



GUCA Hard Hat Safety Award

2011 NOMINATION FORM

- INSTRUCTIONS:**
1. Please return all required information with your completed form to GUCA by February 17, 2012.
 2. A copy of your OSHA 300A Log for 2011 **MUST** be included to be considered for the award.
 3. All incomplete applications without sufficient materials requested will be disqualified.

GENERAL INFORMATION:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact for report confirmation:

Name: _____ Phone: _____

How long has your company been in business? _____

Type of work: PIPELINE CONSTRUCTION PLANT CONSTRUCTION PRIVATE PUBLIC

How many full-time employees does your company employ? _____

How many man-hours worked in 2011? _____

COMPANY SAFETY PROGRAM: 100 Points Possible

1. Is your company a licensed utility contractor in Georgia? YES/ License Number _____ NO
2. Does your company have a written safety program? YES/ If yes, attach a current copy of your program. NO
3. Does your company have regularly scheduled safety meetings? YES/ If yes, how often? _____ NO
 - A. Please list how many current employees have been trained in the following safety courses in 2011:
 OSHA 30 Hour _____ OSHA 10 Hour _____ Competent Person Excavation _____
 Confined Space Entry _____ CPR/First Aid/Blood Borne Pathogens _____
 - B. List any **ADDITIONAL SAFETY PROGRAMS / CLASSES** your employees have attended in 2011 and the company who provided the safety training: (i.e. job site hazardous; scaffolding; fall protection; etc.)

Safety Training	Provider	Date	# of Attendees
 - C. What "company" training has your company utilized? (i.e. Drug/Alcohol Awareness; Defensive Driving Program; etc.)

4. Does your company have a safety incentive plan? YES NO
 If yes, please describe what safety incentives are given to employees to improve safety?

5. Does your company provide training for new job site workers? YES/ If yes, what training is provided? NO

You are receiving this fax because you have an Established Business Relationship with GUCA as defined by the FTC and FCC requirements or you have requested this information. If you no longer wish to receive fax updates from GUCA, call 877-723-4822, fax 404-362-9211 or email info@guca.com to be removed.

6. Is your company a Certified Drug Free Workplace? YES/ If yes, please attach a copy of your current certificate. NO

MANDATORY: Was your company inspected by OSHA this year? YES/ If yes, how many times? _____ NO

Did you receive any citations? YES/ If yes, how many were willful _____? Serious _____? NO

OPTIONAL: How many at-fault utility line hits vs. miles of pipe laid?

Miles of pipe laid _____ # of at-fault utility line hits _____

INCIDENT RATE AND EMR: 100 Points Possible

1. Total number of recordable injury and illnesses from your OSHA 300A Log from 2011 _____
(To get answer, add together the totals of section H, I, J, from the OSHA 300A Log.)
2. What was your company's incident rate for 2011? _____
(Incident Rate = Total of recordable injuries and illnesses x 200,000 / total man-hours worked, including over-time.)
3. Number of deaths related to illness or injury from your OSHA 300A Log from 2011 _____
(To get answer, look at section G.)
4. Workers' compensation experience modification rate from your insurance company in effect during the past three years:
2011: _____ 2010: _____ 2009: _____
5. Include a copy of your most current Experience Modification Data Sheet and copies of your last 3 years Worker's Compensation Insurance Loss Runs.

If you have multiple permanent locations, only include the OSHA 300A Summary Log pertaining to the location you are submitting. If submitting for whole company with several permanent locations, all logs need to be submitted with a combined log averaging all totals.

COMPANY DISABLING INJURY FREQUENCY RATE:

A disabling injury (D.I.) is any job-related, reportable injury or illness that results in lost time from work. The day of injury is not included in the count. If any injury does not require more time off other than the day of injury, it does not qualify as a disabling injury. This information can be taken directly from your OSHA 300A Summary Log.

A. _____ **Total number of cases of injuries and illnesses that resulted in lost work time.** Total from column H from the OSHA 300A Summary Log.

B. _____ **Total man-hours worked including overtime** from January 1, 2011 to December 31, 2011.

COMPANY SAFETY STATEMENT: 50 Points Possible

Please enclose a brief statement (200 words or less) on the following topic: What is the greatest benefit of having a safety program? Please include success stories, insurance savings, OSHA compliance, etc. Selected safety statements will be published in the GUCA Newsletter and will receive judging points if included.

Category winners for Pipeline Contractors (0-100,000 man-hours) and (100,000 and above man-hours) and Plant Contractors (0-400,000 man-hours) and (400,000 and above man-hours) will be chosen based on the **company safety program, Incident Rate and EMR, Disabling Frequency Rate, and safety statement.** The overall winner and recipient of the GUCA Hard Hat Safety Award will be chosen from these category winners and will be based on point value. This award will be presented at the GUCA Annual Hard Hat Award Gala in conjunction with the GUCA 2010 Spring Quarterly Meeting.

Mail or fax application and supporting documents by Friday, February 17, 2012 to:
GEORGIA UTILITY CONTRACTORS ASSOCIATION, INC., 804 MAIN STREET, SUITE C, FOREST PARK, GA 30297
PHONE: (404) 362-9995 FAX: (404) 362-9211

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