



# Annual Construction Safety Awards Program Application for 2024

(Due February 15, 2024 send in to [Helene@utcanj.org](mailto:Helene@utcanj.org))

Company Name

Contact Name

Telephone

Title & E-mail

Predominant type of Work

\_\_\_\_\_ Site \_\_\_\_\_ Heavy Highway, Utility Construction \_\_\_\_\_ Construction Management

2023 Hours Worked (Please Check) \_\_\_\_\_ 25k– 125k hrs. \_\_\_\_\_ 125-350k hrs. \_\_\_\_\_ 350k+ hrs.

I, \_\_\_\_\_, certify that each of the following applies to our firm.

Please check all that apply:

- \_\_\_\_\_ Our Company has a written occupational safety and health program.
- \_\_\_\_\_ Our Company has a Safety and Health Director.
- \_\_\_\_\_ Our Company always incorporates safety and health considerations into our pre-bid planning.
- \_\_\_\_\_ Our Company provides safety analysis, job safety analysis, and/or task safety analysis prior to starting our work.
- \_\_\_\_\_ Our Company Provides safety training as part of our New Full-time Employee Orientation.
- \_\_\_\_\_ Our Company provides safety education and training to all employees, at least annually, as a component of our written safety and health program.
- \_\_\_\_\_ Our Company safety program includes visible top management involvement in implementing our safety program to emphasize management's commitment to safety.
- \_\_\_\_\_ Our Company Policy gives field personnel authority to "shut down" a job or operation because of a hazard that presents an imminent danger to employees.

Please provide the following information for calendar year **2023**:

- |   |       |   |       |
|---|-------|---|-------|
| 1. Total Number of <i>Man-Hours</i> worked :  | _____ | 4. Company Recordable Incident Rate:            | _____ |
| 2. Company Lost Day Incident Rate:  | _____ | 5. Company <i>DART</i> Rate:                    | _____ |
| 3. Total Recordable Injury /Illness:<br>(Total in Column H, I, & J of OSHA 300 log) | _____ | 6. Current Modification Rate*:                  | _____ |
|   |       | 7. Yearly # of Safety Training Hours per worker | _____ |

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Helpful Hints:

1. Total Employee Hours Worked By Your Company: Enter the total number of work hours reported on your OSHA 300A Summary. This does **NOT** include subcontractor hours or temporary labor agency hours.

2. Lost Work-Day Incidence Rate: A mathematical calculation that describes the number of lost work days per 100 full-time employees in any given time frame. The formula is: # of (lost workday cases or total recordable cases) \* 200,000/Total Employee-hours worked

Example: *X Company*  
 $3 \text{ Lost Workday Cases} * 200,000 = 600,000$   
 $600,000/350,000 \text{ (X Company Man Hours)} = 1.71$   
 $X \text{ Company Lost Work Day Incidence Rate} = 1.71$

3. From your OSHA 300 log, total columns H, I, and J.

4. Use the number from Item 3, enter into the following formula to get this rate: # of (lost workday cases or total recordable cases) \* 200,000/ Total Employee-hours worked

Example: *X Company*  
 $5 \text{ Total Recordable Cases} * 200,000 = 1,000,000$   
 $1,000,000/350,000 \text{ (X Company Man Hours)} = 2.86$   
 $X \text{ Company Recordable Incidence Rate} = 2.86$

5. DART Rate: # of lost workday cases **plus** total restricted workday cases (from OSHA 300 log)\*200,000/Total Employee-hours worked

Example: *X Company*  
 $10 \text{ Lost Workday cases} + 3 \text{ Restricted Workday Cases} = 13 \text{ cases}$   
 $13 * 200,000 = 2,600,000/350,000 \text{ (X Company Man Hours)} = 7.42$   
 $X \text{ Company DART Rate is } 7.42$