



INTRODUCTION

NAWIC's Safety & Health Awareness Committee is pleased to offer the Safety Excellence Award to recognize NAWIC member companies which recognize safety as a corporate value and commitment. These companies have implemented excellent safety and health programs, and innovative solutions for creating strong safety cultures within their organizations. The means of achieving this include owner/upper management commitment, proactive safety and health programs, consistent enforcement policies, employee training, management committee initiatives, and program implementation creativity/innovation.

Awards are given to the top three member companies at the chapter level, the regional level, and the national level.

Eligible participants must employ a NAWIC member or Member At-Large. Members submit their applications to their chapter Safety Chair or chapter President if no chair available. (Chapter Safety Chairs/Presidents should recuse themselves from judging if their own company is an applicant.) At-Large Members submit directly to the Regional Safety & Health Awareness Chairperson. **The application is evaluated on several levels. First review is by the member's Chapter. Chapter winners are then submitted to the Regional Safety and Health Committee Chair. Regional winners are submitted to the National Safety and Health Committee Chairs, and the National winners will be selected from Regional submissions by an unbiased, independent party.**

The Chapter determines its own deadline for submitting the awards (*recommended date is February 1, 2017*). Each Chapter will then forward Chapter winners to their Region's Safety & Health Awareness Chairperson. (Region Chairpersons should recuse themselves from judging if their own company or subsidiary is an applicant to avoid any sense of conflict of interest.) *The deadline for your Chapter to submit their selections to your Region's Safety & Health Awareness Committee Chairperson is March 1, 2017.*

The Region Safety & Health Awareness Committee Chairperson will identify the winners for recognition at their Region's Spring 2017 Forum. Winners of the Regional Safety Excellence Awards will then be forwarded to the National Safety & Health Awareness Committee Chairperson, Tammy K. Clark. Send applications to tammy@tammykclark.com. Judging for the National award will be done by an unbiased party who will then identify the National Winners. The top three winners will be awarded at the Annual Meeting & Education Conference, 2017.

Awards are based on leading indicators, not lagging indicators. However, this year the National Committee is asking for your organization's lagging indicators in the form of OSHA 300 logs, EMR ratings, DART records, etc. for use in the event of a tie. Proper business letter etiquette such as spelling, punctuation, grammar and formatting will also be used for scoring in the event of a tie.

Applicant (Member Company) _____

NAWIC Member _____

Chapter Name and Number _____

Region _____

NAWIC CHAPTER NUMBER _____
REGION _____

APPLICANT _____
(Company Name)

SECTION ONE: Program Assessment Checklist

ALL APPLICANTS please select 'Yes', 'No' or 'Not Applicable' for each of the items. There may be items in the checklist that do not apply to your company. If so, the N/A response would be appropriate.

Please provide an explanation in the notes section for all 'N/A' responses.

| Yes | No | N/A | |
|-----|----|-----|--|
| | | | Written safety & health policy signed by company principal |
| | | | Your location employs a safety manager or director |
| | | | Have an annual safety & health budget, and budget(s) for each job |
| | | | Company policy allows field employees authority to "shut down" a job or operation because of a hazard that presents imminent danger to employees |
| | | | Safety & health policies or requirements are written into contracts to require subcontractors to meet your safety requirements |
| | | | Utilize a pre-qualification safety & health-screening method to select subcontractors, suppliers or vendors |
| | | | Require a site specific orientation for all sub-contractor, vendor, support personnel prior to project access |
| | | | Provide contractual provisions for termination of contractors for unsatisfactory safety performance |
| | | | All new hires are trained on how to report injuries & unsafe conditions and work practices |
| | | | New hire orientation includes location of first-aid kits/facilities and use/care of personal protective equipment (PPE) |
| | | | Have personnel on each job trained in first-aid and CPR |
| | | | Supervisors w/ OSHA extensive (i.e. 10/30hr) hazard recognition/competent person training certification |
| | | | Competent person safety training applicable for your business (scaffolds, trenching & excavations, etc.) |
| | | | Your location has a written safety plan and emergency crisis response plan |
| | | | Site-specific written safety plan (fall protection, confined space, etc.) |
| | | | Site-specific written emergency/crisis response plan |
| | | | Conduct weekly safety meetings (tool box talks) on site w/ field crews or office staff |
| | | | Maintain safety and health recordkeeping requirements |
| | | | Accident reports are reviewed regularly to determine corrections |
| | | | Require safety and health inspections of each jobsite at least weekly by supervisor |
| | | | Written drug & alcohol prohibition policy |
| | | | Drug & alcohol testing protocol (pre-employment, post-accident, etc.) |
| | | | Inclusion of subcontractors in testing policy |
| | | | "No texting/hands free" phone policy while operating company owned vehicles |
| | | | Defensive driving training/program |
| | | | Provide written material and signs in language other than English |
| | | | Provide safety training in a language other than English |
| | | | A health promotion program is available to employees and their families (smoking, weight loss, heart health, etc.) |
| | | | Active participation in a construction-related association safety committee |
| | | | Attend local or regional safety seminars |

