

# Sample form, not for offline completion.

Visit <https://awci.awardsplatform.com> to enter.



## Excellence in Construction Safety

Your Company Name

### **AWCI's Excellence in Construction Safety Award**

#### **Eligibility**

All AWCI contractor members in good standing are eligible to apply for AWCI's safety award except for those that have had a

- fatality since Dec. 31, 2023 or
- willful citation (final verdict) since Dec. 31, 2022.

All applications must include the following:

- A completed application.
- Your company-wide 2025 OSHA Form 300A.
- A copy of your company's corporate safety and health program table of contents/outline (if one exists).
- Photos
- Entry fee: \$150/entry

#### **Additional Information**

Winners of AWCI's Excellence in Construction Safety Awards will be presented primarily in the following annual person-hour categories:

- 0-500,000 annual hours worked
- 500,000-1 million annual hours worked
- 1 million+ annual hours worked

#### **AWCI may reclassify categories based on the volume of applications received.**

AWCI reserves the right to combine individual applications if they are submitted by the same corporate entity. AWCI also reserves the right to request company-wide safety information from individual offices to verify data and program submissions.

#### **Important Information**

Visit <https://www.awci.org/about/safety-awards/> to review the most current awards information including helpful tips about how to fill out the nomination form for this award.

#### **Questions?**

Submit to Janie Hakim at [hakim@awci.org](mailto:hakim@awci.org).

# AWCI Safety Award Nomination Form

## Company Information

Company Name

Company Mailing Address

street, PO box, suite, city, state, ZIP code

Number of Years in Business

Contact Person's Name & Title

Communications (questions, winner notification (if applicable), instructions, etc.) will be sent to this person.

Contact Person's Email

Contact Person's Phone

Mobile number is preferred. If work number is provided, include extension if applicable.

Name of Company CEO/President/Principal

AWCI Chapter (if applicable) (optional)

Number of years your company has been in business

This application is for

- Company
- Individual Office

*Note: If you selected Individual Office above, you must submit your company-wide safety data and OSHA Form 300A in addition to individual office. Ensure you are submitting the correct OSHA Form 300A log for company or individual office.*

## Lagging Indicator Statistics

2025 OSHA Form 300A Data (to be completed using corporate OSHA Form 300A)

*Note: Applicants must include their 2025 OSHA Form 300A with submission to be eligible for consideration.*

*Tip: Enter a zero -- 0 -- if there is nothing to report for each question below.*

Annual Average Number of Employees

Total Hours Worked by All Employees Last Year

North American Industry Classification System (NAICS) Code (6 digits)

Federal Employer Identification Number (FEIN)

Total Number of **Deaths** Since Dec. 31, 2023

*(Note: Any number greater than zero makes your company ineligible for a safety award in 2025.)*

Total Recordable Incident Rate (TRIR)

Days Away, Restricted or Transferred (DART) Rate

**Experience Modification Rate (as reported on Jan. 1)**

EMR in 2025

EMR in 2024

EMR in 2023

**How many final OSHA citations did you receive in 2025?**

Willful Citations

*(Note: Any number greater than zero makes your company ineligible for a safety award in 2025.)*

Repeat Citations - 2025

Serious Citations - 2025

**How many final OSHA citations did you receive in 2024**

#### Willful Citations

(Note: Any number greater than zero makes your company ineligible for a safety award in 2025.)

#### Repeat Citations - 2024

#### Serious Citations - 2024

#### How many final OSHA citations did you receive in 2023?

#### Willful Citations

(Note: Any number greater than zero makes your company ineligible for a safety award in 2025.)

#### Repeat Citations - 2023

#### Serious Citations - 2023

## Safety Program & Best Practices

Does your company have a written safety and health program in place?

Yes  
 No

If Yes, describe your company's written safety and health program and include a copy of your written program's table of contents with your submission as an attachment (see Attachments section below).

***Remove all identifying information (E.g. company name, logo, employee's names, etc.). Use verbiage such as "Our company" or "Our Safety Director", etc.***

If you answered No, use "N/A" in this section.

When was the last time your written safety and health program was reviewed and/or updated?

Who was involved in the writing/updating of your written program?

