



Safety Award Program

Southeastern Construction Owners & Associates
Roundtable
2021 Online Application Instructions

TARGET OUTSTANDING PROJECT SAFETY!

I. Purpose

The SCOAR Member Safety Excellence Awards Program (TOPS) will recognize member project safety performance while also demonstrating corporate commitment to construction safety.

SCOAR solicits all member companies to participate with the goal of mining and sharing safety best safety practices with member companies for the betterment of the entire organization.

The SCOAR Board of Trustees seeks to promote the prestige and honor that the Safety Excellence Awards Program (TOPS) signifies to the SCOAR community and beyond.

II. Criteria and Information Required for Application

- A. Applicant companies must be a member of SCOAR.
- B. All SCOAR Member Company projects are eligible for submission regardless of project location.
- C. Applications are submitted in May of the year FOLLOWING the project award year (Projects completed in October 2019 through December 2020) will be reviewed in August of 2021).
 - The project must either:
 - Be completed in the award year for which the award is applied for OR
 - For ongoing contract/maintenance work, data will only be considered for work conducted in the application-award year
- D. Member companies may provide submissions in multiple categories, but only eligible for recognition for ONE project in One category.
- E. Award application must be complete with all questions and supporting documentation to be considered for recognition.
- F. Ensure that the application is signed/certified by a corporate officer or authorized management representative.
- G. The Award evaluation will be based on:
 - 1. Responses to project-specific questions asked in the application.
 - 2. Injury/illness statistical data for the project submitted inclusive of trade partners.
 - 3. Review of applicant companywide EMR for previous three-year period as well as corporate OSHA injury/illness statistical data.

- H. There are no time limits on the project duration, however, the application is for the work conducted in the application year.
- I. Project photos, where permitted, are encouraged for use in the presentation of awards (Photos preferred to be in a .jpg or similar format and may be uploaded).
- J. TOPS Award Winners agree to share a Best Safety Practice presentation at a subsequent SCOAR meeting outlining what assisted in their project safety success.
- K. OPTIONAL: Applicants are asked and encouraged to provide a nomination for your safest project vendor/supplier.
 - Provide an explanation of why you would recognize their safety performance with emphasis on best practices and engagement.
 - Provide a contact name, address, and phone number for the nominated vendor.
 - Also, if available, provide a website address for the company.

III. Awards will be presented for projects in the following work-hour categories (inclusive of all trade contractor manhours):

1. Less than or equal to 60,000 work hours
2. More than 60,000 but less than 250,000 work hours
3. Between 250,000 and 750,000 hours
4. More than 750,000 work hours

IV. Instructions for Completing and Submitting the Application

- All award applicants are required to COMPLETE THE APPLICATION IN FULL.
- The APPLICATION MUST BE SIGNED by an authorized management representative prior to submission in order to be considered for the Award.
- The completed application must be submitted to Steve Greene (staff@SCOAR.org) by the closing deadline of July 30th, 2021 at midnight EDT.
- Application PART 1 and 2
 - Complete the demographic and statistical data required on Part 1 and 2 of the application. Provide the quantitative measure of your company's safety performance

- Application PART 3
 - Complete thoroughly the Safety Questionnaire and identification of Best Practices

<u>2021 Safety Excellence Award Program Key Dates</u>	
May 10, 2021:	Applications will be available.
July 30, 2021:	Applications must be received via email or mail by this date by Midnight, EDT.
Week of August 2 through 6:	Applications evaluated during this week.
August 9, 2021:	Award winners confirmed by review panel & award plaques ordered.
August 16, 2021:	Invitations to Awards Ceremony will be distributed.
Week of September 13, 2021:	Final day to R.S.V.P. for Ceremony seating.
September 28, 2021:	Awards Ceremony & Presentations.

V. Selection Process and Awards Presentation

The SCOAR Safety Excellence Award Program (TOPS) Panel (a subcommittee of the SCOAR Safety Committee) will review and evaluate all completed applications and make award recommendations based on a consensus decision by its members.

Any Awards Panel member whose company application is being reviewed will abstain from the review and voting process for that group of applicants.

Recipients of the SCOAR Safety Excellence Award Program (TOPS) will be recognized at the awards ceremony.

APPLICATION FORM – Part 1 – Company Demographics & Statistics

Company Name: _____
Corporate Physical Address: _____
City: _____
State / Zip Code: _____

Submitted Project Name & Location:

Project Name: _____
Project Location: _____

Brief description of the submitted project, approximately 25 words, which can be used at the award ceremonies to introduce your company as the award is received (attach a separate page if needed).

