

Safety Performance



- a. If you are a 2009 STEP award recipient, include a copy of your bronze, silver, gold, or platinum-level certificate.
- b. Does your company have a written Safety & Health Policy Manual? Yes No
(Give a brief summary – maximum one page or include a copy of its Table of Contents)
- c. Did you develop a site-specific Safety & Health Policy Manual? Yes No
(Give a brief summary – maximum one page or include a copy of its Table of Contents)
- d. Were toolbox safety meetings held during this project? Yes No Documented? Yes No
How often? _____ Include a one-page summary or an actual example.
- e. Was specialized training conducted on this project? Yes No
What types? _____
- f. Total man-hours for all disciplines included in your contract on this project _____
(General contractors and construction managers must also include all specialty contractors' hours.)
- g. Number of OSHA recordable accidents on this project _____
(Include all specialty contractors under your contract.)
Number of OSHA restricted-day cases on this project _____
Number of OSHA lost-time accidents on this project _____
- h. Name and title of person responsible for safety on this project _____
- i. Was the person responsible for safety identified as such in the project's organization chart? Yes No
(Please supply chart)
- j. Does your company have a substance abuse policy? Yes No
- k. Were there any innovative safety and health programs used specifically for this project? Yes No

Explain: _____

Entry Form



2010 ABC OF GEORGIA EXCELLENCE IN CONSTRUCTION AWARDS

Please complete the information exactly as it should appear on the award. Each submission requires a separate entry form, which must appear in your entry binder. All fields are required. The contact person will be required to respond to e-mail communication regarding the competition, and if you should win, to confirm your company's participation in the event and to proof award information.

1. Company Name _____
Company Principal and Title _____
Address _____
City _____ State _____ Zip _____
Contact person for questions regarding this application _____
Contact (phone) _____ (e-mail) _____
2. Name of project _____
Project Location (City/State) _____
Contract Amount _____
3. Entry Category (from Category Descriptions) _____
4. Architect/Engineer Firm _____
5. Client/Owner Firm _____
6. Starting Date of Construction _____ Completion Date _____

■ Please include \$225 payment for each project entered ■

All entries must be received at the ABC of Georgia office by Friday, May 14 at 4:00 p.m. If paying the \$225 application fee (for each project entered) by check, deduct 5% from your total. Credit cards are accepted, no discount applies. Make check payable to: Associated Builders and Contractors of Georgia, Inc.

Send entries to: Associated Builders and Contractors of Georgia, Inc., 8975 Roswell Road, Atlanta, GA 30350

If you have any questions regarding this application, please contact Bill Anderson ■ bill@abcga.org ■ 770.587.0955. Thank you.

