company vehicles are at your location? _____
 - i. How many miles (approximate) driven annually from your location? _____
 - ii. How many "at fault" vehicle accidents occurred from the vehicles driven from your location? _____
15. Do you develop pre-task plans for your field work? _____
 - a. Who develops these for the project? _____
16. Do you conduct daily prestart meetings with your field crews? _____
 - a. Who conducts the meetings? _____
17. Do you conduct weekly Tool Box Talks with your field crews? _____
18. Do you have a 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? _____
 - i. How often are they conducted? _____
20. Does your company utilize a behavior based/people based safety system? _____
21. Do you share leading indicators with the field crews? _____
22. Do you belong to any local (chapter) construction organizations such as AGC/ABC? _____
 - a. Do you have anyone who sits on their safety & health committees? _____

SAFETY EXCELLENCE AWARDS APPLICATION: PART III

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

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 1 page of Times New Roman, 12 Font.)

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

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