



# NAWIC 2020 SAFETY EXCELLENCE AWARD

## Introduction:

NAWIC's Safety & Health Awareness Committee is pleased to offer the Safety Excellence Award to distinguish NAWIC member companies who recognize safety as a corporate value and commitment. These companies have implemented excellent safety and health programs, and innovative solutions for creating strong safety cultures within their organizations. The means of achieving this include owner/upper management commitment, proactive safety and health programs, consistent enforcement policies, employee training, management committee initiatives, and program implementation creativity/innovation.

## Changes:

Three categories will be accepted this year: General Contractor, Subcontractor, and Supplier/Trucking.

In the past, the Safety Excellence Award was given to the top three member companies at the chapter level, the regional level, and the national level, with a progressive winning process. In 2018 we did away with the progressive process by allowing any company who qualifies to complete and turn in their application for the National Safety Excellence Award. We greatly encourage the Chapters and Regions to continue with Safety Excellence Awards at their levels with the understanding that these will not follow the old progression up to the National Level.

## Eligibility:

Eligible participants must employ a NAWIC member or Member-At-Large. Completed applications must be submitted in **one combined document** by **April 30, 2020** to the Safety & Health Awareness Committee Chairperson, Raven Hoffman. Send applications to [safety@nawic.org](mailto:safety@nawic.org). Judging for this award will be done by an unbiased party. Three categories will be accepted this year: General Contractor, Subcontractor, and Supplier/Trucking. The top three winners will be awarded at the 2020 Annual Conference in Houston, TX. Awards are based on leading indicators, not lagging indicators. However, this year the National Committee is asking for your organization's lagging indicators in the form of OSHA 300 logs, EMR rate, DART Incident Rate and Recordable Case Rate for use in the event of a tie. Proper business letter etiquette such as spelling, punctuation, grammar, and formatting will also be used for scoring in the event of a tie. All sections on all four pages must be completed for consideration.

## Questions:

Contact Raven Hoffman, National Safety & Health Chair at [safety@nawic.org](mailto:safety@nawic.org).

|  |  |
|--|--|
| Applicant (Member Company):  |  |
| NAWIC Member:  |  |
| Chapter Name & Number:   |  |
| Region:  |  |
| Category (General Contractor, Subcontractor, or Supplier/Trucking) |  |

|                             |
|-----------------------------|
| NAWIC CHAPTER NUMBER: _____ |
| REGION: _____               |

|                                    |
|------------------------------------|
| APPLICANT: _____<br>(Company Name) |
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## SECTION ONE: Program Assessment Checklist

Select 'Yes', 'No' or 'Not Applicable' for each of the items. There may be items in the checklist that do not apply to your company. If so, the N/A response would be appropriate.

