



2018 Ben Patton Luster Construction Safety Excellence Awards

Instructions

Return completed application and application fee of \$100.00

(Make checks payable to – Arizona Transportation Builders Association or call 623-0444 for credit card payment).

Application and application fee deadline: November 30, 2018.

All applications will be reviewed by the Judging Panel to form a short list of finalists. Short listed finalists will be asked to give a brief presentation to the Panel describing a safety challenge encountered on a recent project and their solutions. The Panel will select the winner based on which company best displays a company-wide commitment to construction safety and an ability to tackle safety challenges with creative solutions. The winning team and runners-up will be recognized at the ATB Installation Dinner – January 26, 2019. Good Luck!

Application: Section 1

Has your company experienced an occupational-related fatality in Arizona involving an employee(s) during the year 2018? Yes No

If you checked Yes. Stop here. Your Company is ineligible for this years' awards.
If you checked No. Continue with the application process.

General Information

Company _____

Address _____ City _____ St _____

Contact Person _____ Phone _____

Title _____ Fax _____ E-mail _____

Safety Manager Contact Information: Phone _____ E-mail _____

How long has your company been in business? _____

Signature
(CEO/President /Owner/Company Executive)

Date

Section 2 - Company Safety Program

1. Does your company have a written safety program? Yes No

If yes, why is having a written safety program important to you? _____

If yes, how long has it been in place and how frequently is it updated? _____

2. Are all your employees familiar with your safety program? Yes No

How are your employees educated about the safety program? _____

3. Do performance evaluations consider safety performance as well as production?
Yes No

If so, please explain how: _____

4. Does your company discipline employees for violating safety policies? Yes No

Explain policy: _____

5. Does your company have a full- time Safety Manger / Director? Yes No

6. Has your company used the OSHA consulting service? Yes No Proactive Reactive

Has your company used other consulting services? Yes No Proactive Reactive

Has your company used internal Safety Audits? Yes No Proactive Reactive

Section 3 - Substance Abuse Policy & Procedures

- | | | | |
|--|-----|----|-----|
| 1. Written Drug and Alcohol Prohibition Policy? | Yes | No | N/A |
| 2. Drug & Alcohol Testing Protocol? | Yes | No | N/A |
| 3. Pre-Employment and Post Accident Drug Testing Requirement? | Yes | No | N/A |
| 4. Employee assistance program or counseling referral program? | Yes | No | N/A |
| 5. Inclusion of Sub-Contractors in substance abuse testing policy? | Yes | No | N/A |

Section 4 - Employee Training

- | | | | |
|---|-----|----|-----|
| 1. Have personnel on each job been trained in First Aid and CPR? | Yes | No | N/A |
| 2. Have supervisors received OSHA 10/30-hr Training? | Yes | No | N/A |
| 3. Have all field employees received at a minimum OSHA 10-hr training? | Yes | No | N/A |
| 4. Have employees that are exposed to fall hazards-received Fall protection Training? | Yes | No | N/A |

List any other Safety Training your company may offer:

Section 5 - Narrative

Provide a brief description of a unique safety challenge your company encountered on a project during the past year. The solutions to this safety challenge will be the subject of a brief presentation and Q&A session with the Panel for short listed applicants. Please include any poignant and critical facts in your description.

(You may elect to do this on a separate page and attach to this application-if so please write "See attached" below.)