2009 ICA Safety Awards Program

Exclusively for members of Indiana Construction Association

Application

Please complete this application in its entirety.

Company Information

Company Name:

Contact Person: Title:

Address:

City: State/Zip Code:

Phone: Fax:

E-mail:

Signature: Date: -   -

(CEO/President/Owner/Company Executive)

Prepared by:

Title: Date:

E-mail:

Phone: Fax:

Application Checklist

Required Submittals (all required items <u>MUST</u> be included with completed application in order to be considered for an award):

- [ ] Completed Application
- [ ] OSHA 300 and 300A logs for 2006, 2007 and 2008 (with employee names omitted prior to submittal)
- [ ] Signed letter from your organization's insurance company stating Indiana EMR rate
- [ ] Copy of applicant's safety program/policies
- [ ] Submit A, B or C, according to your Onsite Indiana Hours:
  A)2 Supervisor and 8 Onsite Worker Surveys if <100,000 hours
  B)5 Supervisor and 20 Onsite Worker Surveys if <300,000 hours
  C)10 Supervisor and 30 Onsite Worker Surveys if >300,000 hours

(NOTE: Failure to include required number of surveys will disqualify your entry. Applicants MUST contact ICA at (317) 472-6777 or ica@inconstruction.org for their surveys. It is recommended that this be done as soon as possible to allow ample time for completion and submission of the surveys.)

Please designate your contractor status:

☐ Building Contractor	☐ HHU Prime Contractor	☐ Any Contractor Under 100,000 Hours
☐ Building Subcontractor	☐ HHU Subcontractor	

Total Indiana **Onsite** Hours Worked in 2008 (**do not include** supervisors or office personnel): ☐ Under 300,000
☐ Over 300,000

Total Indiana Hours Worked in 2008 (including supervisors/office personnel) _____

Please answer the following questions by checking YES or NO and provide comments in the designated area following the questions/statement. All "NO" and some "YES" answers must be accompanied by an explanation in the space provided (Example: Not Applicable, Subcontracted, etc.). Comments are encouraged.

Company Safety Program

YES	NO	
○	○	Does your organization have company-wide safety goals? If "Yes," please list below:
○	○	Does your organization's front-line supervisor lead and manage daily safety efforts?
○	○	Does your organization have a written safety program?
○	○	Does your organization have a safety policy statement signed by the CEO, President or Company Executive?
○	○	Does your organization have designated in-house or outsourced safety personnel trained in safety and/or health?
○	○	Does your organization empower field employees to refuse an unsafe task?
○	○	Does your organization contractually require other contractors to comply with the requirements of your safety program?
○	○	Does your organization have a written hazardous communications policy that is communicated to all employees?
○	○	Does your organization require daily safety meetings before starting work concerning the day's tasks (i.e. toolbox talks, tailgate meetings, safety huddles, etc.)?
○	○	Does your organization require your superintendents to prepare and/or participate in creating jobsite safety plans to address hazard analysis and preventive action?
○	○	Does your organization conduct jobsite safety reviews, inspections or surveys?
○	○	Does your organization provide mandatory new-hire orientation training prior to beginning work?

Company Safety Program (continued)

YES   NO

○	○	Does your organization have a written plan to provide on-the-job training to new hires and employees who transfer to a new job?
○	○	Does your organization's employee orientation include hazardous communications training?
○	○	Does your organization's employee orientation include training on the contents of your safety manual/handbook, or safety best practices?
○	○	Does your organization conduct on-the-job training for craft workers? If so, how?
○	○	Does your organization provide hazard recognition training to employees?
○	○	Does your organization require hard hats on the job at all times?
○	○	Does your organization require high-visibility clothing on the job at all times?
○	○	Does your organization require safety glasses on the job at all times?
○	○	Does your organization require safety-toed shoes on the job at all times?
○	○	Does your organization have one person on each site certified in First Aid and CPR?
○	○	Does your organization require 10-Hour OSHA training for supervisors (i.e., foremen, superintendents)?
○	○	Does your organization require 30-Hour OSHA training for supervisors (i.e., foremen, superintendents)?
○	○	Does your organization require 30-Hour OSHA training for middle and upper managers?
○	○	Does your organization require middle and upper management leaders to attend and complete the OSHA 500 course?
○	○	Does your organization participate in any IOSHA Partnership Programs? List partnerships below:

Components of Safety Program

YES   NO   Does your safety program include

◯	◯	A. Instruction on reporting unsafe conditions?
◯	◯	B. Instruction on reporting injuries or property damage incidents?
◯	◯	C. Company vehicle policy?
◯	◯	D. Drug-free workplace policy?
◯	◯	E. Pre-employment drug screens?
◯	◯	F. Post-accident drug screens?
◯	◯	G. Return-to-work policy?
◯	◯	H. Confined space hazards?
◯	◯	I. Asbestos hazard awareness?
◯	◯	J. Lead hazard awareness?
◯	◯	K. Silica dust hazard awareness?
◯	◯	L. Competent Person safety training applicable for your business?
◯	◯	M. Fire prevention?
◯	◯	N. Electrical hazards, including lockout/tagout procedures?
◯	◯	O. Blood-borne pathogens exposure control plan?
◯	◯	P. Fall protection plan?
◯	◯	Q. Trenching and excavation procedures?
◯	◯	R. Traffic control training?
◯	◯	S. CCO-certified crane operators and trained signal personnel?
◯	◯	T. Equipment and vehicle safety to include securing equipment when not in use, de-energizing, backing/parking policies, etc.?
◯	◯	U. Competent Person training for scaffolding?
◯	◯	V. Subcontractor requirements?
◯	◯	W. Pre-lift cranes or hoisting equipment plan?
◯	◯	X. Accident/incident reviews or investigations, which include corrective actions?
◯	◯	Y. Emergency action/response plan?
◯	◯	Z. Training for all front-line lead men, foremen and supervisors in all components listed as "yes" above?

Components of Safety Program (continued)

YES	NO	
○	○	AA. Does your organization hold employees accountable for safety and their safe actions?
○	○	BB. Does your organization provide safety rewards and recognition for all eligible employees? If so, what?

List other notable components of your safety program that are not referenced above:

In the space provided below, explain how your organization's safety program/efforts have improved worker safety: (Please type or print neatly.)