

**Safety Information Form**

**If your company has received several nominations, copy this form and complete one form for each site.**

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| --- |
| Nominated by: Click or tap here to enter text. |
| Type of work performed at site: Click or tap here to enter text. |

|  |  |
| --- | --- |
| Enter the name of your company exactly as you would like it published in HSEA publications.  | Click or tap here to enter text. |
| Who will be the primary contact for scheduling audits?  | Click or tap here to enter text. |
| What is the primary contact’s title? | Click or tap here to enter text. |
| Address: Click or tap here to enter text. | City/State/Zip: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | e-mail: Click or tap here to enter text. |

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| --- |
| **Type of business, work or service your company performs.** **(Check only one category your company wants to be considered for.)** |
| [ ]  **General Contractor** | [ ]  **Specialty Contractors – Soft Crafts** |
| construction & maintenance | insulation, painting, scaffolding |
| [ ]  **Specialty Contractors – Hard Crafts** | [ ]  **Specialty Contractors – Environmental** |
| mechanical, I&E, HVAC | Hydroblasting, chemical cleaning, vacuum trucks, chemical cleaning and transportation |
| [ ]  **Specialty Contractors – Technical Support** | [ ]  **Crane, Rigging & Lifting Support** |
| engineering, safety, inspection |  |
| **Note:** Large, Medium and Small categories will be determined by the total company work-hours. |
| **Company Description:**  |
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**Use 2021 OSHA no. 300 logs to provide the following injury/illness data:**

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|  | **Project/Worksite Data** | **Total Company Data** |
| 1. **Total number of OSHA recordable cases**
 | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Total number of lost work-day cases which involved days away from work**
 | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Total number of fatalities**
 | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Total hours worked**
 | Click or tap here to enter text. | Click or tap here to enter text. |

**Please return completed “Safety Information Form” with the completed HSEA “Initial Audit Form”.**