

**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. |

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| --- | --- | --- |
| 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. |

|  |  |
| --- | --- |
| **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”.**