



UTCA'S ANNUAL CONSTRUCTION SAFETY AWARDS

tion Safety Awards are given for the previous year's safety record. The Awards will be presented at the Association's Annual Construction Safety



UTCA's 2014 Construction Safety Awards Program Application



Company Name _____

Contact Name _____

Telephone _____

Fax _____

Title & E-mail _____

2013 Hours Worked (Please Check) _____ **0 - 75k hrs** _____ **75-200k hrs** _____ **200k+ hrs**

I, _____, **certify** that each of the following applies to our firm.

Please check all that apply:

- _____ Our Company has a written occupational safety and health program.
- _____ Our Company has a Safety and Health Director
- _____ Our Company always incorporates safety and health considerations into our pre-bid planning.
- _____ Our Company provides safety analysis , job safety analysis, and/or task safety analysis prior to starting our work.
- _____ Our Company Provides safety training as part of our New Full-time Employee Orientation.
- _____ Our Company provides safety education and training to all employees, at least annually, as a component of our written safety and health program.
- _____ Our Company safety program includes visible top management involvement in implementing our safety program to emphasize management's commitment to safety.
- _____ Our Company Policy gives field personnel authority to "shut down" a job or operation because of a hazard that presents an imminent danger to employees.

Please provide the following information during calendar year **2013**:

- | | |
|---|--|
| 1. Total Number of <i>Man-Hours</i> worked : _____ | 4. Company Recordable Incident Rate: _____ |
| 2. Company Lost Day Incident Rate: _____ | 5. Company <i>DART</i> Rate: _____ |
| 3. Total Recordable Injury /Illness: _____
(Total in Column H, I, & J of OSHA 300 log) | 6. Current Modification Rate*: _____ |

Print Name: _____

Title: _____

Signature: _____

Date: _____

Helpful Hints:

1. Total Employee Hours Worked By Your Company: Enter the total number of work hours reported on your OSHA 300A Summary. This does NOT include subcontractor hours or temporary labor agency hours.
2. Lost Work-Day Incidence Rate: A mathematical calculation that describes the number of lost work days per 100 full-time employees in any given time frame. The formula is: # of (lost workday cases or total recordable cases) * 200,000/Total Employee-hours worked
Example: X Company
 $3 \text{ Lost Workday Cases} * 200,000 = 600,000$
 $600,000/350,000 \text{ (X Company Man Hours)} = 1.71$
 $X \text{ Company Lost Work Day Incidence Rate} = 1.71$
3. From your OSHA 300 log, total columns H, I, and J.
4. Use the number from Item 3, enter into the following formula to get this rate:
of (lost workday cases or total recordable cases) * 200,000/ Total Employee-hours worked
Example: X Company
 $5 \text{ Total Recordable Cases} * 200,000 = 1,000,000$
 $1,000,000/350,000 \text{ (X Company Man Hours)} = 2.86$
 $X \text{ Company Recordable Incidence Rate} = 2.86$
5. DART Rate: # of lost workday cases **plus** total restricted workday cases (from OSHA 300 log)*200,000/Total Employee-hours worked
Example: X Company
 $10 \text{ Lost Workdays} + 3 \text{ Restricted Workday Cases} = 13 \text{ cases}$
 $13 * 200,000 = 2,600,000/350,000 \text{ (X Company Man Hours)} = 7.42$
 $X \text{ Company DART Rate is } 7.42$

*MOD rate will only be used to break a tie.