

2011 National AGC Safety Awards

Participant Form

Complete your OSHA form 300A "Summary of Work-Related Injuries and Illnesses" for calendar year 2011.

Review your OSHA form 300A and note:

- Section (G) "Fatality Information",
- Section (H) "Cases with Days Away from Work";
- Section (I) "Cases with Job Transfer or Restriction";
- Section (J) "Other Recordable Cases"; and
- Employment Information Section for your company work hours.

Report your company's numbers from the OSHA form 300A section (G), section (H), section (I), section (J) and work hours to your AGC Chapter contact person, via e-mail, telephone, fax, or mail. If using fax or mail use this form to send the appropriate information to your chapter contact person.

1. Chapter Code and Name: 44D AGC of Tennessee
2. Company Name (as it should appear on the award):

3. Construction Type (Building, Highway, Federal & Heavy, Municipal –Utilities or Specialty)
4. Contact Person (Name and Phone number) _____
5. Section (G) "Fatality Information";
Number of Fatalities: _____
6. Section (H) "Cases with Days Away from Work";
Number of Cases: _____
7. Section (I) "Cases with Job Transfer or Restriction";
Number of Cases: _____
8. Section (J) "Other Recordable Cases"; and
Number of Cases: _____
9. Employment Information Section for your company work hours.
Total Company work hours: _____