



# Nevada Chapter AGC 2018 Safety Awards

**\*Application must be submitted to the AGC office by Friday, April 26, 2019.**

## Section 1: Company Information

<b><u>Company Name:</u></b>	<b><u>Contact Person:</u></b>
<b><u>Phone:</u></b>	<b><u>E-Mail:</u></b>

<b>AGC Safety Award Submission Checklist</b>	
Corporate Officer Signature	
OSHA 300A Log	
Company's Safety Policy (either electronic or hard copy)	
Jobsite Review (either electronic or hard copy)	
Safety Meeting Sign In Sheets	

**Corporate Officer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you would like assistance in completing the application, please contact the Nevada Chapter AGC and we will arrange to have Specialized Safety Services come out to your office.

**Please return application by e-mail to [AshleyB@nevadaagc.org](mailto:AshleyB@nevadaagc.org) by Friday, April 26, 2019**

Nevada Chapter AGC  
 P.O. Box 7578 Reno, NV 89510  
 Phone: 775.329.6116 | Fax: 775.329.6575  
 E-mail: [AshleyB@nevadaagc.org](mailto:AshleyB@nevadaagc.org)

**Total Points: \_\_\_\_\_ /118**

**Section 2: Entry Categories**

To ensure your correct category, please check the box that most appropriately fits your company.

**If your company self performs less than 25% of work hours your category is Construction Manager.**

**Award Category:**

- General Contractor – Building
- General Contractor – Engineering
- Construction Manager
- Specialty Contractor
- Supplier (Associate AGC Members)

Total Employee Hours Worked in 2018 (**northern Nevada only**): \_\_\_\_\_

% of Self-Performed Hours Worked in 2018: \_\_\_\_\_

**Section 3: Assessable Portion (30 points)**

**Please include a copy of your OSHA 300A Summary Form.**

$$\text{OSHA Recordable Incident Rate} = \frac{\text{Total OSHA Recordable Cases} \times 200,000}{\text{Number of Employee Hours Worked}}$$

Example #1 – A Company has twenty-five (25) employees. Their total recordable cases from their OSHA 300 Log is 2. Total employee hours worked for the year were 55,000.  $\frac{2 \times 200,000}{55,000} = 7.27$

$$\text{Lost Workday Incident Rate} = \frac{\text{Number of Lost Time Cases} \times 200,000}{\text{Number of Employee Hours Worked}}$$

Example #1 – A Company has twenty-five (25) employees. Their total OSHA recordable cases from their OSHA 300 Log is 2. Their number of lost time cases is 1. Total employee’s hours worked for the year were 55,000.  $\frac{1 \times 200,000}{55,000} = 3.63$

**Please use your OSHA 300A log to complete this portion of the application.**

	2018
<b>Total number of employee hours worked</b>	
<b>Total number of lost time cases (days away from work)</b>	
<b>Lost Workday Incidence Rate (10 points)</b>	
<b>OSHA Total Recordable Cases/Injuries/Illnesses</b>	
<b>OSHA Recordable Incident Rate (10 Points)</b>	
<b>Experience Modification Rate (10 Points)</b>	

**Total Points Section 3:     /30**

**Section 4 Safety Checklist: 68 points total (4 points each question)**

Please limit text box answers to 30 words or less.

<b>Company Safety Program</b>			
<b>Yes</b>	<b>No</b>		<b>Comments</b>
		Do you have a written safety policy? <ul style="list-style-type: none"> <li>If so, please include an electronic or hard copy of policy with safety awards application.</li> </ul>	
		Is your safety policy signed by the company principal?	
		Does your safety policy give all field employees authority to “shut down” a job or operation because of a hazard that presents an imminent danger to employees?	
<b>Designated Safety Coordinator/Manager:</b>			
<b>Yes</b>	<b>No</b>		<b>Comments</b>
		Does your company currently have a designated safety person?	
		Are the responsibilities of the safety person clearly defined in writing?	
<b>Jobsite Safety Reviews:</b>			
<b>Yes</b>	<b>No</b>		<b>Comments</b>
		Does your company conduct jobsite safety reviews?	
		Are jobsite reviews documented? <ul style="list-style-type: none"> <li>If so, please provide an electronic or hard copy of a recent jobsite review.</li> </ul>	
<b>Incident Investigations &amp; Reports:</b>			
<b>Yes</b>	<b>No</b>		<b>Comments</b>
		Are all incidents investigated promptly?	

		Are all incidents being reviewed to determine needed safety corrections?	
		Does your company have a near miss reporting program?	
		Are near misses investigated?	

<b>New-Hire Orientation Includes:</b>			
<b>Yes</b>	<b>No</b>		<b>Comments</b>
		Does your company provide new hires with a written copy of the company's safety policy?	
		Does your company provide a description of employees' responsibilities for job safety?	
		Do you train your employee on proper use and care of PPE?	
		Do you provide employees with clear procedures on how to report incidents and injuries?  If so, please provide brief description on what your procedure is.	

Safety Training:													
Yes	No		Comments										
		Are weekly safety meetings (tool box safety discussions) conducted? <ul style="list-style-type: none"> <li>Please include three recent safety meeting sign in sheets.</li> </ul>											
		What other in-depth training does your company provide?  Please check boxes below to indicate. <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> First Aid/CPR</td> <td><input type="checkbox"/> OSHA 30 Hour</td> </tr> <tr> <td><input type="checkbox"/> Confined Space</td> <td><input type="checkbox"/> Fall Protection</td> </tr> <tr> <td><input type="checkbox"/> Trenching &amp; Excavation</td> <td><input type="checkbox"/> Forklift</td> </tr> <tr> <td><input type="checkbox"/> Rigging &amp; Signaling</td> <td><input type="checkbox"/> Scaffolding</td> </tr> <tr> <td><input type="checkbox"/> OSHA 10 Hour</td> <td><input type="checkbox"/> Load Securement</td> </tr> </table>	<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> OSHA 30 Hour	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Trenching & Excavation	<input type="checkbox"/> Forklift	<input type="checkbox"/> Rigging & Signaling	<input type="checkbox"/> Scaffolding	<input type="checkbox"/> OSHA 10 Hour	<input type="checkbox"/> Load Securement	
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**Total Points Section 4:     /68**

**Section 5 Short Answer: 20 points total**

**Please limit answers to 400 words or less and utilize the boxes below.**

**What have you done in the last 12 months to improve the company's safety program? (12-point question)**

**Why do you think your firm should win a 2018 AGC Safety Award? (8-point question)**

**Total Points Section 5:      /20**