

2008 FTBA SAFETY AWARDS APPLICATION

COMPANY NAME: _____

CONTACT PERSON, TITLE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

PERIOD COVERING: January 1, 2007 through December 31, 2007

PLEASE NOTE: One (1) Safety Award per FTBA Member Company, Florida work only. This is not per project, not per plant and not per division.

You will qualify for a FTBA Safety Award if you meet the following conditions:

- **Less than 150,000 man-hours with no lost-time injuries, or**
- **Between 150,000 and 250,000 man-hours with no more than 1 lost-time injury, or**
- **Over 250,000 man-hours with less than 1 lost-time accident per full increment of 250,000 man-hours worked.**
- **Provide a copy of your OSHA 300 Log**

NUMBER OF EMPLOYEES: _____

NUMBER OF MAN-HOURS: _____

NUMBER OF LOSS-TIME ACCIDENTS: _____

Please note: If you have a death in which an OSHA citation was issued, you will not qualify.

PLEASE COMPLETE THE FOLLOWING:

I certify the information submitted is accurate.

(Your signature)

(Date)

DEADLINE FOR RESPONDING: JULY 11, 2008

PLEASE FAX COMPLETED FORM TO: 954-938-0848

Or Email to: arasmussen@ftba.com

Please call Alice Rasmussen at 954-938-0061 with questions.

Awards will be presented at the Annual Convention (rev. 5/2/07)