





CONT	ACT			
COMP	ANY			
ADDRI	ESS			
CITYSTATE			ZIP	
1. Ent	try Division (Total Hours Worked) I	IV U V U	VI 🗌	
	Div. II - 500,000 to 1,000,000 hours Div	. IV - 100,000 to 2 . V - 50,000 to 10 . VI – Less than 5	0,000 ho	urs
2. Do	you have a safety director? If Yes -Name	Ye	_	No 🗌
	Is this a full-time position?	Ye	s 📙	No 📙
3. Do	you hold regular safety meetings?	Ye	s 🗌	No 🗌
	If so, how often? Daily Weekly Monthly What type? Tool Box Talks Pre-Task			
4. Do	you have written personal protective equipment requirements?	Ye	s 🗌	No 🗌
5. Is s	safety used as criteria in performance reviews of supervisors?	Yes 🗌] No	
8, 9	ease answer the following questions per the below listed instruct 9 and 10 should be obtained from your first aid log and your firm your entire firm during the 2022 calendar year.			
6. Did	d your firm experience a work-related fatality in 2022?	Ye	s 🗌	No 🗌
7. Tot	tal number of injuries in 2022			
8. Tot	tal number of recordable injuries in 2022			
9. Tot	tal number of lost work day cases in 2022			
10. Tot	tal number of lost work days in 2022			
11. Tot	tal number of man hours for 2022			
Signat	ture:			
Name	(Print):			
Title:		NAICS Code		

MAKE SURE TO INCLUDE A COPY OF YOUR OSHA 300A FORM WITH YOUR ENTRY BY MARCH 7, 2023

EMAIL ENTRY TO: susan@asamidwest.com
OR MAIL TO:

AMERICAN SUBCONTACTORS ASSOCIATION

AMERICAN SUBCONTACTORS ASSOCIATION
ATTN: SAFETY COMMITTEE
P.O. Box 510743 St. Louis, MO 63151