



HomeSafe® Colorado Application Form

Please fill out the following information and email it to sseno@hbadenver.com

Section I | Background Information

Company Name: _____
Contact Person: _____ Phone: _____
Type of Company: _____ HBA Member? Yes ___ No ___
Address: _____
Annual Average Number of Construction Employees: _____

Section II | OSHA 300A Log

For the 2020 Calendar Year (always one year behind), please fill out using your Company's Summary OSHA 300A Log (note that columns in parenthesis correspond to your 300A log). Items G through M can be found on Company's Summary 2009 OSHA 300A Log (See columns indicated on your 300A Log)

1. ___ Total number of deaths (total of column G)
2. ___ Total number of cases with days away from work (total column H)
3. ___ Total number of cases with job transfer or restriction (total column I)
4. ___ Total number of other recordable cases (total column J)
5. ___ Total number of days away from work (total column K)
6. ___ Total number of days of job transfer or restriction (total column L)
7. ___ Total number of days of injury and illness types (total column M)
8. Total number of:
 - (1) Injuries ___
 - (2) Skin disorders ___
 - (3) Respiratory conditions ___
 - (4) Poisonings ___
 - (5) Hearing loss ___
 - (6) All other illnesses ___

Other:

Length of Safety Orientation in Minutes: _____
Do you have a substance abuse Program: Yes ___ No ___
Safety Training during Tool Box Talks: Yes ___ No ___

Number of Safety/Health/Environmental Personnel: _____

Has your organization had any willful, repeated serious violations or any incident that has resulted in a fatality within the last 3 years? Yes ____ No ____

Section III | Self-Scoring Sheet

Please enter HomeSafe® Colorado Applicant's Self-Scoring Information here. Score from Ten Key components of Company Safety Program Self-Scoring Sheet

- | | |
|--|---------------------------------------|
| A. ____ Management Commitment to safety policy | F. ____ Safety Rules |
| B. ____ EMR or Loss Ratio | G. ____ Safety Tool Box Meetings |
| C. ____ Management Supervisory Meeting | H. ____ Supervisory Training |
| D. ____ Employee Participation | I. ____ Use Personal Protection Equip |
| E. ____ New Employee Orientation | J. ____ Accident Investigation |

_____ TOTAL SCORE

Section IV | Signature

Signature: _____

Date: _____

Print Name: _____

Title: _____

*Please return completed **APPLICATION FORM, SELF SCORING SHEET** and appropriate **MEMBERSHIP FEES** to:*

Home Builders Association of Metro Denver
Attention: Steven Seno
9033 E. Easter Place, Suite 200 | Centennial, CO 80112
Email: sseno@hbadenver.com | Phone: 303-551-6726