Nov. 3, 2023

# 16th Annual Builders Safety Excellence Awards Program

## Background

The purpose of The Builders Safety Excellence Awards Program is to recognize member companies on a local basis with elite safety and health programs. The program closely and confidentially examines each candidate’s commitment to safety, occupational health management and risk management. Judges look for evidence of company management commitment, active employee participation, safety training, work-site hazard identification and control, and safety program innovation.

The Builders Safety Excellence Awards Program is sponsored by:

* Kansas Department of Labor
* Missouri Division of Labor Standards
* Occupational Safety and Health Administration (OSHA) Kansas City Area Office
* The Builders, a chapter of the AGC

## Award categories

First, second and third place awards will be presented in each division category. The number of awards is subject to the number of entries per division. Members may only apply in one of the following three division categories:

* General contractor division
* Subcontractor division
* Specialty division: architectural firms, material dealers and suppliers

**Grand Award**: The Grand Award recipient will be selected from the first-place award winners representing each division category. This competition will decide the “best of the best” in The Builders Safety Excellence Awards Program and will be presented a crystal trophy.

**Mark Banden Safety Professional of the Year Award**: One safety professional will be selected from a finalist company and be presented a crystal trophy for the Mark Banden Safety Professional of The Year. Candidates must demonstrate they exemplify outstanding safety and health leadership within his or her organization and profession. The Mark Banden Safety Professional of The Year Award application must be submitted in addition to The Builders Safety Excellence Awards Program Application to be considered for the award, but it is not necessary to apply for the Mark Banden Safety Professional of the Year Award to be eligible for one of The Builders Safety Excellence Awards Program Awards. Both applications can be found on The Builders website at [www.thebuildersagc.com](https://thebuildersagc.com/BA/Safety--Health-and-Environmental-Services/BuildersSafetyExcellenceAwards.aspx).

## How to enter

All members of The Builders are encouraged to submit a completed and organized 3-ring binder in accordance with the application below. Hard copies are **REQUIRED**. Participants are required to complete all the attached sections. A $75.00 entry fee, payable by check to The Builders, is required to be submitted at the time of application. Completed applications, all required documents, and entry fee must be submitted no later than 5 p.m. CST, Friday, Feb. 9, 2024, to:

The Builders, a chapter of the AGC

720 Oak Street

Kansas City, Missouri 64106

Attn: Matt Dierking, Safety, Health & Environmental Services Director

## Awards presentation

Award winners will be notified by Friday, Feb. 16, 2024. Awards will be presented at The Builders Safety Excellence Award Breakfast on Thursday, March 7, 2024, at the Adams Pointe Conference Center, 1400 NE Coronado Drive, Blue Springs, Missouri 64014. The Grand Award, first place award winners and the Mark Banden Safety Professional of the Year will be formally recognized in The Builders Modern Builder Magazine and on The Builders website at [www.thebuildersagc.com](http://www.thebuildersagc.com).

## Schedules and deadlines

* **Friday, Feb. 9, 2024, 5 p.m. CST**: Submit completed applications, all required documents and entry fees to Morgan Morrison at [mmorrison@thebuildersagc.com](mailto:mmorrison@thebuildersagc.com).
* **Friday, Feb. 16, 2024**: The Builders will notify winners in each category.
* **Friday, Feb. 23, 2024**: Last day to register for the Safety Excellence Awards Breakfast. Visit the MCSC event page at [www.thebuildersagc.com](file:///Users/aarika/Downloads/www.thebuildersagc.com) to register online.
* **Thursday, March 7, 2024**: The Builders Safety Excellence Awards breakfast

## Questions

Please do not hesitate to contact Morgan Morrison at [mmorrison@thebuildersagc.com](mailto:mmorrison@thebuildersagc.com?subject=2024%20Builders%20Safety%20Excellence%20Awards) or 816.595.4130 if you need assistance.

