

2024 Utah Chapter Safety Awards Application Cover Sheet



Company Name: _____

Safety Director/Contact Person: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Email: _____

Type of Contractor (Select one) General Specialty Contractor Service Supplier

PART 1 – Required

(Please attach and enclose the following items 1-3)

1. Copy of NCCI Experience Modification Rating (EMOD Rate).
2. OSHA 300 Log & OSHA 300 A Summary for calendar year 2023.
3. Workers Comp Loss Run for calendar year 2023.

PART 2 – Required

(Summary of Information)

1. EMOD: _____
2. Total Man Hours Worked in Utah 2023: _____
3. Death (Column G, OSHA 300 Log):
4. Total Cases w/ Job Transfer or Restriction (Column I, OSHA 300 Log): _____
5. Total Other Recordable Cases (Column J, OSHA 300 Log): _____
6. Total Cases w/ Days Away From Work (Column H, OSHA 300 Log): _____

PART 3 – Optional

(Star Level Criteria – Select which criteria you have attached supporting documentation for)

- Leadership
- Records & Inspections
- Safety Climate
- Planning
- Training

Verifying Signature (Officer of the Company): _____

For Committee Use: _____ _____ _____
