

Award Nominating Criteria and Instructions

1. General Contractors & Specialty Contractors, who are members in good standing of the Master Builders of Iowa, are eligible to nominate their company for the Outstanding Company Safety Achievement Award.
2. Your company representatives must sign and submit the nomination package to be eligible for the award program.
3. Follow the nomination package information, complete all sections and provide all requested information and/or documentation.
4. Nomination package should be presented in a 3-ring binder.
5. Retain a copy of the nomination package for your files.
6. Nomination must be submitted on the forms provided. Omitted information will not be scored. The narrative may be attached to the forms.
7. Nominations must be received by the established deadlines.
8. Nominations will be reviewed and scored by a third party judging panel. Selection decisions are final.
9. The written narrative is to highlight and cover the events from January 2014 through December 2014.
10. Nominations must be for outstanding achievements in the area of safety. Activities can include training, program development, innovative techniques / procedures and/or other activities, that promote or enhance safety awareness and/or achievement. Significant reduction in incidents, lowering the member's Total Case Incident Rate (TCIR) and/or Days Away from work Restricted or job Transfer (DART) rates, incentive, awards & recognition programs or other noteworthy actions taken to enhance the member's safety program would also be eligible.

Instructions for Section 1: Narrative

The narrative should address activities, actions or unique achievements the company undertook to receive recognition. Be sure to include the following types of information as part of your *narrative*:

How many individuals were affected by the company's actions?

How have the company's actions affected the day-to-day operations of the company?

Did the actions have an affect upon the company safety record? If so, how and why?

Did the actions have an affect upon the company EMR? If so, how and why?

What contributions did employees make to the success of the program?

Remember to describe in narrative detail the Who, What, When, Where, Why and How the company's actions should be considered for this award.

You may attach your written narrative, supporting documentation, training material, operating procedures and/or manuals, awards or any additional information or documentation you feel the judging panel should evaluate in the selection of this award. The judges will be looking for demonstration of company management commitment, active employee participation, safety training, work site hazard identification and control and safety program innovation.

NOMINATION DEADLINE

All nominations must be received in care of the Master Builders of Iowa office by close of business December 19, 2014.

Master Builders of Iowa
221 Park Street
Des Moines, IA 50309

For questions, contact Tom Suckow at (515) 657-4384 / (800) 362-2578.

Tenth Annual

Outstanding Company Safety Achievement Award



Presented by

Iowa OSHA & Master Builders of Iowa
at the Safety Awards Luncheon on
February 25, 2015, in conjunction with the
Annual Winter Conference

NOMINATION FORM

Nomination Group:

General Contractor _____

Specialty Contractor _____

Member's Company Name: _____

Senior Company Representative Signature: _____

Individual submitting the nomination: _____
(Please Print)

Individual's Signature: _____

Individual's phone number: _____ Fax number: _____

E-mail address: _____

Section 1: Narrative (See back cover for instructions)

Section 2: Company Safety Data

Transfer all requested information from your 2014 300A form.

	DATA
2014	
1. Record work related injury and illness data from your OSHA 300A forms for the indicated year.	
a. Number of fatality cases (column G) <i>Company is expected to withdraw its application if a death occurs after submission</i>	
b. Number of Days Away from work cases (column H)	
c. Number of Restricted or Transferred Cases (column I)	
d. Number of Other Recordable cases (Column J)	
e. Number of Total Recordable cases (Column H + I + J)	
f. Total hours worked (includes office/shop hours)	
2. Calculate the incident rates (based on question #1 above).	
a. Days Away Incident Rate <i>Number of days away from work cases (#1b from above) X 200,000</i> <i>Total employee hours worked (#1f from above)</i>	
b. Days Away, Restricted or Transferred Incident Rate <i>Number of days away from work cases (#1b + #1c from above) X 200,000</i> <i>Total employee hours worked (#1f from above)</i>	
c. Total Recordable incident rate <i>Number of days away from work cases (#1e from above) X 200,000</i> <i>Total employee hours worked (#1f from above)</i>	

NOMINATION FORM CONTINUED...

3. What is the longest number of days this year that the company has gone without a lost time injury?

4. What is the longest number of days the company has ever gone without a lost time injury?

5. Does the company have a substance abuse program? Does it include:
Pre-Hire ____ Random Testing ____ Post Accident ____ Probable Cause ____ CIRCLE ONE
YES NO
6. Has the company been cited by OSHA, for a willful or repeat violation in the past five years? YES NO
7. Are all incidents investigated to establish the real root cause and proper corrective actions taken to prevent the reoccurrence? **INCLUDE A COPY OF YOUR COMPANIES INCIDENT INVESTIGATION FORM WITH THE NOMINATION PACKAGE.** YES NO
8. Has the company used MBI's safety services during the past 12 months?
If yes, please list _____ YES NO
9. Does the company send employees to MBI safety seminars? YES NO
10. Does the company send employees to other safety seminars? YES NO
11. Does the company hold weekly safety meetings with all employees? YES NO
12. Does the company have a designated safety coordinator?
If yes: Part Time _____ Full Time _____ YES NO
13. What percentage of the company's foreman/superintendents are OSHA Construction 10-hour trained? _____% 30-hour trained? _____%
14. Does the company have a written safety management program? YES NO
15. Does the company enforce the safety program with a written disciplinary action program? YES NO
16. Does the company have a written HAZCOM program? YES NO
17. Do your equipment operators receive the proper training, authorization and/or certification before they operate equipment? YES NO
18. Does the company conduct on-site safety inspections for all projects? YES NO
 - a. If yes, who conducts these inspections and at what frequency?

 - b. Who within the company sees the inspection reports?

 - c. How are all identified hazards addressed?

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