**CFC ABC EIC Awards Project Entry Form – Safety Questions**

**Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section IV. Safety**

Did your company have a safety-related fatality? □ Yes □ No

If there was a safety related fatality, the applicant is not eligible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Safety Questions** | Yes | No | Attached? | (For ABC use) |
| 1 | Has your company signed the Construction Coalition for Drug- and Alcohol-Free Workplace’s pledge at drugfreeconstruction.org? If no, please do. |  |  |  |  |
| 2 | Does your company have a substance abuse policy?  If yes, include a one-page example or summary. |  |  |  |  |
| 3 | Indicate number of OSHA lost-time accidents on this project: \_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 4 | Does your company have a written Safety and Health Policy Manual?  If yes, include a one-page summary or table of contents. |  |  |  |  |
| 5 | Was a site-specific Safety and Health Policy Manual developed for this project?  If yes, include a one-page summary or table of contents. |  |  |  |  |
| 6 | Does your company conduct a new employee safety orientation?  If yes, include a copy of the agenda. |  |  |  |  |
| 7 | Were toolbox safety meetings held with employees and documented?  Frequency of meetings: \_\_\_\_\_\_\_\_\_\_\_  If yes, include a one-page example or summary. |  |  |  |  |
| 8 | Was there a daily job hazard analysis or a pre-task planning program throughout the duration of the project?  If yes, provide a one-page copy of the form. |  |  |  |  |
| 9 | Was there a general safety site inspection program throughout the duration of the project?  If yes, please provide a one-page copy of the form. |  |  |  |  |
| 10 | Was there a regular equipment inspection program (scaffolds, aerial lifts, etc.) throughout the duration of the project?  If yes, please provide a one-page example. |  |  |  |  |
| 11 | Was specialized safety training or certifications conducted on this project?  If yes, include a one-page example or summary. |  |  |  |  |
| 12 | Is there additional information regarding any innovative safety and health programs used on this project or the company’s overall safety program?  If yes, include examples or summaries. |  |  |  |  |
| 13 | For general contractors or construction managers: Do you require accident reports from specialty contractors?  If yes, provide information on the process. |  |  |  |  |
| **Total** | | | | |  |

**Note:** Required safety attachments must be received by May 15, 2019 in order to be included in the score.

**SAFETY BONUS – 4 POINTS**

STEP participation is not required but by completing the National STEP (Safety Training Evaluation Process) application and listing Central Florida Chapter ABC as a primary or additional chapter, you will earn an additional 4 points.

Safety Bonus points will count towards your project entry score if STEP application is completed by May 15, 2019.

Enter online: [abc.org/en-us/safety/step.aspx](http://www.abc.org/en-us/safety/step.aspx).