

*We Dig North Carolina*

**NCUCA**



North Carolina Utility Contractors Association

# 2012 SAFETY AWARDS

2012 marks the 20th year for our Safety Awards Program. The NCUCA Safety Awards are for contractor members who want to document their commitment to safety and gain statewide recognition for outstanding performance. NCUCA aims to honor and properly recognize those of you who work diligently to provide a safe work environment for your personnel. The Safety Award is recognition from your own peers and for that reason the NCUCA Safety and Risk Management Committee encourages all Contractor Members to apply for this special award.

Your company will be competing against companies of like size. Two categories will be recognized this year: Companies with less than 150,000 man-hours, and those 150,000 man-hours and greater. Entering the awards program is easy and the potential is great for employee morale, for insurance purposes and for your personal sense of achievement, enter today!

All data is kept confidential. A contractor, an insurance professional, and an equipment supplier will judge all entries. NCUCA staff will remove all identification from applicants' materials before the material is reviewed by the judges. The judges may acknowledge "Honorable Mention" recipients in addition to category winners.

**Applications must be submitted to NCUCA headquarters by March 10, 2012.**

Your participation will offer many benefits to your company. Get involved and apply for NCUCA's 2012 Safety Award! Awards will be presented at the 2012 NCUCA Spring Conference Awards Banquet April 21, 2012—The Blockade Runner Resort, Wrightsville Beach, N.C.

**Completed entries must be post-marked no later than March 5, 2011.  
Mail this form and supporting documents to: NCUCA Safety Awards;  
NCUCA; PO Box 10519, Wilmington, NC 28404.**

	YES	NO	N/A
1. Do you have a Written Safety Program?	_____	_____	
	<i>Please attach a copy of your written Safety Program</i>		
2. Does your Written Safety Program include the following?			
I. Policy Statements:			
a. Company Statements	_____	_____	
b. Substance Abuse	_____	_____	
New Hires	_____	_____	
Post-accident	_____	_____	
Random	_____	_____	
Cause	_____	_____	
c. Rule/Program Enforcement	_____	_____	
II. Safety/Health Procedures:			
a. Fall Protection	_____	_____	_____
b. Scaffolding/Work Platform	_____	_____	_____
c. Perimeter guarding/floor, wall and roof openings	_____	_____	_____
d. Mobile Equipment Safety	_____	_____	_____
e. Housekeeping	_____	_____	
f. Fire Protection	_____	_____	
g. Injury Treatment Procedure, First-aid Facilities	_____	_____	
h. Emergency procedures, Rescue, Evacuation	_____	_____	
i. Hazard Communication/MSDS	_____	_____	
j. Toxic Substances	_____	_____	
k. Trenching/Excavation	_____	_____	
l. Signs, Barricades, Flagging	_____	_____	
m. Electrical Safety	_____	_____	
n. Rigging/Crane Safety	_____	_____	_____
o. Confined Space Entry	_____	_____	_____
p. Welding/Burning Permit Procedures	_____	_____	_____
q. Hazardous Material (asbestos, lead, etc) Abatement	_____	_____	_____
r. Lockout/Tag out/Tryout	_____	_____	
s. Blood borne Pathogens	_____	_____	
III. Personal Protective Equipment Requirements:			
a. Head Protection	_____	_____	
b. Eye Protection	_____	_____	
c. Hearing Protection	_____	_____	
d. Foot Protection	_____	_____	
e. Respiratory Protection	_____	_____	
f. Chemical Protective Clothing	_____	_____	
3. Are all current employees trained in the above safety program?	_____	_____	
How often does your company provide updates and/or refreshers on the above training?	_____		
4. Do you have a formal orientation program for all new hires on the above safety program? (Please attach copy)	_____	_____	
5. Do you utilize NUCA's Excavation Safety Orientation DVD?	_____	_____	_____
6. Briefly describe the method you use to communicate the objectives of these programs:	_____		
	_____		
	_____		
	_____		
	_____		

8. List outside safety training courses they have attended during 2010: \_\_\_\_\_

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

	YES	NO
9. Does your program consist of or include meetings of:		
a. Supervisor-Division Manager/Foremen	_____	_____
b. Briefing/ "Huddles" (daily)	_____	_____
c. "Tool Box Safety Talks" (weekly)	_____	_____
d. Foremen Meetings	_____	_____