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| NAWIC CHAPTER NUMBER _____ REGION _____ |
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| APPLICANT _____ <div style="text-align: right; font-size: small;">(Company Name)</div> |
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Additional Required Documents:

- 1) *Include a copy of your corporate OSHA 300A Summary for 2016*
- 2) *Do not exceed the one page summary requested in Part 3 #2*
- 3) *Make sure the application is signed*
- 4) *Be sure to get application to your chapter chair by the deadline*
- 5) *Chapter chairs—make sure winners' applications to your Regional Chair by deadline of March 1, 2017*
- 6) *Regional Chairs request plaque from National for your winners to be awarded at your FORUM*
- 7) *Regional Chairs make sure Regional winners to National Chair by May 31*
tammy@tammykclark.com

Scoring Guide:

Total number of 'Yes' responses: _____

Total number of APPLICABLE questions: _____

Divide total number of 'Yes' responses by total number of APPLICABLE questions: _____%

Example: Company answered 'Yes' to 25 questions and there were 28 questions that were APPLICABLE. The company would score an 89%.

Program Assessment Notes:

Use this section to provide an explanation to any 'N/A' responses from the Program Assessment Checklist.

NAWIC CHAPTER NUMBER _____
REGION _____

APPLICANT _____
(Company Name)

SECTION TWO: Tell NAWIC about Your Safety Program

This is your opportunity to demonstrate that "special something" that sets your company apart from the others. Answer the following questions using no more than one page of Times New Roman, 12 Font, per question.

1. Describe your safety program. What sets your safety program apart from others? Include examples which demonstrates hard work, persistence, innovation, teamwork, and the passion for continuously improving your safety management systems above and beyond minimum state and federal safety standards.

_____ of 5 points _____%

2. What single element of your safety process was the most critical to your success in safety over the past 3 years and why? Describe any new systems, procedures or elements (if any) that were integrated into your overall safety process during the past year.

_____ of 5 points _____%

3. Describe methods used to recognize and/or reward employees for safety performance.

_____ of 5 points _____%

SCORING GUIDE:

Each question is worth up to 5 points maximum. Grant points based on the following: Was the questions answered? **1 point**

Was an example(s) provided? **1 point**

Overall quality of response (depth, specificity, ect) **up to 3 points**

Reviewed by: _____

Printed Name & Title of Company's/Location's most senior executive

Signature

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| NAWIC CHAPTER NUMBER _____ REGION _____ |
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| APPLICANT _____ (Company Name) |
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OVERALL SCORE

(This is to remain confidential and only seen by person scoring applications. This page MUST be included with application when submitting for National judging.)

Take the percentages awarded from the above sections and create an average to rankings.
Add up the (4) percentages and divide by (4). Rank based on highest number.

Chapter Score

| | | |
|---|--------|-------------------|
| SECTION ONE: Program Assessment Checklist | _____% | SECTION TWO: Tell |
| NAWIC about Your Safety Program | | |
| Question 1 | _____% | |
| Question 2 | _____% | |
| Question 3 | _____% | |
| Total % Divide by 4 | | _____ |
| Scored by: _____ | | _____ |

Regional Score

| | | |
|---|--------|-------------------|
| SECTION ONE: Program Assessment Checklist | _____% | SECTION TWO: Tell |
| NAWIC about Your Safety Program | | |
| Question 1 | _____% | |
| Question 2 | _____% | |
| Question 3 | _____% | |
| Total % Divide by 4 | | _____ |
| Scored by: _____ | | _____ |

National Score

| | | |
|---|--------|-------------------|
| SECTION ONE: Program Assessment Checklist | _____% | SECTION TWO: Tell |
| NAWIC about Your Safety Program | | |
| Question 1 | _____% | |
| Question 2 | _____% | |
| Question 3 | _____% | |
| Total % Divide by 4 | | _____ |
| Scored by: _____ | | _____ |

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| NAWIC CHAPTER NUMBER _____ REGION _____ |
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| APPLICANT _____ (Company Name) |
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SAFETY EXCELLENCE AWARDS APPLICATION: PART III

Part III applies to your company's safety & health commitment

1. Does your safety program have a commitment statement from your company CEO/President/Owner? _____ If yes please attach.
2. What makes your safety program better than your competitors? (What is your competitive edge ? - be specific.) (Attach to the application using no more than 1 page of Times New Roman, 12 Font.)

Reviewed by: _____
Printed Name/Title and Signature of Company's/Location's Most Senior Executive

Date _____

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| NAWIC CHAPTER NUMBER _____ REGION _____ |
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| APPLICANT _____ (Company Name) |
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