

Project Safety Form

Complete this form and include it **as the first page of** the Project Safety section of the project's entry document. **This form is mandatory.** No project that involves a prime, multi-prime, subcontractor or any trade related work regardless of the type of contract, that has a safety-related fatality, is eligible for an Excellence in Construction Award.

- Did this project have a safety-related fatality? Yes No
If yes, do not submit your entry for this competition.
- Include a copy of the OSHA Form 300 for your company (project specific, if available) for the year(s) the project was under construction immediately behind this form in the Project Safety section of the document, with personal information redacted.
- After completing the online STEP application, please include details of your level and a copy of your participant, bronze, silver, gold, platinum or diamond-level certificate from the year the project was performed or most current. To apply, go to <http://abcstep.org>. For more information or help with the STEP application, email questions to dexter@abcnorcal.org
- Does your company have a written Safety and Health Policy Manual? Yes No
If yes, provide up to a one-page summary or include one page of its Table of Contents.
- Did you develop a site-specific Safety and Health Policy Manual? Yes No
If yes, provide up to a one-page summary or include one page of its Table of Contents.
- Were toolbox safety meetings held with employees? Yes No
Were these meetings documented? Yes No
Frequency of meetings: _____
Include a one-page summary or an example, up to two pages.
- Was specialized training conducted on this project? Yes No
If yes, indicate types on a separate page.
- Indicate total man-hours for all disciplines included in your contract on this project: _____
(General contractors and construction managers must also include all specialty contractors' hours on this project.)
- Indicate number of OSHA-recordable accidents on this project: _____
(Include accident counts for all specialty contractors under your contract.)
- Indicate number of OSHA restricted day cases on this project: _____
- Indicate number of OSHA lost-time accidents on this project: _____
- Compute the project's Total Recordable Incidence Rate:
TRIR = Number of recordable accidents x (200,000/ total man hours for the project): _____
- Provide the project's organizational chart identifying the person responsible for safety.
- Provide information about the person responsible for safety on this project and attesting to these accident rates:
Name: _____ Title: _____
Phone: _____ Email: _____
Signature: _____
- Does your company have a written substance abuse policy? Yes No
If yes, provide a copy of the Table of Contents.
- Additional information regarding any innovative safety and health programs used on this project or the company's overall safety program may be included.