

# CONCRETE FOUNDATIONS ASSOCIATION

## 2015 TOP SAFETY AWARDS APPLICATION

The Board of Directors for the Concrete Foundations Association has created a Top Safety Awards program to recognize contractors in the industry committed to maintaining safe working environments on their job sites. In 2011, OSHA rescinded the exemption from fall protection for residential construction, including that of residential foundation construction under the belief that significant safety violations and risks plagued the industry. This program serves to establish record of the commitment to safety and the practical influence that commitment has on the workplace injury rate. The following awards are available to CFA members in each of the classifications described below:

**Best Overall Safety Achievement Award:** recognizes the firm with the lowest incident rate in 2014. Multiple companies with a zero Incident rate will result in the award given to the company with the highest number of annual work hours.

**Most Improved Safety Achievement Award:** recognizes the firm with the most improved incident rate in 2014 from numbers they submit for 2013.

**Zero Lost time Accident Achievement Award:** provided to all submitting companies who achieved an incident rate of zero for 2014.

**Certificate of Recognition:** awarded to all companies whose incident rate fell below the national average for residential foundation contractors, a number made available by the Bureau of Labor Statistics.

Submissions are required at CFA Headquarters by **July 1, 2015**. All entries must be signed by person submitting the form and the owner, president or CEO, or risk disqualification. Winners will be announced at CFA Convention 2015 in Williamsburg, VA on **July 24, 2015** during the Awards Gala.

*Contractors with a fatality in 2014 are ineligible for an award but may submit for purpose of record.*

### SECTION ONE: Company information

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

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_ Contractor Classification: Indicate one only - RF = Residential Foundation, CC = All Concrete Contractor and TK = Turn Key Contractor.

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| a) RF less than 100,000 work hours | d) CC less than 100,000 work hours | g) TK less than 100,000 work hours |
| b) RF 100K to 250K work hours      | e) CC 100K to 250K work hours      | h) TK 100K to 250K work hours      |
| c) RF over 250K work hours         | f) CC over 250K work hours         | i) TK over 250K work hours         |

**Incident Rate (IR):** Use the number from 2014 for the calculation below, which is a nationally recognized measure of safety that equalizes accident rates for all firm sizes.

$$[(N) \text{ _____ } \times 200,000] \div (WH) \text{ _____ } = (IR) \text{ _____}$$

N= number of lost workday cases plus recordable incidents and modified duty for both injuries and illnesses. This number should be the sum of the check marks in columns H, I & J of your 2014 OSHA 300 log.

## SECTION TWO: Self-Assessment Checklist *(optional)*

WH = number of work hours for the firm in the calendar year included all on your payroll: hourly, non-hourly, overtime.

<b>Injury and Illness Incidence and Frequency Rate</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Total employee hours worked			
Total number recordable injury/illness cases (total in columns H, I & J of the OSHA 300 log)			
Total number of lost work-day cases due to injury/illness (total in column H in the OSHA 300 log)			
Total number of restricted duty cases (total in column I of the OSHA 300 log)			
Recordable incidence rate (using calculation formula on page 1)			
Lost work-day incidence rate (using calculation formula on page 1)			
Restricted duty rate (using calculation formula on page 1)			
Worker's compensation experience modification rate (EMR)			
<b>Confirmed Citations</b>			
Number of confirmed citations during the past 3 years: _____. If you have received a citation, attach a brief description including the date and type of citation.			
<b>Management Commitment</b>	<b>Yes</b>	<b>No</b>	
Management fully supports and participates in the safety program.			
Management sets responsibilities for safety.			
Safety is part of a company-wide performance appraisal.			
<b>Management Policy Statement on Safety</b>	<b>Yes</b>	<b>No</b>	
The statement is known to all employees.			
The statement is part of safety policies and safety manual.			
It is signed by the Chief Executive Officer (CEO) or owner.			
<b>Responsibility for Safety Defined</b>	<b>Yes</b>	<b>No</b>	
Responsibility for safety is defined for all levels of the firm.			
It is in writing, and is part of the safety manual.			

