



GOLDEN TRIANGLE BUSINESS ROUNDTABLE

CONTRACTOR SAFETY AWARDS APPLICATION

Please attach OSHA 300 Logs for each site you perform work at in the Golden Triangle – Please consult your regional offices to obtain necessary logs for other sites located in Hardin, Jefferson, and/or Orange county

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 Facility Safety Representative and admin@gtbr.org . If any part of the application, evaluation form or OSHA log 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 (All Work Performed in Jefferson County, Hardin County, and Orange County)				Site Data Data ONLY from the site nominated from
	2024	2023	2022	2024
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?			
	2024	2023	2022	2024
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 12/31/2024)	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
	(Example: 287 days since last recordable OR 3/2019 started work in GT with no recordable)	
Number of Days Since Last Lost Time Injury: (Number of Days Through 12/31/2024)	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
	(Example: 695 days since last lost time injury OR 3/2021 started work in GT with no lost time)	

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

Training
How has your employee training program helped in reducing workplace accidents, injuries, and illnesses? Provide examples where applicable.
Answer:



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Employee Involvement
<p>How does your company encourage employees to take personal responsibility for safety in the workplace?</p>
<p>Answer:</p>

Workforce Development
<p>How does your company build competency and develop leaders within all levels of your workforce?</p>
<p>Answer:</p>



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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:	

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Corporate OSHA summary also accepted,
please contact admin@gtbr.org if this applies.