



Q:



DEADLINE: March 31, 2019



17. Does your competent person perform daily jobsite inspections to check for possible safety hazards?

- a) ☐ Yes
- b) ☐ Sometimes, but not daily
- c) ☐ Only when there is an accident
- d) ☐ No

18. Does your company provide required personal protective equipment, i.e., hard hats, earplugs, safety glasses, etc.?

- a) ☐ Yes, with documentation
- b) ☐ Yes
- c) ☐ No

19. Which of the following does your company keep records of: (please check all that apply)?

- a) ☐ OSHA Log-Form 300
- b) ☐ Training Records
- c) ☐ Inspections
- d) ☐ Accident Investigations
- e) ☐ Hazard Communication
- f) ☐ Tool Box Talks

20. Did your company have a safety violation for the year in question?

(This question will be scored from your OSHA data found on the OSHA website: <http://www.osha.gov/pls/imis/establishment.html>)

- a) ☐ No
- b) ☐ Yes

If you answered yes, please list the total amount of violations paid for this calendar year.

21. Does your program include:

- a) A statement by the CEO attesting to the importance of a safe and healthful job site?  
☐ Yes ☐ No
- b) Annual safety and health goals?  
☐ Yes ☐ No
- c) Policies/procedures for routine hazard controls?  
☐ Yes ☐ No
- d) Routine employee training?  
☐ Yes ☐ No

22. Bonus Point Question (5-15 pts):

Describe (below) a unique safety initiative or beneficial practice you do that enhances safety or workplace practices:



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staff@nucapa.org

2019

four

# Safety

## Awards 2019



NUCA Pennsylvania

### SAFETY AWARDS QUESTIONNAIRE

Company \_\_\_\_\_

Person completing Questionnaire \_\_\_\_\_

**Contractor Category:** (only check your primary category)

**0 – 50,000 MAN HOURS**

**50,001 – 150,000 MAN HOURS**

**150,001 – 250,000 MAN HOURS**

**GREATER THAN 250,000 MAN HOURS**

(Information based on 2018 data)

Total Manhours Worked in PA \_\_\_\_\_

Total Loss Workday Injuries in PA \_\_\_\_\_

Total Cases in PA \_\_\_\_\_

Total Days Lost in PA \_\_\_\_\_

Percentage of employees working in non-office situations \_\_\_\_\_%.

What is your Experience Modification Rate (EMR) for PA \_\_\_\_\_.

(You can get your EMR rate from the PA Compensation Rating Bureau at 215-568-2371 - Ask for Experience Rating Dept.)

SAFETY  
FIRST



NO ACCIDENTS

### INSTRUCTIONS

- 1) This application must be completed by either the Safety Director or a competent person who is knowledgeable in your safety program.
- 2) Return to the NUCA PA Office
- 3) Deadline Date: March 31, 2019
- 4) Confirm that your application was received by checking on our website ([nucapa.org](http://nucapa.org))
- 5) Attach OSHA Form 300A for the year noted in Box B. (Please redact the employee name(s) for HIPAA Compliance).
- 6) Include your question #22 Bonus Point Answer Sheet.



2019

one



Contractor members should complete all 22 questions.



1. Does your company have a written safety program?
- a) ☐ Published and distributed to all employees
  - b) ☐ Published but not uniformly distributed
  - c) ☐ No, not at this time
2. If you have a program, is it reviewed yearly to update any regulatory or industry changes?
- a) ☐ Yes, every year
  - b) ☐ Sometimes
  - c) ☐ Has not been reviewed since inception
3. Is safety a topic during management meetings?
- a) ☐ No
  - b) ☐ Intermittently
  - c) ☐ On a regular basis
4. Do newly hired employees receive specific instruction on the company's safety program, goals, attitudes, and procedures?
- a) ☐ Yes, always
  - b) ☐ If they are hired at the beginning of the season
  - c) ☐ Occasionally

5. Do you have fire extinguishers appropriately located at your office (main and field or branch)?
- a) ☐ Yes, per applicable code
  - b) ☐ Yes, but uncertain if within code
  - c) ☐ No
6. Does your company display necessary employee notices, i.e., Federal Minimum Wage Notice, E.E.O. Notice, OSHA Notice, etc.?
- a) ☐ In compliance
  - b) ☐ Uncertain
  - c) ☐ No
7. When there is an accident within your company do you perform an investigation to determine the cause?
- a) ☐ Yes, if it is severe
  - b) ☐ Yes, on all accidents
  - c) ☐ Sometimes
  - d) ☐ Unsure
8. If you do perform investigations on accidents, are the findings and corrections communicated to management and other jobsites if relevant?
- a) ☐ Always
  - b) ☐ Sometimes
  - c) ☐ Never
  - d) ☐ Unsure of procedure
9. At each work location, does your firm have at least one employee who has been through a certified first-aid training course?
- a) ☐ Yes
  - b) ☐ Some locations, but not all
  - c) ☐ No



10. Is there a person(s) designated to meet with management regularly to report progress and problems within the company's safety program?
- a) ☐ No
  - b) ☐ Sometimes
  - c) ☐ Often, but not scheduled
  - d) ☐ At scheduled intervals
11. Does management consider supervisors and superintendents safety related efforts and records when performing job evaluations?
- a) ☐ Do not know
  - b) ☐ Yes, on a consistent basis
  - c) ☐ Sometimes
  - d) ☐ No
12. Does your firm have periodic training sessions (toolbox talks, etc.) on the jobsite for all employees?
- a) ☐ Daily
  - b) ☐ Weekly
  - c) ☐ Monthly
  - d) ☐ No
13. Are the topics for these sessions filed at the office or worksite?
- a) ☐ Yes
  - b) ☐ No
  - c) ☐ Do not know
14. Do employees receive verbal warnings, warning slips, or face possible suspension if they repeatedly violate company safety policy?
- a) ☐ Yes, on a consistent basis
  - b) ☐ Yes, occasionally
  - c) ☐ Unsure
  - d) ☐ No, after initial warning, it is their responsibility
15. Do you have someone within your firm who trains your field employees on regulations of Hazard Communication?
- a) ☐ Yes
  - b) ☐ We plan to
  - c) ☐ No, we hire outside sources to train
  - d) ☐ No plans presently
16. Have you established and are you documenting your personal protective equipment training program?
- a) ☐ We have a system
  - b) ☐ No, not at this time

SUBMIT (VIA U.S. MAIL) APPLICATION TO:  
NUCA Pennsylvania  
4400 Deer Path Rd., Ste. 106  
Harrisburg, PA 17110  
(717) 234-8055 FAX: (717) 234-7955

<< Attach additional supporting files here