**29th Annual National AGC Safety Awards**

#### Participant Form

Complete your OSHA form 300A “Summary of Work-Related Injuries and Illnesses” for **2018**.

Review your OSHA form 300A and note:

* Section (G) “Total number of deaths”;
* Section (H) “Total number of cases with days away from work”;
* Section (I) “Total number of cases with job transfer or restriction”;
* Section (J) “Total number of other recordable cases”; and
* Employment Information “Total hours worked by all employees last year”.

Report your company’s numbers from the OSHA form 300A – section (G), section (H), section (I), section (J) and work hours – to your AGC Chapter contact person, via e-mail, telephone, fax, or mail.

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| **If you would like to compete in more than one division, you are required to separate your safety statistics and work hours accordingly.** |

**Company Name** (as it should appear on the award):

**Contact Person** (Name and Phone Number):

|  |  |
| --- | --- |
| **AGC Division/****Construction Type** | **OSHA Form 300A Data** |
| **(G)** | **(H)** | **(I)** | **(J)** | **Total Hours Worked** |
|  |  |  |  |  |  |
| Building |  |  |  |  |  |
|  |  |  |  |  |  |
| Highway |  |  |  |  |  |
|  |  |  |  |  |  |
| Federal & Heavy |  |  |  |  |  |
|  |  |  |  |  |  |
| Utility Infrastructure |  |  |  |  |  |
|  |  |  |  |  |  |
| Associate/Specialty |  |  |  |  |  |

**Submit this completed form to GBCA Director of Safety Services,**

**Frank Durso at** **fdurso@gbca.com****.**

**Contact Frank Durso at 215-568-7015 with any questions.**