| Yes | No | N/A |  |
|-----|----|-----|--|
|     |    |     | Written safety and health policy signed by the company principal   |
|     |    |     | Your location employs a safety manager or director   |
|     |    |     | Have an annual safety and health budget, and budget(s) for each job  |
|     |    |     | Company policy allows field employees authority to "shut down" a job or operation because of a hazard that presents imminent danger to employees |
|     |    |     | Safety & health policies or requirements are written into contracts to require subcontractors to meet your safety requirements                   |
|     |    |     | Utilize a pre-qualification safety and health-screening method to select subcontractors, suppliers or vendors                                    |
|     |    |     | Require a site-specific orientation for all subcontractor, vendor, support personnel prior to project access                                     |
|     |    |     | Provide contractual provisions for termination of contractors for unsatisfactory safety performance  |
|     |    |     | All new hires are trained on how to report injuries, unsafe conditions and work practices  |
|     |    |     | New hire orientation includes location of first-aid kits/facilities and use/care of personal protective equipment (PPE)                          |
|     |    |     | Have personnel on each job trained in first-aid and CPR  |
|     |    |     | Supervisors w/OSHA extensive (i.e. 10/30hr) hazard recognition/competent person training certification   |
|     |    |     | Competent person safety training applicable for your business (scaffolds, trenching, excavations, etc.)  |
|     |    |     | Your location has a written safety plan and emergency crisis response plan   |
|     |    |     | Site-specific written safety plan (fall protection, confined space, etc.)  |
|     |    |     | Site-specific written emergency/crisis response plan   |
|     |    |     | Conduct weekly safety meetings (tool box talks) on site  |
|     |    |     | Maintain safety and health recordkeeping requirements  |
|     |    |     | Accident reports are reviewed regularly to determine corrections   |
|     |    |     | Require safety and health inspections of each jobsite at least weekly by supervisor  |
|     |    |     | Written drug and alcohol prohibition policy  |
|     |    |     | Drug and alcohol testing protocol (pre-employment, post-accident, etc.)  |
|     |    |     | Inclusion of subcontractors in testing policy  |
|     |    |     | "No texting/hands free" phone policy while operating company owned vehicles  |
|     |    |     | Defensive driving training/program   |
|     |    |     | Provide written material and signs in language other than English  |
|     |    |     | Provide safety training in a language other than English   |
|     |    |     | A health promotion program is available to employees and their families (smoking, weight loss, heart health, etc.)                               |
|     |    |     | Active participation in a construction-related association safety committee  |
|     |    |     | Attend local or regional safety seminars   |

**Provide an explanation for all "N/A" responses on the next page.**

|                             |
|-----------------------------|
| NAWIC CHAPTER NUMBER: _____ |
| REGION: _____               |

|   |
|---|
| APPLICANT: _____<br><div style="text-align: right; margin-top: 5px;">(Company Name)</div> |
|---|

Use this page to provide an explanation to any 'N/A' responses from the Program Assessment Checklist.

Lined area for providing explanations to 'N/A' responses.

NAWIC CHAPTER NUMBER: \_\_\_\_\_
REGION: \_\_\_\_\_

APPLICANT: \_\_\_\_\_
(Company Name)

## SECTION TWO: Tell NAWIC about Your Safety Program

**This is your opportunity to demonstrate that “special something” that sets your company apart from the others. Answer the following questions using no more than one page of Times New Roman, 12 Font, per question.**

1. Does your safety program have a commitment statement from your company CEO/President/Owner? If yes, please attach.
2. Describe your safety program. What sets your safety program apart from others? Include examples which demonstrates hard work, persistence, innovation, teamwork, and the passion for continuously improving your safety management systems above and beyond minimum state and federal safety standards.
3. What single element of your safety process was the most critical to your success in safety over the past 3 years and why? Describe any new systems, procedures, or elements (if any) that were integrated into your overall safety process during the past year.
4. Describe methods used to recognize and/or reward employees for safety performance.

## SECTION THREE: TIE-BREAKER

**In the event of a tie, provide the following information:**

| OSHA 300/300A Log Information:                            | 2019: | 2018: | 2017: |
|---|-------|-------|-------|
| Fatalities (300 column G):                                |       |       |       |
| Lost Time Injuries (300 column H):                        |       |       |       |
| Days Away and Restricted Work Cases (300 column H and I): |       |       |       |
| Total Recordable Cases (300 column G+H+I+J):              |       |       |       |
| Annual Average Number of Employees (300A):                |       |       |       |
| Total Hours Worked (300A):                                |       |       |       |

|   | 2019: | 2018: | 2017: |
|---|-------|-------|-------|
| EMR:  |       |       |       |
| RCR ((total # of cases x 200,000)/total hours worked):                  |       |       |       |
| DART ((total # cases away or restricted x 200,000)/total hours worked): |       |       |       |

**Reviewed by:** \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Printed Name/Title of Company's/Location's Most Senior Executive  
 \_\_\_\_\_  
 Date

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| NAWIC CHAPTER NUMBER: _____ |
| REGION: _____               |

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|---|
| APPLICANT: _____<br><div style="text-align: right; margin-top: 5px;">(Company Name)</div> |
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