

2009 FTBA SAFETY AWARDS APPLICATION

COMPANY NAME: _____

CONTACT PERSON, TITLE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

PERIOD COVERING: January 1, 2008 through December 31, 2008

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.

____ Yes, please order the Safety Award. I understand I will be billed \$65 for the award.

____ Do not order an award. I wish to receive the certificate.

(Your signature)

(Date)

DEADLINE FOR RESPONDING: JULY 10, 2009

Awards will be presented at the Annual Convention

PLEASE FAX COMPLETED FORM TO: 850-942-5632

Or Email to: arasmussen@ftba.com

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