



# 2019 Safety Awards Application Instructions

## **General Instructions:**

A company should submit requested information for all employees specific to Occupational Safety and Health Administration (OSHA) record keeping regulations:

“Recording and Reporting Occupational Injuries and Illness” – Part 1904

[https://www.osha.gov/pls/oshaweb/owastand.display\\_standard\\_group?p\\_part\\_number=1904&p\\_toc\\_level=1](https://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_part_number=1904&p_toc_level=1)

**Note:** Any fatalities experienced by any submitting company are ineligible to receive a Safety award. However, we would ask that you still submit your information for National AGC reporting purposes.

**Deadline:** All requested information and documents must be submitted no later than **Friday, March 1<sup>st</sup>, 2018.**

Please submit to:

<p><b>Associated General Contractors of Utah (AGC)</b> <b>2207 South 1070 West</b> <b>Salt Lake City, Utah 84119</b></p>
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## **Total Hours:**

Companies should submit the total number of man hours worked, not including subcontractors, in 2018. This number should include any out of state hours worked, temporary employee hours, as well as any Owner Controlled Insurance Program (OCIP) hours.

## **Type of Contractor:**

Please check the box that corresponds with your membership listing within the AGC for the 2018 calendar year. (I.e. General Contractor, Specialty Contractor or Service Supplier)

## **National Council on Compensation Insurance (NCCI) Experience Modification Rate (EMOD) for 2018:**

Please attach a copy of your NCCI report. This report can be obtained by contacting your insurance broker.

**Occupational Safety and Health Administration (OSHA) 300 Log:**

Please attach a completed copy of your company's OSHA 300 Log for the 2018 calendar year, as outlined by OSHA Record Keeping Requirements. You can obtain OSHA record keeping requirements by contacting OSHA at 530-6901 or online at:

Website Information:

OSHA: <http://www.osha.gov/>

OSHA 300 Form: <https://www.osha.gov/recordkeeping/RKforms.html>

OSHA Record Keeping Requirements: <https://www.osha.gov/recordkeeping/>  
"Recording and Reporting Occupational Injuries and Illness" – Part 1904

**Workers Compensation Loss Run Report:**

Please attach a copy of your company's Workers Compensation Loss Run report for the 2018 calendar year. This is available from your Worker's Comp carrier and/or broker which will include both medical and reserve medical totals.

**Notice for employee confidentiality**

AGC takes all precautions to protect the confidentiality of all records submitted for reporting purposes, and promptly shreds all documentation when awards have been distributed.

For additional confidentiality the employer may, if they choose, whiteout employee names from both the OSHA 300 log and Workers Comp Loss Run reports. Names that have been whitened out must be replaced with a number/letter that corresponds to the same employee on both forms.

Employers may be contacted by the Safety Awards Taskforce Committee if the submitted if there appears to be any discrepancies or information is received incomplete.





## ***Utah Chapter Safety Results Reporting Form***

**Company Name:** \_\_\_\_\_

**Safety Director/Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Contractor (Circle one)**      General      Specialty Contractor      Service Supplier

### **PART 1**

**(Please attach and enclose the following items 1-3)**

1. Copy of NCCI Experience Modification Rating (MOD Rate).
2. OSHA 300 Log for calendar year 2018.
3. Workers Comp Loss Run for calendar year 2018.

### **PART 2**

**(Summary of Information)**

1. EMOD: \_\_\_\_\_
2. Total Man Hours Worked in 2018: \_\_\_\_\_
3. Death (Column G, OSHA 300 Log):
4. Total Cases w/ Job Transfer or Restriction (Column I, OSHA 300 Log): \_\_\_\_\_
5. Total Other Recordable Cases (Column J, OSHA 300 Log): \_\_\_\_\_
6. Total Cases w/ Days Away From Work (Column H, OSHA 300 Log): \_\_\_\_\_

**Verifying Signature (Officer of the Company):** \_\_\_\_\_

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**Awards Taskforce Use Only)**

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