



2018 NECA Recognition of Achievement Safety Application

Directions for Use

Use this form to collect the data necessary to complete the application. After you have collected the data, you may return to the online application submission site to complete the application.

Safety Survey Contact Information

(Person responsible for completing this survey)

Company Name _____

Company Membership ID _____

Submitter's Name _____

Email Address _____

CEO/President's Name _____

Address _____

City _____

State _____

Zip Code _____ - _____

Telephone (_____) _____ - _____

Years in Business _____

Chapter Affiliation _____

Man-Hours Award Category (select one):

1-25,000 25,001 – 50,000 50,001 – 100,000 100,001 – 150,000 150,001 +

Include data for all employees and associated personnel that support the business, and are included in the budget.

Based on year end OSHA logs (OSHA Form #300), please enter the TOTALS for the following entries. Note that the responses correspond directly to the column numbers from OSHA Form #300. Report your total hours of exposure for the year. In most cases you should be able to report the total actual hours worked for your non-exempt employees. For your exempt employees, if you do not have the actual hours, report the estimated hours by taking the number of exempt employees times 2000, adding that number to your non-exempt hours to equal the "TOTAL EXPOSURE" field required below. If you cannot report actual hours for any category, then take the total number of employees times 2000, enter that number as your "TOTAL EXPOSURE" field required below.



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COMPANY TOTALS ONLY

TOTAL NUMBER OF COMPANY EMPLOYEES _____

TOTAL EXPOSURE (FOR BOTH EXEMPT AND NON-EXEMPT)

HOURS _____ **SUMMARY CASE, DAYS DATA**

# of deaths	# of cases with days away from work	# of cases with job transfer or restriction	# of other recordable cases	total # of days away from work	total # of days of on job transfer or restriction
(Column G)	(Column H)	(Column I)	(Column J)	(Column K)	(Column L)

INJURY OR ILLNESS DATA

# of injuries	# of skin disorders	# of respiratory conditions	# of poisonings	# of hearing loss	# of all other illnesses
(Column M-1)	(Column M-2)	(Column M-3)	(Column M-4)	(Column M-5)	(Column M-6)

EXPERIENCE MODIFIER INFORMATION

Workers' Compensation Experience Modification Rate from your insurance company. 2017 _____ 2016 _____ 2015 _____

OSHA CITATION/VIOLATION

Provide the number of OSHA Citations you were issued for 2017. Do not include citations for which no penalty was paid. 2017 _____

OPERATIONS & BEST PRACTICE INFORMATION

Number of dedicated full-time safety professionals? _____

What are the qualifications of your dedicated full-time safety professionals?

If your organization does not employ dedicated full time safety professions, identify the percentage of time spent by supervisors on safety: _____

How many employees received OSHA 30 Hour training? _____

How many employees received OSHA 10 Hour training? _____

How many received competent person training? _____