ASA MIDWEST COUNCIL MEMBER
2018 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 2018 calendar year.

6. Did your firm experience a work-related fatality in 2018? Yes ☐ No ☐
7. Total number of injuries in 2018 _____
8. Total number of recordable injuries in 2018 _____
9. Total number of lost work day cases in 2018 _____
10. Total number of lost work days in 2018 _____
11. Total number of man hours for 2018 _____

Signature:_____

Name (Print):_____

Title:_____**NAICS Code:**_____

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

WITH YOUR ENTRY BY February 18, 2019

EMAIL ENTRY TO: susan@asamidwest.com
OR *MAIL TO:*
AMERICAN SUBCONTACTORS ASSOCIATION
ATTN: SAFETY COMMITTEE
P.O. Box 510743 St. Louis, MO 63151