



Wednesday, January 15, 2025

# Contractor Safety Awards Application Form

Welcome to this year's Safety Award Application. We are looking forward to receiving your application and seeing you at this year's Safety Awards Banquet.

Please read the application in its entirety before submitting your company information.

Reserve your tickets and sponsorship today at <https://nwibr.org/caf-nwibr-safety-awards-banquet/> or call 219-226-0300.

## Instructions for Filing Application

All award applicants are required to complete the application in full for acceptance, and have the application signed off by the chief executive officer or president of the contractor firm.

**Deadline for Filing Application:** Must be submitted before midnight February 14, 2025.

**Questions:** Direct any questions to (219) 226-0300.

**Winners will be notified of their award status no later than:** March 14, 2025.

The awards will be presented at the Annual Safety Awards Banquet at the Avalon Manor Banquet Center on **May 8, 2025**.

Criteria for Application Evaluation can be found at <https://nwibr.org/award-criteria/>

## Contractor Part 1

**Company Name**

**NAICS Category**

NAICS

**Contact Person**

**Address**

**Phone Number**

**Email for Return Notification**

## OSHA & Safety Information

Has your organization received any OSHA violation that was "willful" or greater in the past year?

Information:

Enter your OSHA injury/illness statistical data for the past three years in the table below.

(Total cumulative for Indiana counties including Lake, Porter, LaPorte, Newton, Jasper, Starke, and St. Joseph).

<b>Total Number of Fatalities:</b>	NWI 2022	NWI 2023	NWI 2024

<b>Total Number of Cases with DAFW:</b>	NWI 2022	NWI 2023	NWI 2024

<b>Total Number of Cases with Job Transfers/Restrictions:</b>	NWI 2022	NWI 2023	NWI 2024

<b>Total Number of Cases of Other Recordable Cases:</b>	NWI 2022	NWI 2023	NWI 2024

<b>Total Hours Worked:</b>	NWI 2022	NWI 2023	NWI 2024

To Calculate Rates:

$$\text{DAFW} = \text{Number of Cases (Row 2)} \times 200,000 \text{ hours} / \text{Total Hours Worked (Row 6)}$$

$$\text{DART} = \text{Number of Cases (Row 2 + Row 3)} \times 200,000 \text{ hours} / \text{Total Hours Worked (Row 6)}$$

$$\text{TRIR} = \text{Number of Cases (Rows 1+2+3+4)} \times 200,000 \text{ hours} / \text{Total Hours Worked (Row 6)}$$

Please upload copies of your organization's OSHA 300-A summary for the past 3 years:



**Please upload copies of your organization's OSHA 300 Log with names redacted for the past 3 years:**

  
  

## **Contractor Part 2**

**Industry Type:**

**NAICS Category (same as previous page)**

**Describe the type of work/service you provide:**

**List three clients from the NWIBRT Member Companies to contact for a reference of your safety practices and performance:**

	<b>Name</b>	<b>Title</b>	<b>Company</b>	<b>Phone</b>	<b>Email</b>
<b>Reference one:</b>					
<b>Reference two:</b>					
<b>Reference three:</b>					

Describe in detail your safety management system including the following criteria (do not include safety manuals, booklets, etc.):

**A. Describe your management accountability and commitment (include statement or policy).**

**B. Provide written safety and health programs (include who maintains the program).**

**C. What is your safety orientation procedure for new employees?**

**D. What is your on-going safety training for all employees?**

**E. How do you determine the effectiveness of your training?**

**F. Describe site safety meetings (include frequency, duration, who conducts, attends, and how meetings are documented).**

**G. Describe how you enforce safe work practices (include accountability for safe and unsafe behavior).**

**H. Describe your incident reporting/investigation process?**

**I. How do you use incident statistics to improve safety performance?**

**J. How are unsafe conditions reported and resolved?**

**K. What new programs, innovations or changes have you implemented in the last year to improve your safety culture and reduce injuries and illnesses?**

**L. List all CAF safety classes and other recognized safety classes for its workforce?**

**M. List the individuals in your company is active in NWIBRT Safety Subcommittee and Safety Sub Teams. How many meetings did each attend in 2024? (80% attendance is required to achieve Excellence Award status and Contractor of the Year consideration. If 80% is not achieved, companies will be eligible for Recognition and Achievement).**

If your firm is selected as a finalist, who is to be contacted to arrange a work site audit?

**Name**

**Title:**

**Phone Number**

**Email**

**Prepared by:**

**Title:**

**Date**

**Preparer's Signature**

**CEO/President Name:**

**CEO/President Email Address:**

**CEO/President Signature:**

**I certify that the CEO of our company  
or division has reviewed this  
application:**