<b>Safety Program Goal Setting</b>	<b>Yes</b>	<b>No</b>
Long and short term goals and objectives are set and achievable (based on needs or problems).		
Feedback from those responsible for achieving results is required.		
Audit results are specific and measurable.		
<b>Management Supervisory Meetings</b>	<b>Yes</b>	<b>No</b>
Periodic meetings held by management, with superintendents, emphasizing safety.		
Senior management actively participate in meetings.		
<b>Pre-Planning for Job Site Safety</b>	<b>Yes</b>	<b>No</b>
Pre-planning for safety is required (company prepares site specific safety plans).		
A hazard/risk assessment is used by the superintendent to assure that all exposures are considered prior to the start of work (JSA/JHT/etc.).		
Necessary equipment is provided and precautions are taken prior to, or at the time of, job startup.		
Safety meetings are conducted before start of each new job.		
<b>New Employee Orientation</b>	<b>Yes</b>	<b>No</b>
A formal orientation program is in effect for all employees.		
Records include date of meeting, person conducting meeting, attendees, and items covered.		
Orientation includes information on safety rules, major exposures of the job to be performed, and personal protective equipment required.		
<b>Safety Rules</b>	<b>Yes</b>	<b>No</b>
Rules are published.		
All employees are aware of the rules.		
Rules are enforced equally amongst all employees.		
Rules are updated as necessary.		
A written disciplinary action program is used.		

<b>Safety/Toolbox Meetings</b>	<b>Yes</b>	<b>No</b>
Meetings are held at least once weekly.		
Meetings are conducted by superintendents.		
Records are kept on attendance and topics presented.		
Employees participate in meetings.		
<b>Inspections</b>	<b>Yes</b>	<b>No</b>
Weekly job site inspections are made by the superintendent.		
Critical items based on the job have been identified and hazard controls are in place.		
A report is submitted to all applicable personnel on the results of the inspection.		
Target dates are set for corrective action with follow-up.		
Corrective actions are immediately reviewed with all affected employees.		
<b>Training - Supervision</b>	<b>Yes</b>	<b>No</b>
Superintendents receive training in conducting safety meetings.		
Superintendents receive training in supervisory safety duties.		
Superintendents receive training in accident investigation and job site hazard (JSH) analysis.		
<b>Accident Investigation</b>	<b>Yes</b>	<b>No</b>
Accidents, including near misses, are investigated.		
Reports are completed on all accidents.		
Management reviews all serious accidents.		
The basic causes of all accidents are determined.		
Information learned is shared with all job sites.		
A follow-up system assures corrective action is taken.		

<b>Use of Personal Protective Equipment (P.P.E.)</b>	<b>Yes</b>	<b>No</b>
Hazard analysis is made to determine the P.P.E. required.		
Employees are trained in the use and maintenance of P.P.E.		
Necessary, approved P.P.E. is provided to and utilized by employees.		
An annual review of the P.P.E. program is conducted.		
<b>Performance Audit</b>	<b>Yes</b>	<b>No</b>
Audits are made at least semi-annually to determine if safety work is effective.		
Standards exist on which to measure performance.		
Performance rating becomes part of the overall rating of superintendents and is reviewed with each individual superintendent.		
<b>Substance Abuse Policy</b>	<b>Yes</b>	<b>No</b>
Company policy contains strict rules regarding drug and alcohol use.		
Company conducts drug testing for pre-hire, post-accident and reasonable cause.		
Company keeps counseling and testing records.		
Company has an Employee Assistance Program (EAP).		
<b>Record Keeping</b>	<b>Yes</b>	<b>No</b>
<i>Records are kept on:</i>		
New employee orientation		
Inspections		
Training		
Accident investigations		
Medical treatment		
OSHA 300 Log		
Hazard Communication Program		
Employee absences		

### SECTION THREE: Operations/Safety Management Review *(optional)*

The following section allows your company to provide commentary about your safety programming, your company's attention to safety and information that may benefit the Association in providing the general industry with evidence of our focus on safety. It is purely optional but can result in improved publicity of your company and this message.

#### **Description of Company** *(100 words or less)*

Provide a brief description of your company's operations to include number of full-time management employees, number of full-time field employees, years in business, and type of work performed.

**Description of Safety Program** (250 words or less)

Describe your safety program, including information demonstrating management commitment and employee involvement in the orientation and training programs and innovative practices that reduce exposure to loss. You may submit supplementary materials such as brochures, articles about your company, etc., that specifically showcase your safety program. **DO NOT submit a safety manual.**

**Note:** If you have a photo of your safety message on a job site sign or a sample of your message published in a company newsletter, as part of your email salutation or on your website, you are encouraged to submit that along with this information.

**Why Your Company Deserves to Win (250 words or less)**

Describe why your program is successful and why you think your program deserves to win.

**SIGNATURE OF THE PERSON COMPLETING THE ENTRY AND THE OWNER, PRESIDENT OR CEO OF THE COMPANY. NOTE: Your 2015 CFA member dues must be current to submit or remit with entry.**

**Please sign and email, mail or fax to:**

Concrete Foundations Association  
◇ PO Box 204, Mount Vernon, IA 52314 ◇ fax 320.213.5556 ◇ [jbaty@cfawalls.org](mailto:jbaty@cfawalls.org)

Name of person completing entry: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

Signature of person completing entry: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner/President/CEO: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions on this form, please contact CFA at (319) 895-6940.*