



**ASA MIDWEST COUNCIL
2014 SAFETY AWARD EVALUATION ENTRY FORM**

PRESIDENT'S/CEO'S NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

1. Entry Division (Total Hours Worked) I II III IV V VI

Div. I - Over 1,000,000 hours
Div. II - 500,000 to 1,000,000 hours
Div. III - 200,000 to 500,000 hours

Div. IV - 100,000 to 200,000 hours
Div. V - 50,000 to 100,000 hours
Div. VI - Less than 50,000 hours

2. Do you have a safety director? Yes No
If Yes -Name _____
Is this a full-time position? Yes No

3. Do you hold regular safety meetings? Yes No
If so, how often? Daily Weekly Monthly Other
What type? Tool Box Talks Pre-Task Planning

4. Do you have written personal protective equipment requirements? Yes No

5. Is safety used as criteria in performance reviews of supervisors? Yes No

Please answer the following questions per the below listed instructions. Information to answer questions 7, 8, 9 and 10 should be obtained from your first aid log and your firm's OSHA 300 Form and total work hours for your entire firm during the 2014 calendar year.

6. Did your firm experience a work-related fatality in 2014? Yes No

7. Total number of injuries in 2014 _____

8. Total number of recordable injuries in 2014 _____

9. Total number of lost work day cases in 2014 _____

10. Total number of lost work days in 2014 _____

11. Total number of man hours for 2014 _____

Signature: _____

Name (Print): _____

Title: _____ NAICS Code: _____

**MAKE SURE YOU INCLUDE A COPY OF YOUR OSHA 300A FORM
WITH YOUR ENTRY BY March 2, 2015**

**PLEASE MAIL TO:
AMERICAN SUBCONTRACTORS ASSOCIATION
ATTN: SAFETY COMMITTEE
P.O. Box 510743 St. Louis, MO 63151**