# The Builders Safety Excellence Awards Program Application

## Application form: Part I

Directions: Please complete the following questions by typing or printing legibly. If your organization, parent or subsidiary company experienced any occupational-related fatality on one of your projects involving an employee(s) during 2023, STOP HERE. Your company is ineligible to apply for this year's award.

## Section 1: General information

Company name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip: Click or tap here to enter text.

North America Industry Classification System (NAICS) Code: Click or tap here to enter text.

Company safety contact: Click or tap here to enter text.

Title: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Fax: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

Trades employed: Click or tap here to enter text.

Average number of employees: Click or tap here to enter text.

Average number of supervisors: Click or tap here to enter text.

Website address: Click or tap here to enter text.

## Section 2: Entry divisions

Please check the appropriate division category. Select the division category that best fits your organization. If you have questions, please contact Matt Dierking, Safety, Health, & Environmental Services Director at 816.595.4158 or [mdierking@thebuildersagc.com](mailto:mdierking@thebuildersagc.com?subject=Safety%20Excellence%20Awards).

\*Note: You can only apply for one division category and must enter the “Total number of hours worked by all employees from Jan. 1 – Dec. 31, 2023."

*General contractor division*

Choose an item.

*Subcontractor division*

Choose an item.

*Specialty division (architectural firms, engineering firms, material dealers and suppliers)*

Choose an item.

## Section 3: Safety performance

1. List your company’s Experience Modification Rating (EMR) for the following three years.

2021 Click or tap here to enter text.  
2022 Click or tap here to enter text.  
2023 Click or tap here to enter text.

1. List your company’s number of injuries/illnesses from your OSHA 300 logs for the following three years.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2021 | 2022 | 2023 |
| Total number of deaths | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total number of cases with days away from work | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total number of cases with job transfer or restrictions | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total number of other recordable cases | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total number of days of job transfer or restrictions | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total number of days away from work | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total number of hours worked by all employees | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. What is your company’s total case injury/illness incidence rate for the following three years?

2021 Click or tap here to enter text.  
2022 Click or tap here to enter text.  
2023 Click or tap here to enter text.

1. Please submit the following information:

Check if enclosed.

OSHA Form 300 and OSHA Form 300A for the most recent three years and current year-to-date.

Experience Modification Rating (EMR) verification letter from your insurance carrier.

Complete company written safety program manual. (Please do not submit electronic version.)

Supervisor’s company training records for OSHA 10-Hour Construction Outreach Course and First Aid/CPR training.

## Section 4: Safety program

|  | Yes | No |
| --- | --- | --- |
| 1. Safety program documentation | | |
| 1. Does your company have a written safety program manual?   Last revision: Click or tap here to enter text. |  |  |
| 1. Does your company provide all field employees a copy of the written safety program manual or safety booklet containing work rules, responsibilities, and other appropriate information? |  |  |
| 1. Policy and management support | | |
| 1. Do you have a written safety policy statement signed by an officer of the company and distributed to all employees? |  |  |
| 1. Do you have a disciplinary process for enforcement of your safety program? |  |  |
| 1. Does executive management review:   Accident reports  Safety statistics  Inspection reports |  |  |
| 1. Does your company have a written policy on accident reporting and investigation? |  |  |
| 1. Does your company have a light-duty/return-to-work policy? |  |  |
| 1. Is safety part of your supervisor’s performance evaluation? |  |  |
| 1. Does your company have a written policy requiring and enforcing the use of 100% conventional fall protection by employees when performing work in excess of six feet above a lower level? |  |  |
| 1. Does each level of management have written safety duties and responsibilities? |  |  |
| 1. Does your company have a written substance abuse program? |  |  |
| If yes, does it include:  Pretesting?  Radom testing?  Reasonable cause testing?  Return-duty testing?  Disciplinary process?  Alcohol testing? |  |  |
| 1. Training and orientation | | |
| * 1. Does your company conduct safety orientation training for all new employees? |  |  |
| * 1. Does your safety program require safety-training meetings for all field supervisors (foreman and above)?   If yes, how often?  Choose an item. |  |  |
| * 1. Does your company hold toolbox/tailgate safety meetings focused on your specific work operations/exposures?   If yes, how often?  Choose an item. |  |  |
| * 1. What percentage of your field supervisors have completed an OSHA 10-Hour Construction Outreach Course or equivalent training? | Click or tap here to enter text. | |
| * 1. What percentage of your field supervisors have completed an OSHA 30-Hour Construction Outreach Course or equivalent training? | Click or tap here to enter text. | |
| * 1. Have all field supervisors completed an American Red Cross First Aid/CPR Course or equivalent training within the last (2) two years? |  |  |
| 1. Administration and procedures | | |
| 1. Does your written safety program address administrative procedures?   If yes, check which apply:  Pre-project/task-planning  Record keeping  Safety committees  Hazard communication  Substance abuse prevention  Return-to-work  Emergency procedures  Audits/inspections  Accident investigations/reporting  Training documentation  Hazardous work permits  Subcontractor prequalification |  |  |
| 1. Does your organization have safety committees? |  |  |
| 1. Does your organization conduct and document job site safety inspections?   If yes, how often?  Choose an item. |  |  |

