



# GUCA Hard Hat Safety Award



## 2017 NOMINATION FORM

The GUCA Hard Hat Safety Award was created to recognize companies who have displayed the relentless efforts poured into developing and maintaining a safety culture for their company and employees. There are two divisions for the GUCA Hard Hat Safety Award: Pipe Contractor and Plant Contractor. Within the two divisions are 7 different man-hour categories. Please indicate which category your company will participate in. Chose only 1 category. Choose the category that best fits your company's major focus.

**PIPE CONTRACTOR** (all aspects except plant contractor)  
(pipeline installation, site, boring, utility, etc.)

- 0 - 200,000 Man-Hours
- 200,001 - 500,000 Man-Hours
- 500,001 - 1,000,000 Man-Hours
- Over 1 Million Man-Hours

**PLANT CONTRACTOR** (all aspects except pipe contractor)  
(water, wastewater, pump stations, dams, landfills, etc.)

- 0 - 500,000 Man-Hours
- 500,001 - 1,000,000 Man-Hours
- Over 1 Million Man-Hours

Description or type of work performed and man-hours for each type of work described: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Category winners will be chosen based on the **Company Safety Program, Incident Rate and EMR, Disabling Frequency Rate, and Safety Statement**. Each category winner will receive a table for 8 at the GUCA Spring Quarterly Meeting & Trade Show and will receive a training certificate for one safety class with a maximum value of \$500.00. Two overall division (Pipe and Plant) winners of the GUCA Hard Hat Safety Award will receive the Hard Hat Safety Award. This award will be presented at the GUCA Annual Hard Hat Award Gala in conjunction with the GUCA 2018 Spring Quarterly Meeting.

### INSTRUCTIONS:

1. Include a \$300.00 application fee. Applications will not be judged without payment.
2. Return all required information with your completed form to GUCA by February 28, 2018.
3. A copy of your OSHA 300A Log for 2017 MUST be included to be considered for the award.
4. All incomplete applications without sufficient materials requested will be disqualified.

### GENERAL INFORMATION:

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact for report confirmation:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of years your company been in business? \_\_\_\_\_ How many full-time employees currently employed? \_\_\_\_\_

# COMPANY SAFETY PROGRAM:

# 120 Points Possible

- 1. Is your company a licensed utility contractor in Georgia?  YES/ License Number \_\_\_\_\_  
 NO
- 2. Does your company have a written safety program?  YES/ Attach a current copy of your program  
 NO
- 3. Does your company have regularly scheduled safety meetings?  YES/ How often? \_\_\_\_\_  
 NO

A. Please list how many current employees were trained in the following safety courses in 2017:  
OSHA 30 Hour \_\_\_\_\_ OSHA 10 Hour \_\_\_\_\_ Competent Person Excavation \_\_\_\_\_  
Confined Space Entry \_\_\_\_\_ CPR/First Aid/Blood Borne Pathogens \_\_\_\_\_

B. List any **ADDITIONAL SAFETY PROGRAMS / CLASSES** your employees have attended in 2017 and the company who provided the safety training: (i.e. job site hazardous; scaffolding; fall protection; etc.)

Safety Training	Provider	Date	# of Attendees

C. What "company" training has your company utilized? (i.e. Drug/Alcohol Awareness; Defensive Driving Program; etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 4. Does your company have a safety incentive plan?  YES  NO  
If yes, please describe what safety incentives are given to employees to improve safety?  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your company provide training for new job site workers?  YES/What training is provided?  NO  
\_\_\_\_\_

6. Is your company a Certified Drug Free Workplace?  YES/ Attach a copy of your current certificate.  NO

**MANDATORY:** Was your company inspected by OSHA in 2017?  YES/How many times? \_\_\_\_\_  NO  
Did you receive any citations?  YES/ How many were willful? \_\_\_\_\_ Serious? \_\_\_\_\_  NO

**OPTIONAL:** How many at-fault utility line hits vs. miles of pipe laid?  
Locates called in \_\_\_\_\_ # of at-fault utility line hits \_\_\_\_\_  
Miles of pipe laid \_\_\_\_\_ = frequency rate of \_\_\_\_\_

## INCIDENT RATE AND EMR: 100 Points Possible

1. Total number of recordable injury and illnesses from your OSHA 300A Log from 2017 \_\_\_\_\_  
(To get answer, add together the totals of section H, I, J, from the OSHA 300A Log.)
2. What was your company's incident rate for 2017? \_\_\_\_\_  
(Incident Rate = Total of recordable injuries and illnesses x 200,000 / total man-hours worked, including over-time.)
3. Number of deaths related to illness or injury from your OSHA 300A Log from 2017 \_\_\_\_\_  
(To get answer, look at section G.)
4. Workers' compensation experience mod rate from your insurance company in effect during the past three years:  
2017: \_\_\_\_\_ 2016: \_\_\_\_\_ 2015: \_\_\_\_\_

5. Include a copy of your most current Experience Modification Data Sheet and copies of your last 3 years Worker's Compensation Insurance Loss Runs.

If you have multiple permanent locations, only include the OSHA 300A Summary Log pertaining to the location you are submitting. If submitting for whole company with several permanent locations, all logs need to be submitted with a combined log averaging all totals.

A disabling injury (D.I.) is any job-related, reportable injury or illness that results in lost time from work. The day of injury is not included in the count. If any injury does not require more time off other than the day of injury, it does not qualify as a disabling injury. This information can be taken directly from your OSHA 300A Summary Log.

A. \_\_\_\_\_ **Total number of cases of injuries and illnesses that resulted in lost work time.** Total from column H from the OSHA 300A Summary Log.

B. **Total man-hours worked including overtime** from January 1, 2017 to December 31, 2017

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## COMPANY SAFETY STATEMENT: 50 Points Possible

Please enclose a brief statement (200 words or less) on the following topic: What is the greatest benefit of having a safety program? Please include success stories, insurance savings, OSHA compliance, etc. Selected safety statements will be published in the GUCA Newsletter and will receive judging points if included.

**Mail application and all supporting documents with check or credit card payment by  
Wednesday, February 28, 2018 to:**

**GEORGIA UTILITY CONTRACTORS ASSOCIATION, INC.  
804 MAIN STREET, SUITE C  
FOREST PARK, GA 30297  
PHONE: (404) 362-9995 FAX: (404) 362-9211**