



Introduction:

NAWIC's Safety & Health Awareness Committee is pleased to offer the Safety Excellence Award to distinguish NAWIC member companies who recognize safety as a corporate value and commitment. These companies have implemented excellent safety and health programs, and innovative solutions for creating strong safety cultures within their organizations. The means of achieving this include owner/upper management commitment, proactive safety and health programs, consistent enforcement policies, employee training, management committee initiatives, and program implementation creativity/innovation.

Changes:

In the past, the Safety Excellence Award was given to the top three-member companies at the chapter level, the regional level, and the national level, with a progressive winning process. In 2018 we are doing away with the progressive process and allowing any company who qualifies to complete and turn in their application directly to the National committee for the National Safety Excellence Award. We greatly encourage the Chapters and Regions to continue with Safety Excellence Awards at their levels with the understanding that these will not follow the old progression up to the National Level.

Eligibility:

Eligible participants must employ a NAWIC member. Completed applications must be submitted by **March 31, 2018** directly to the Safety & Health Awareness Committee. Send applications to safety@nawic.org. The top three winners will be awarded at the 2018 Annual Conference in Orlando, FL. Awards are based on leading indicators, not lagging indicators. However, this year the National Committee is asking for your organization's lagging indicators in the form of OSHA 300 logs, EMR rate, DART Incident Rate and Recordable Case Rate for use in the event of a tie. Proper business letter etiquette such as spelling, punctuation, grammar, and formatting will also be used for scoring in the event of a tie.

Questions:

Contact Leah Curran, National Safety & Health Chair at lcurran@trisupplyandequipment.com.

Applicant (Member Company):	
NAWIC Member:	
Chapter Name & Number:	
Region:	

NAWIC CHAPTER NUMBER _____
REGION _____

APPLICANT: _____ (Company Name)

SECTION ONE: Program Assessment Checklist

Select 'Yes', 'No' or 'Not Applicable' for each of the items. There may be items in the checklist that do not apply to your company. If so, the N/A response would be appropriate.

Yes	No	N/A	
			Written safety and health policy signed by the company principal
			Your location employs a safety manager or director
			Have an annual safety and health budget, and budget(s) for each job
			Company policy allows field employees authority to "shut down" a job or operation because of a hazard that presents imminent danger to employees
			Safety & health policies or requirements are written into contracts to require subcontractors to meet your safety requirements
			Utilize a pre-qualification safety and health-screening method to select subcontractors, suppliers or vendors
			Require a site-specific orientation for all subcontractor, vendor, support personnel prior to project access
			Provide contractual provisions for termination of contractors for unsatisfactory safety performance
			All new hires are trained on how to report injuries, unsafe conditions and work practices
			New hire orientation includes location of first-aid kits/facilities and use/care of personal protective equipment (PPE)
			Have personnel on each job trained in first-aid and CPR
			Supervisors w/OSHA extensive (i.e. 10/30hr) hazard recognition/competent person training certification
			Competent person safety training applicable for your business (scaffolds, trenching, excavations, etc.)
			Your location has a written safety plan and emergency crisis response plan
			Site-specific written safety plan (fall protection, confined space, etc.)
			Site-specific written emergency/crisis response plan
			Conduct weekly safety meetings (tool box talks) on site
			Maintain safety and health recordkeeping requirements
			Accident reports are reviewed regularly to determine corrections
			Require safety and health inspections of each jobsite at least weekly by supervisor
			Written drug and alcohol prohibition policy
			Drug and alcohol testing protocol (pre-employment, post-accident, etc.)
			Inclusion of subcontractors in testing policy
			"No texting/hands free" phone policy while operating company owned vehicles
			Defensive driving training/program
			Provide written material and signs in language other than English
			Provide safety training in a language other than English
			A health promotion program is available to employees and their families (smoking, weight loss, heart health, etc.)
			Active participation in a construction-related association safety committee
			Attend local or regional safety seminars

Provide an explanation for all "N/A" responses on the next page.

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APPLICANT: _____ <div style="text-align: right; font-size: small;">(Company Name)</div>
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NAWIC 2018 SAFETY EXCELLENCE AWARD

Use this page to provide an explanation to any 'N/A' responses from the Program Assessment Checklist.

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REGION _____

APPLICANT: _____
(Company Name)

SECTION TWO: Tell NAWIC about Your Safety Program

This is your opportunity to demonstrate that “special something” that sets your company apart from the others. Answer the following questions using no more than one page of Times New Roman, 12 Font, per question.

1. Describe your safety program. What sets your safety program apart from others? Include examples which demonstrates hard work, persistence, innovation, teamwork, and the passion for continuously improving your safety management systems above and beyond minimum state and federal safety standards.

2. What single element of your safety process was the most critical to your success in safety over the past 3 years and why? Describe any new systems, procedures, or elements (if any) that were integrated into your overall safety process during the past year.

3. Describe methods used to recognize and/or reward employees for safety performance.

SECTION THREE: TIE-BREAKER

In the event of a tie, provide the following information:

OSHA 300/300A Log Information:	2016	2015	2014
Fatalities (300 column G):			
Lost Time Injuries (300 column H):			
Days Away and Restricted Work Cases (300 column H and I):			
Total Recordable Cases (300 column G+H+I+J):			
Annual Average Number of Employees (300A):			
Total Hours Worked (300A):			

	2016:	2015:	2014:
EMR:			
RCR ((total # of cases x 200,000)/total hours worked):			
DART ((total # cases away or restricted x 200,000)/total hours worked):			

Reviewed by: _____
 Signature

Printed Name/Title of Company's/Location's Most Senior Executive

Date

NAWIC CHAPTER NUMBER _____
REGION _____

APPLICANT: _____ <div style="text-align: right; margin-top: 5px;">(Company Name)</div>
