



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: _____

PROJECT NAME

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)

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

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

SIGNATURE