



Virginia Chapter

Associated Builders and Contractors Virginia Chapter

17th ANNUAL PARAGON AWARD COMPETITION

Recognizing Our Members' Commitment to Safety

Sponsored by:



Return your completed application by April 19, 2010 to:
kristin@abcva.org

or

Associated Builders and Contractors, Virginia Chapter
Kristin Daymude
Paragon Award Entry
14120 Parke Long Court, Suite 111, Chantilly, Virginia 20151

Questions? Call (703) 968-6205 or E-mail kristin@abcva.org

ABOUT THE PARAGON AWARD

The Paragon Award was established by the Associated Builders and Contractors, Virginia Chapter (ABC-VA) Safety Committee to reward members for excellence in the field of safety. ABC-VA, AH&T Insurance, and Travelers will sponsor this prestigious program, honoring members who have a proven commitment to safety. Winners will be recognized at ABC's June dinner meeting to be held on Tuesday, June 1, 2010. **The deadline for entries is Monday, April 19, 2010.** Complete the entry form below and mail to ABC-VA or fax to 703-968-6861 attention Kristin Daymude.

Additionally, be on the lookout for ABC National's STEP Award application, an elite safety competition which awards companies for outstanding safety programs. This application should be distributed to members soon, and we encourage interested members to participate in both safety competitions. *** All judging is performed by Insurance Professionals and Safety Consultants. All information collected will be considered confidential.**

ABC PARAGON AWARD ENTRY FORM

Company Name _____

Address _____

Phone _____ Fax _____ E-mail _____

Name of CEO/President _____

Signature of CEO/President _____ Date _____

Name and Title of Person Submitting Entry _____

Cell Phone # (in case or need to call on day of judging) _____

- **Entries will be classified by the primary operations of business that your company provides below.**
- **Finalists will be chosen from each category. These finalists may be asked to provide additional information regarding health and safety programs.**
- **A winner will be chosen from each category.**

**Pick the category that best describes your company. (Pick only one).
On the lines below describe your daily operations.**

- GC (Primarily Construction Manager) GC (Self-Performing Construction Manager)
 Miscellaneous Trades Electrical Insulation & Abatement
 Tile & Flooring Drywall Painting Mechanical Concrete
 Site Development Masonry Metal/Iron Works

Any entry meeting the minimum standards will receive a "Letter of Commendation" recognizing their safety efforts. This letter may be suitable for presentation in insurance negotiations, bid qualifications, and other instances where safety recognition is important.

AWARDS CRITERIA

Important note: Manhours and recordable injuries and illnesses apply to work associated with the local or regional office. **Do not include manhours of subcontractors, only those hours worked by your employees.**

1. Safety Personnel

Does your company employ:

- A. A full time safety professional? _____
- B. A part time safety professional or consultant? _____
- C. An employee who is responsible for safety and their regular job? _____

Safety contact's name _____

Business phone number _____

Cell phone number _____

2. Safety Program

- A. Do you have a written safety program? Yes _____ No _____
- B. Does someone perform documented safety inspections? Yes _____ No _____
- C. Does someone perform documented accident and injury investigations? Yes _____ No _____
- D. Do you have an employee safety orientation program? Yes _____ No _____
- E. Do you have regular safety training for:
 - Field Personnel? Yes _____ No _____
 - Superintendents? Yes _____ No _____
 - Management? Yes _____ No _____
- F. Do you have written programs (*Hazard Communication with MSDS, Lock-Out/Tag-Out, Fall Protection, Confined Space, etc.*) as needed for your organization? Yes _____ No _____

3. Vehicle Safety

- A. Types of Vehicles (owned or leased)
 - a. Cars Yes _____ No _____
 - b. Light Trucks (DOT) Yes _____ No _____
 - c. Heavy Trucks (CDL) Yes _____ No _____
 - d. Heavy Equipment Yes _____ No _____
- B. Do you have a written vehicle safety program? Yes _____ No _____
- C. Do you perform periodic motor vehicle record checks on your drivers? Yes _____ No _____
- D. Indicate the number of accidents in 2008. _____

4. Public Liability

- A. Do you provide for the protection of the public in your safety program (*perimeter jobsite protection, sidewalk protection, protection of access areas*)? Yes _____ No _____

5. Please Provide Your Current EMR and the 3 Preceding _____

6. Total Number of Cases of Recordable Injury/Illness in 2009 _____ (Total of G, H, I and J From Your 300 A)

7. Total Work Hours in 2009 _____

8. Total Number of Cases With Days Away From Work in 2009 (Line H From Your 300 A) _____

9. Total Number of Cases with Job Transfer/Restriction in 2009 (Line I from your 300 A) _____

10. Average Number of Employees Annually _____

11. Please Include a Copy of the OSHA 300 A Form (Actual Form)

**Applications will not be considered unless this form is provided.*