



# ASA MIDWEST COUNCIL MEMBER 2017 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 2017 calendar year.

6. Did your firm experience a work-related fatality in 2017? Yes  No

7. Total number of injuries in 2017 \_\_\_\_\_

8. Total number of recordable injuries in 2017 \_\_\_\_\_

9. Total number of lost work day cases in 2017 \_\_\_\_\_

10. Total number of lost work days in 2017 \_\_\_\_\_

11. Total number of man hours for 2017 \_\_\_\_\_

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

**MAKE SURE TO INCLUDE A COPY OF YOUR OSHA 300A FORM**

**WITH YOUR ENTRY BY February 26, 2018**

**EMAIL ENTRY TO: [susan@asamidwest.com](mailto:susan@asamidwest.com)**

**OR MAIL TO:**

**AMERICAN SUBCONTRACTORS ASSOCIATION**

**ATTN: SAFETY COMMITTEE**

**P.O. Box 510743 St. Louis, MO 63151**