



❖ If your company has received several site nominations, copy this form and complete one form for each site.

<b>Section 1</b>
<b>Nominated by:</b> <input type="text"/> Click or tap here to enter text.
<b>Type of work performed at the site:</b> <input type="text"/> Click or tap here to enter text.

<b>Section 2</b>
Enter the name of your company exactly as you would like it published in SEA publications. <input type="text"/> Click or tap here to enter text.
<b>Who will be the primary contact for scheduling audits?</b> <input type="text"/> Click or tap here to enter text.
<b>What is the primary contact's title?</b> <input type="text"/> Click or tap here to enter text.
Address: <input type="text"/> Click or tap here to enter text. City/State/Zip: <input type="text"/> Click or tap here to enter text.
Phone: <input type="text"/> Click or tap here to enter text. E-mail: <input type="text"/> Click or tap here to enter text.

Please place a check by the type of business, type of work, or what service your company performs.  
(Only check one (1) category that your company is to be considered for)

<b>Section 3</b>	
<input type="checkbox"/> <b>General Contractor</b> <i>Construction &amp; Maintenance</i>	<input type="checkbox"/> <b>Specialty Contractors – Soft Crafts</b> <i>Insulation, Painting, Scaffolding</i>
<input type="checkbox"/> <b>Specialty Contractors – Hard Crafts</b> <i>Mechanical, I&amp;E, HVAC</i>	<input type="checkbox"/> <b>Specialty Contractors – Environmental</b> <i>Hydro blasting, Chemical Cleaning, Vacuum Trucks/ Chemical Transportation</i>
<input type="checkbox"/> <b>Specialty Contractors – Technical Support</b> <i>Engineering, Safety, Inspection</i>	<input type="checkbox"/> <b>Crane, Rigging &amp; Lifting Support</b>
<b>Note: <u>Large</u>, <u>Medium</u>, and <u>Small</u> categories will be determined by the total company work hours.</b>	
<b>Company Description:</b> (What your company does)	
<input type="text"/>	

<b>Section 4</b>	<b>Use 2023 OSHA 300 logs to provide the following injury/illness data:</b>	
	<b>Project/Worksite Data</b>	<b>Total Company Data</b>
<b>a. Total number of OSHA recordable cases</b>	<input type="text"/> Click or tap here to enter text.	<input type="text"/> Click or tap here to enter text.
<b>b. Total number of lost work-day cases which involved days away from work</b>	<input type="text"/> Click or tap here to enter text.	<input type="text"/> Click or tap here to enter text.
<b>c. Total number of fatalities</b>	<input type="text"/> Click or tap here to enter text.	<input type="text"/> Click or tap here to enter text.



<b>d. Total hours worked</b>	Click or tap here to enter text.	Click or tap here to enter text.
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❖ **Please return the completed “SEA Safety Information Sheet” with the completed SEA “Initial Audit Form”.**