***To maintain anonymity during the judging, do NOT include company or employee names. Use titles only. Examples: CEO, corporate safety director, HR, field personnel, job site craft labor employees, etc.***

Does your company employ a designated safety professional?

Full Time

Part Time

No

How many safety professionals does your company currently employ?

*Note: This can include consultants.*

How many field employees does your company currently employ?

Does your company currently have a safety committee in place?

Yes

No

If yes, who are the members of your safety committee? How often do they meet?

***To maintain anonymity during the judging, do NOT include company or employee names. Use titles only. Examples: CEO, corporate safety director, HR, field personnel, job site craft labor employees, etc.***

If you answered No, use "N/A" in this section.

Number of Employees with an OSHA 10-Hour Card

Number of Employees with an OSHA 30-Hour Card

Number of Employees with an OSHA 500 Trainer and/or Certified Instructional Trainer (CIT) Certification

Does your company currently have an employee wellness program in place?

Yes

No

If Yes, describe the program. (Otherwise enter "N/A.")

150  
words

***To maintain anonymity during the judging, do NOT include your company name. Use verbiage such our "Our company" or "Our program", etc.***

Does your company currently have an Employee Assistance Program (EAP) in place?

Yes

No

## Leading Indicators

Check all leading indicators currently employed by your company.

- Formal new employee safety orientation
- Site-specific safety orientation
- Near miss/near hit analysis
- Jobsite Safety Analysis/Jobsite Hazard Analysis
- Pre-task planning
- Root cause analysis
- Stretch and flex
- Substance abuse program

Describe any other leading indicators not listed above.

How often does your company hold safety toolbox talks?

- Daily
- Weekly
- Bimonthly
- Monthly
- Other (see below)

If you selected Other above, describe the frequency of your toolbox talks here.

If you did not select Other above, type "N/A" in this box.

***To maintain anonymity during the judging, do NOT include your company name. Use verbiage such our "Our company" or "Our program", etc.***

## Safety Culture

How do your employees describe your company's safety culture? Provide written responses from three (3) employees below.

***To maintain anonymity during the judging, do NOT include company or employee names.***

Employee #1's comments on your company's safety culture:

Employee #2's comments on your company's safety culture:

Employee #3's comments on your company's safety culture:

Explain, with specific examples, the importance placed on safety in your organization. Who "owns it"? Who is involved in safety decisions?

***To maintain anonymity during the judging, do NOT include company or employee names. Use titles only. Examples: CEO, corporate safety director, HR, field personnel, job site craft labor employees, etc.***

How is safety data used in your company's annual business/strategic planning process?

***To maintain anonymity during the judging, do NOT include your company name. Use verbiage such our "Our company" or "Our program", etc.***

How does your company ensure safety knowledge and compliance on the job site on a daily basis?

***To maintain anonymity during the judging, do NOT include your company name. Use verbiage such our "Our company" or "Our program", etc.***

Describe your process for onboarding employees and ensuring compliance with your safety and health policies and procedures on a daily basis. Include how you employ your safety enforcement program to accomplish this.

***To maintain anonymity during the judging, do NOT include your company name. Use verbiage such our "Our company" or "Our program", etc.***

How does your company encourage workers to actively participate in your safety and health program?

***To maintain anonymity during the judging, do NOT include your company name. Use verbiage such our "Our company" or "Our program", etc.***

## Attachments

### OSHA Form 300A

Provide your company-wide 2025 OSHA Form 300A here. *This is required.*



If this application is for an INDIVIDUAL OFFICE, provide the individual office's OSHA Form 300A here. (optional)



**If one exists, upload a copy of your corporate safety and health program's table of contents/outline in the box below.**

Safety Program Table of Contents and Outline if available (optional)



## Photography

Provide photos that show your team's safety awareness following the formats listed below. Photos can show proper PPE, safety meetings, warm-up exercises, etc.

- The photo file format should be .png or jpeg (.jpg).
- Minimum dots-per-inch (DPI) requirement is 300 DPI for print
- Size: 2550 pixels wide x 3300 pixels high (minimum)

Safety Photo #1



Safety Photo #2



Safety Photo #3



Safety Photo #4 (optional)



Safety Photo #5 (optional)



SAMPLE ONLY