



Q:

DEADLINE: March 31, 2020



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 circle 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 a unique safety initiative or beneficial practice you do that enhances safety or workplace practices (Use separate sheet of paper to respond):



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# Safety

## Awards 2020



NUCA Pennsylvania

### SAFETY AWARDS QUESTIONNAIRE

Company \_\_\_\_\_

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

**Contractor Category:** (only circle 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 2019 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, 2020
- 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.





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 APPLICATION TO:  
NUCA Pennsylvania  
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Harrisburg, PA 17110  
(717) 234-8055 FAX: (717) 234-7955