Submitted Project Category – Work hours inclusive of all trade contractors (Select only one category per application):

Category #1	<input type="checkbox"/>	(<60K work hours)
Category #2	<input type="checkbox"/>	(>60K <250K work hours)
Category #3	<input type="checkbox"/>	(>250K <750K work hours)
Category #4	<input type="checkbox"/>	(>750K work hours)

Provide the following Statistics for the Overall Company/Organization:
 Data to be taken from OSHA 300/300A data (submit copies of OSHA 300/300A data)

Statistical Data
 Weighting Factor 20%

	2020	2019	2018
A. Total Hours Worked			
B. # Fatalities **			
C. # Lost Workday Cases			
D. # Restricted Day Cases			
E. # Other Recordable Cases			
F. # Total Recordable Cases (sum of C thru E)			
Experience Modification Ratio (EMR)			

	2020	2019	2018
Recordable Incident Rate (TRIR) (F x 200,000/A)			
Lost Workday Case Rate (LWCR) (C x 200,000/A)			
Days Away/Restricted or Transfer Rate (DART) ((C + D) x 200,000/A)			

North American Standard Industry Classification (NASIC)	
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** Corporate Fatalities considered in score weighting but do not result in disqualification unless experienced within the TOPS submission year.

APPLICATION FORM – Part 2 – Project Statistics

Provide the following Statistics for the Submitted Project (Most recent three years):
 Provide work hours and statistical data for all personnel managed by the applicant
 Company inclusive of subcontractors for the applicable years.

Statistical Data
 Weighting Factor 80%

Submitted Project Start Date: _____

Submitted Project Completion Date: _____

	2020	2019	2018
Total Hours Managed (Inclusive of subcontractors)			
# Fatalities (Inclusive of subcontractors) ** Immediate disqualification			
# Recordable Cases (Inclusive of subcontractors)			
Recordable Incident Rate (TRIR) (Inclusive of subcontractors)			
# OSHA/MSHA Citations *** (Inclusive of subcontractors)			

*** Attached separate sheet providing details of each OSHA/MSHA citation. Emphasis on why the citation event occurred, contributing factors and actions taken to reduce the potential for future occurrence. (MSHA citations will be weighted differently from OSHA citations)

Application Form - Part 3 – Project Questionnaire

Safety Leadership / Responsibilities

1. Describe corporate commitment to safety on the submitted project. Provide examples of corporate/upper management involvement. (150 words maximum. Bulletize responses where possible)

2. Did the project utilize a full-time safety professional?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- a. If yes, list qualifications of the individual:

- b. If No, identify who was assigned Safety related duties:

3. Was the client an active partner in the safety of the submitted project?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Provide brief description of client involvement and partnership in the project.
(Bulletize responses where possible)

Safe Execution of the Work

1. Identify the project preplanning activities used:

	Your Personnel Only		Inclusive of all Sub-trades	
Pre-Project Risk Assessment / Mitigation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily JSA / Task Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Hazard Activity Preconstruction Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Provide description</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Identify Safety Engagement Activities used:

	Your Personnel Only		Inclusive of all Sub-trades	
Daily JSA / Task Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project-Wide Safety Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flex & Stretch Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Good Catch” Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Based Processes (Worker Observation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Celebrations / Luncheons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incentive / Reward Program(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Provide description</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide brief Outline of which were successful and least successful and why.
(Bulletize responses where possible)

Provide brief description of your incentive/reward program and implementation.
(Bulletize responses where possible)

3. How often were documented safety inspections required?

Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Documented safety inspections required for:

	Your Personnel Only		Inclusive of all Sub-trades	
Corporate Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crew Foremen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designated Safety Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Performance / Communications

1. Did the project track the following incident data?

	Your Personnel Only		Inclusive of all Sub-trades	
First Aid Cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Damage Cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near-hit Incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle/Mobile Equipment Incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recordable Cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How were Accident/Incident cases used/communicated? Frequency?

Project Best Practices

1. Identify unique safety challenges on the submitted project and how they were addressed.

2. Identify three (3) Best Practices and/or Lessons Learned for the submitted project.

Would you like to nominate your safest project Vendor/Supplier for recognition? If so, provide an explanation of why you would recognize their safety performance, along with a contact name, address, phone number, and website for the nominated Vendor/Supplier. Attach separate sheet if needed.

Submittal Endorsements:

Submittal Prepared By:	_____	Title:	_____
Email:	_____	Signature:	_____
Phone:	_____		_____

Corporate Officer / Designate Certification:

I certify that information contained herein has been verified and is accurate

Signature:	_____	Date:	_____
Name:	_____	Title:	_____