



Entry Deadline:
Jan. 25, 2013
NO ENTRY FEE!

Note: Due to the early-January dates of The Precast Show, the Safety Awards will not be presented during the 2013 event. Awards will be mailed to each winning company and will be publicized throughout the industry.

All NPCA Producer member plants in good standing are encouraged to submit the Safety Survey and Awards application.

PLEASE NOTE: Due to the later reporting period, there will be NO deadline extension for entries.

PUBLICITY AGREEMENT

NPCA has the right to publish the company name and plant location for each winner of the Safety Survey and Awards competition. All submitted data will remain confidential.

For more information or to submit your completed entry form, contact:

Liz Todd
Safety Survey and Awards Application
NPCA
1320 City Center Drive, Suite 200
Carmel, Indiana 46032
(800) 366-7731

or by fax:

Attn: Liz Todd
(317) 571-0041

or by Email:

etodd@precast.org

SAFETY SURVEY AND AWARDS APPLICATION

Visit www.precast.org/awards for awards criteria and the award categories or to enter online.

Reporting Period: Jan. 1, 2012— Dec. 31, 2012

Company name as it should appear on award: _____

Safety representative: _____

Email: _____

Company address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Fax: _____

I certify that the information below is true and accurate and fairly reflects the safety performance of the submitting facility. Further, I hereby authorize NPCA to bill a \$25 shipping and handling fee only if I am eligible for a plaque award. Awards will be shipped to the plants after The Precast Show 2013.

Name of safety representative: _____

Signature: _____

Phone: _____

Note: This form must be received no later than Jan. 25, 2013. NPCA will contact the Safety representative listed above to confirm any award received.

- 1. Total hours worked during the reporting period for all personnel, including clerical, for the facility listed on this form. _____
- 2. Number of employees. _____
- 3. Number of injuries and illnesses that required the employee to miss at least one full shift from work (total of column H, OSHA 300 log). _____
- 4. Number of injuries and illnesses that involved a job transfer or restriction, but did not result in days away from work (total of column I, OSHA 300 log). _____
- 5. Number of other injuries and illnesses not resulting in days away from work or days of restricted work (total of column J, OSHA 300 log). _____
- 6. Number of days away from work due to injuries and illnesses during this reporting period (total of column K, OSHA 300 log). _____
- 7. Number of days of restriction or job transfer due to injuries and illnesses during this reporting period (total of column L, OSHA 300 log). _____