

30th Annual National AGC Safety Awards

Participant Form

Complete your OSHA form 300A “Summary of Work-Related Injuries and Illnesses” for **2019**.
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.

1. Locate your chapter code and name on the Chapter Code List. If you belong to multiple chapters, submit your participant form to **one** chapter only.
2. If you are unsure of your AGC Member ID Number, contact your chapter.
3. Review the Division Descriptions before selecting your division/construction type(s).
4. If you perform work in multiple divisions, you can do one of the following:
 - Compete in **one division** by submitting your safety statistics and work hours for that division only; or
 - Compete in **multiple divisions** by separating your safety statistics and work hours accordingly.
5. Multiple entries in the same division are **not** allowed.
6. If you perform work in multiple states, you must report all safety statistics and work hours for those states. **Do not** separate by state.

Chapter Code and Name: 48A AGCVA

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					

Return to: sheila@agcva.org

By February 7, 2020

Questions? Sheila (804) 364-5504 x211