2018 SMACNA SAFETY EXCELLENCE AWARDS PROGRAM SURVEY

SMACNA Member: Please take a moment to fill out and submit this 2018 SMACNA Safety Excellence Awards Program (SSEAP) survey. (Use this two-page form and fill in your 2017 data)

All entries must be submitted by May 4, 2018.

**The survey is available on-line at the following website address:**
http://www.smacna.org/ (members-only access required)

If you choose to submit a hardcopy, please fax or mail the completed two-page form to:

Complete the following company information (please print clearly):

Company Name: ____________________________________________
Address: (no P.O. Box #) ______________________________________
City: ______________________________________________________
State or Province: ____________________________________________
Zip/Postal Code: ____________________________________________
SMACNA Chapter: ____________________________________________

COMPANY SAFETY DATA

1. ________ HOURS – Total number of 2017 hours worked.
   (entire company, including SM / HVAC worked in all company divisions / locations).

2. OSHA Form 300A Data (obtain data from your OSHA 300 summary form – calendar year 2017)
   A. ______ DEATHS – Number of injury/illness cases related to occupational deaths (Item G only).
   B. ______ NUMBER OF RECORDABLE CASES – Total number of recordable injury/illness cases
      (lost work days, job restriction, job transfer, and others) (add Items G, H, I, and J).
   C. ______ NUMBER OF LOST WORKDAY CASES – Total number of lost workday injury/illness
      cases (do not include job restriction, job transfer, or other cases) (Item H only).
   D. ______ NUMBER OF DAYS – Total number of days of job transfer or job restriction, and
      total number of days away from work (add Items K and L).

3. What is your current workers’ compensation experience modification rate (EMR)? ____________

4. What injuries are most common?  Cuts □  Eye Injury □  Back Strain □
   Other Strain □  Other Injury □ (specify) ____________________________

5. Does your company have a written safety and health program?  □ Yes  □ No
6. Do you have a designated safety coordinator / safety director? □ Yes □ No
   If yes, Name: __________________________ Email: __________________________
   Status: □ Full Time □ Part Time □ Third Party/Consultant

7. What type of safety training do you conduct (CHECK ALL THAT APPLY)?
   □ Toolbox Talks and Videos □ OSHA 10 hour course □ OSHA 30 hour course
   □ New Worker Orientation □ Hazard-specific


9. What types of safety training materials do you use? (CHECK ALL THAT APPLY)
   □ Books/Manuals □ Posters □ Videos (VHS format)
   □ Pamphlets □ Videos (DVD format) □ Computer-based training (Internet)

10. Do you use any of the available SMACNA Safety Products and Services? □ Yes □ No

11. Do you use any of the available SMOHIT Safety Products? □ Yes □ No

12. Do you regularly conduct safety inspections? □ Yes □ No

13. Does your company have a formal program for drug and alcohol abuse? □ Yes □ No

14. If you answered yes to the above question, does your company’s formal drug and alcohol abuse program include:
   A. Random testing? □ Yes □ No
   B. Pre-hire testing? □ Yes □ No
   C. Post-accident testing? □ Yes □ No
   D. Penalties? □ Yes □ No
   Please list specific penalties: ____________________________________________
   ____________________________________________

   How are employees informed of the drug and alcohol program?
   ____________________________________________
   ____________________________________________

   (Please Print Clearly)
   Safety Survey Completed By: __________________________

   Contact Phone #: __________________________

   Contact Email: __________________________

Questions?...Contact Mike McCullion SMACNA’s director of market sectors and safety at (703) 995-4027.
Prefer to submit on-line?...go to www.smacna.org