## Section 5: OSHA inspection history

1. Has your company been inspected by OSHA within the last (3) three years?

Yes  No  
If yes, list date(s): Click or tap here to enter text.  
OSHA area office(s): Click or tap here to enter text.

1. Has your company had any willful OSHA violation(s) in the last (3) three years?

Yes  No  
If yes, list date(s): Click or tap here to enter text.  
OSHA area office(s): Click or tap here to enter text.

1. Has your company had any repeat serious OSHA violation(s) in the last three years?

Yes  No  
If yes, list date(s): Click or tap here to enter text.  
OSHA area office(s): Click or tap here to enter text.

1. Has your company had any fatalities or catastrophes within the last (3) three years that resulted in serious or willful citation(s) related to the incident?

Yes  No  
If yes, list date(s): Click or tap here to enter text.  
OSHA area office(s): Click or tap here to enter text.

I hereby certify that all information is accurate to the best of my knowledge.

Person completing application form: Click or tap here to enter text.

Title: Click or tap here to enter text. Telephone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

## Application narrative: Part II

### Section 1: Description of company

Provide a brief description of your company. No more than **one-half page description** (12-point font, Time New Roman, with at least one-inch margins).

### Section 2: Description of safety program

Provide **no more than one page** (12-point font, Time New Roman, with at least one-inch margins) describing your company’s safety program and your company’s commitment to safety and health, with an overview of implementation, addressing all criteria that apply.

Use this part as a guide to prepare the written description (qualitative description) of your safety program. Please include information about your orientation program, training program, recognition program, innovative practices and those elements described below.

* Participant involvement:
  + Consider how the individuals closest to the daily work make decisions that improve safety. Please write about how your project managers/superintendents ensure that everyone can participate in the decision-making process when it comes to safety.
* Open discussion:
  + Consider how your project managers/superintendents ensure there are open discussions about safety — how they communicate their expectations. Please write about a situation when your project managers/superintendents make safety and health a priority.
* Visible management commitment:
  + Consider how your project managers/superintendents perform their daily site activities. Please write about a situation when you communicate safety expectations to your customer while handling several competing priorities like schedule and quality.

Be creative. This is your opportunity to demonstrate that “special something” that sets your company apart from the others — your core competency in safety. Explain the things that you feel you do better than everyone else. Judges will be evaluating the following: overview of company safety program; high level of employee involvement in safety; new programs, procedures or resources used by company to promote safety; management’s involvement and commitment to safety; and unique program elements used by company to promote and heighten safety awareness.

### Section 3: Description of why your company safety program deserves to win

Provide no more than a **one-half page description** (12-point font, Time New Roman, with at least one-inch margins) about why you believe your safety program deserves to win.