



## PROJECT SAFETY AWARD APPLICATION

### MEMBER INFO

Member (Company) Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### CLIENT INFO

Client (Company) Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

# PROJECT SAFETY AWARD QUESTIONNAIRE

How many on-site manhours did your company accrue on the project? \_\_\_\_\_

Did your company have any OSHA recordable incidents during the project? \_\_\_\_\_

Did your company suffer any property damage incidents valued in excess of  
\$10,000 during the project? \_\_\_\_\_

Does your company have a written Health and Safety Program? \_\_\_\_\_

Did your company enforce a Site Specific Safety Plan? \_\_\_\_\_

Does your company complete weekly safety meetings? \_\_\_\_\_

Does your company have an on-site person trained in first aid/CPR? \_\_\_\_\_

Do all of your workers have an OSHA 10 hour certification card? \_\_\_\_\_

Do at least one of your supervisors have an OSHA 30 hour certification card? \_\_\_\_\_

Briefly describe the scope of your company's involvement on the project. (Include pictures)

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In a short paragraph explain one safety lesson you've learned from this project:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below I attest that the answers on this questionnaire are true and accurate.

\_\_\_\_\_  
SIGNATURE