



2010 SMACNA SAFETY EXCELLENCE AWARDS PROGRAM SURVEY

SMACNA Member: Please take a moment to fill out and submit this 2010 SMACNA Safety Excellence Awards Program (SSEAP) survey.
(Use this two-page form and fill in your 2009 data)

All entries must be submitted by May 22, 2010.

The survey is available on-line at the following website address:
<http://www.smacna.org/> (members-only access required)

If you choose to submit a hardcopy, please fax or mail the completed two page form to:

CLRC
1750 New York Avenue, NW
Washington, DC 20006
Fax #: (202) 347-8442

Complete the following 2009 company information (please print clearly):

Company Name: _____
Address: **(no P.O. Box #)** _____
City: _____
State or Province: _____
Zip/Postal Code: _____
SMACNA Chapter: _____

COMPANY SAFETY DATA

- _____ **HOURS** – Total number of 2009 hours worked (entire company, including SM / HVAC work).
- OSHA Form 300A Data** (*obtain data from your OSHA 300 summary form – calendar year 2009*)
NEW: Question 2.C asks for “Lost Workday” cases (different from 2.B. - “Recordable” cases).
 - _____ **DEATHS** – Number of injury/illness **cases** related to occupational deaths (**Item G only**).
 - _____ **NUMBER OF RECORDABLE CASES** – Total number of **recordable injury/illness cases** (lost work days, job restriction, job transfer, **and others**) (**add Items G, H, I, and J**).
 - _____ **NUMBER OF LOST WORKDAY CASES** – Total number of **lost workday injury/illness cases** (do not include job restriction, job transfer, or others cases) (**Item H only**).
 - _____ **NUMBER OF DAYS** – Total **number of days** of job transfer or job restriction, and total number of days away from work (**add Items K and L**).
- What is your current workers’ compensation experience modification rate (EMR)? _____
- What injuries are most common? Cuts Eye Injury Back Strain
Other Strain Other Injury (specify) _____
- Does your company have a written safety and health program? Yes No