10. Is compliance of "Tool Box Safety Talks" monitored by:		
a. Sign off	_____	_____
b. Daily Logs	_____	_____
c. Coordinator visits	_____	_____
d. Coordinator Present	_____	_____
e. Quizzes	_____	_____

11. Do you investigate incidents?		
a. Some	_____	_____
b. None	_____	_____
c. Near Misses	_____	_____
d. All	_____	_____

If so, briefly describe your investigation process and how its lessons are conveyed to your employees:

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

12. Briefly describe the exposure to your safety program a new hire receives prior to beginning work:

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

13. Do you offer light duty/return to work for employees who are injured on the job? \_\_\_\_ yes \_\_\_\_ no  
If so, tell us a success story or two: \_\_\_\_\_

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

14. How many field supervisors and managers does your company employ? \_\_\_\_\_  
How many have attended an OSHA 10- or 30-hour course in the last three years? \_\_\_\_ 10 Hr. \_\_\_\_ 30 Hr.  
How often do you conduct refresher training? \_\_\_\_\_

15. How do you ensure safety of subcontractors?	YES	NO
a. Contracts	_____	_____
b. Pre-Qualification Questionnaire	_____	_____

16. How do you address safety issues with non-English speaking employees? \_\_\_\_\_

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17. How do you reward your employees for safety compliance? \_\_\_\_\_

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18. List your firm's Experience Modification Rate (EMR) for the three most recent years: (Information is available from your workers compensation insurance carrier or your Experience Rating Worksheet from the North Carolina Rate Bureau)

<b>YEAR</b>	<b>EMR (<i>Attach a copy of your EMR</i>)</b>
<b>2009</b>	_____
<b>2010</b>	_____
<b>2011</b>	_____

19. Please consolidate your firm's OSHA 300A injury and illness data for the last three years and complete the following:

	<b>YEAR:</b>	<b><u>2009</u></b>	<b><u>2010</u></b>	<b><u>2011</u></b>
a) Number of Lost Workday Cases Only, if injury or illness involves Date away from work (columns H on OSHA 300A FORM) (columns 3 & 10 on OSHA 300A Log) (Not Days Lost):		_____	_____	_____
b) Number of Medical Treatment* Cases Only (Not First Aid): Injuries or illnesses without lost work days (columns 6 & 13 on OSHA 300A Log) (column J on 300A)		_____	_____	_____
c) Total Recordable Cases (a + b)		_____	_____	_____
d) Total hours worked (Hourly and Salaried)		_____	_____	_____
e) Lost Workday Frequency Rate Item (a) x 200,000 Divided by Item (d)		_____	_____	_____
f) Recordable Case Frequency Rate Item (c) x 200,000 Divided by Item (d)		_____	_____	_____

\*Medical Treatment Case is a case in which an on-the-job injury requires other than first aid treatment (and not considered a restricted or lost workday) as defined by the Bureau of Labor Statistics recordability criteria (i.e. Laceration with stitches, steri-strips used in lieu of stitches, second degree burn, prescribed medication beyond one dose, physical therapy - more than one visit, fractures, imbedded foreign body, etc.

20. List any OSHA serious repeat, willful or criminal citations and any MSHA significant and substantial (S&S) citations your firm has had in the last three years: \_\_\_\_\_

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<b><u>AREA TO GRADE</u></b>	<b><u>%</u></b>
QUESTIONNAIRE COMPLETION (Answer all Questions)	10%
WRITTEN SAFETY PROGRAM (Completion of Questions 2 & 3)	15%
CRANE SAFETY PROCEDURES	3%
AFFIRMATIVE ANSWER TO QUESTION 4	5%
USE OF NUCA EXCAVATION SAFETY DVD (Question 5)	2%
INCIDENT RATES / EMR LOST -WORKDAY FREQUENCY (Question 18)	15%
WORKERS COMP/OSHA LOG (Question 19)	15%
RECORDABLE FREQUENCY (Question 19, F)	15%
OSHA INSPECTIONS/CITATIONS (Question 20 None = 5%)	5%
COMMENDATION/ CERTIFICATE (Question 21)	5%
IMPROVEMENT	10%