



GOLDEN TRIANGLE BUSINESS ROUNDTABLE

CONTRACTOR SAFETY AWARDS APPLICATION

Contractor Company Name:	
Nominated by: (Owner Site Name)	
Location: (city)	
Owner Site Representative:	
Owner Site Rep Phone Number:	
This application form and accompanying Evaluation Form must be submitted back through the Owner's contact with the owner's recommendation letter to GTBR. If any part of the application or evaluation form is missing the application will not be accepted.	
Application prepared by:	
Phone number:	
Regional Manager(s): (For Golden Triangle Offices)	
Phone Number(s):	
Site Superintendent:	
Company Address:	
Phone Number (Office):	
Phone Number (Other or Cell):	
Award Liaison:	
The individual in contractor company to receive correspondence from the GTBR regarding the awards and ceremony	
Mailing Address:	
Phone Number (Office):	
Phone Number (Other or Cell):	
Email Address:	



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Contractor Type: (NAICS Codes) SELECT ONE	<input type="checkbox"/> Maintenance : NAICS Codes 23321 – 23332 <input type="checkbox"/> New Construction : NAICS Codes 23493 – 23499 <input type="checkbox"/> Specialty: NAICS Codes 23511 – 23599 <input type="checkbox"/> Engineering: NAICS Code 54133
Service(s) Provided:	
Do you hold an OSHA VPP Status?	<input type="checkbox"/> NONE or N/A <input type="checkbox"/> STAR <input type="checkbox"/> MERIT <input type="checkbox"/> DEMONSTRATION Dates Company has maintained VPP Status:
Emailing digital image to admin@gtbr.org?	<input type="checkbox"/> JPEG/JPG <input type="checkbox"/> PNG <input type="checkbox"/> PDF <input type="checkbox"/> Other : _____ <input type="checkbox"/> My company chooses not have logo displayed for recognition

Golden Triangle Data				Site Data
(All Work Performed in Jefferson County, Hardin County, and Orange County)				Data ONLY from the site nominated from
	2023	2022	2021	2023
Total Exposure Hours:				
% Contractor Employer Personnel:	Of the hours recorded above, what percentage of the work is performed with your own forces?			
% Subcontractor Personnel:	What percentage is performed by subcontractors?			
	2023	2022	2021	2023
TRIR: Total Recordable Incident Rate				
Number OSHA Incidents Resulting in Medical Treatment:				
Number OSHA Incidents Resulting in Restricted Workdays:				
Number OSHA Incidents Resulting in Lost Time:				
Injuries w/ Hospitalizations				
Fatalities				
Number of OSHA Violations For The Year :				
Experience Modifier Rate (EMR):				



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Golden Triangle Data (All Work Performed in Jefferson County, Hardin County, and Orange County)		Site Data Data ONLY from the site nominated from
Number of Days Since Last Recordable Injury: (Number of Days Through 12/31/2023)	If there have been no recordables since starting work in the golden triangle, please put date you began work in the area	If there have been no recordables at site , please put contract start date with site
Number of Days Since Last Lost Time Injury: (Number of Days Through 12/31/2023)	If there have been no Lost time injuries since starting work in the golden triangle, please put date you began work in the area	If there have been no lost time injuries at site , please put contract start date with site

For any Fatalities or Injuries with Hospitalizations, please provide context below of the incident including details of the event. OSHA Violations noted above, please provide details of the OSHA findings and corrective actions that were taken. (can add attachments if necessary)

COMPLETE THE SECTIONS BELOW ONLY IF APPLICABLE

Incident Type:	
Incident Description or Violation Details:	
Incident Investigation Report attached?	
Corrective Actions Taken (if applicable)	



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Incident Type:	
Incident Description or Violation Details:	
Incident Investigation Report attached?	
Corrective Actions Taken (if applicable)	

Commitments to Safety - Please Complete all Prompts Below

Personnel Safety
How does your company utilize Near Misses and Misses to improve your safety culture and programs. Provide examples where applicable
Answer:



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Innovation

Outline strategies you've implemented to increase employee engagement with safety initiatives with different audiences (multi-generational) or different teams?

Answer:

Workforce Development

How do build competency and develop leaders within all levels of your workforce?

Answer:



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By signing application below I verify that all information given is accurate and representative of the information submitted on OSHA 300 log (were applicable)

HAND SIGNATURES REQUIRED

Application Preparer Name:	
Signature:	
Site Superintendent Name:	
Signature:	