



**SAFETY  
EXCELLENCE  
AWARDS**

PRESENTED BY **IBR** **hasc.**

# WELCOME INITIAL SUBMITTAL WORKSHOP

Please sign-in here



# INDUSTRY BUSINESS ROUNDTABLE



## Agenda

### Welcome

- Breakfast Sponsor
- Anti-Trust Guideline Review
- IBR Mission and Vision
- Emergency Exits
- Pledge of Allegiance

### Nominee Initial Submittal Workshop

- ✓ The Process
- ✓ Timeline
- ✓ SEA Forms
- ✓ How to Submit
- ✓ Safety Information Sheet
- ✓ Initial Audit Form
- ✓ Summary

- Q & A



# INDUSTRY BUSINESS ROUNDTABLE



## Anti-Trust Guidelines for Conducting Meetings

Industry Business Roundtable (IBR) appreciates your willingness to be an important part of this organization and the services provided to our industry.

The following guidelines shall be followed in conducting meetings of IBR. This is not an exhaustive list of every possible subject to be avoided; in the event you have doubts about the propriety of any matter to be discussed in a meeting, our legal counsel is available for consultation. Generally, the anti-trust laws exclude unlawful combinations or agreements. Sometimes “agreements” may be inferred from conduct. IBR wants to avoid even the appearance of impropriety, and this is the spirit of these guidelines.

- ❖ Do not discuss the prices of goods or services of any particular company(s)
- ❖ Do not disparage the goods or services of any particular company(s)
- ❖ Do not recommend the selection of any particular company as a supplier or customer
- ❖ Do not urge or counsel participating companies to engage in any concerted activity to accomplish any unlawful purpose, i.e., boycotting any company or coercing a company to take some desired action.
- ❖ Do not discuss matters which may be trade secrets or confidential to any company, i.e., don’t engage in “off the record” comments or state matters “not to be repeated outside of this room”.
- ❖ Do not propose secret or “rump” sessions after the official meeting is adjourned to discuss matters that cannot lawfully be discussed at the official meeting.
- ❖ Do not recommend or sponsor the gathering of statistical data, the publishing of standards, or doing joint research without advance written approval of the Operating Committee of IBR.
- ❖ Industry Business Roundtable’s purpose is to educate participating companies, so that every company represented will be better informed and can make its own decisions. IBR members are not required to adopt the IBR recommendations or policies.

Thank you in advance for adhering to these guidelines.

# INDUSTRY BUSINESS ROUNDTABLE



## IBR Mission

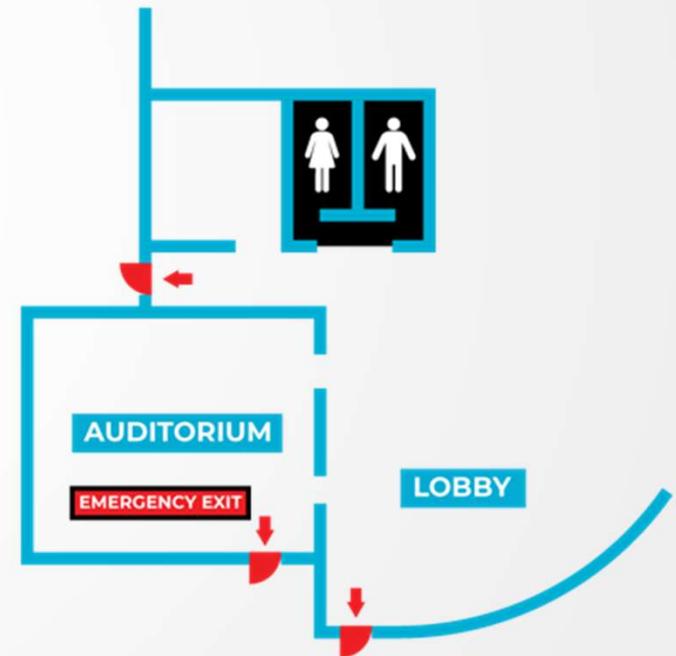
Share innovation and best practices that positively transform the industry and communities where we work.

## IBR Vision

Be the association that collectively adds value to the industry, offering resources for continuous improvement.

Innovation Through Collaboration

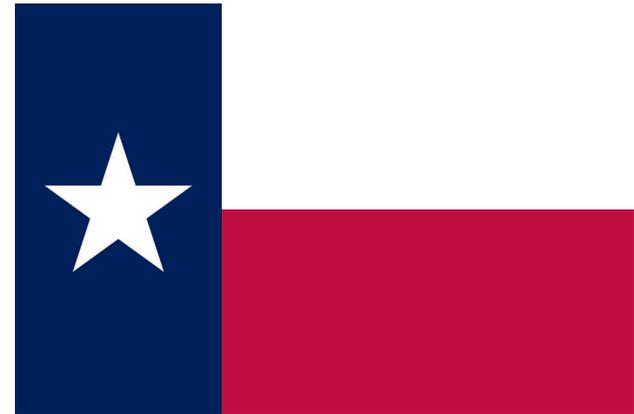
# INDUSTRY BUSINESS ROUNDTABLE EMERGENCY EXITS





## Pledge of Allegiance

I pledge allegiance to the flag of the United States of America and to the Republic, for which it stands. One Nation, under God, Indivisible, With Liberty and justice for all.



## Texas Pledge

Honor the Texas Flag;  
I pledge allegiance to thee, Texas,  
one state under God, one and  
indivisible.

# NOMINEE INITIAL SUBMITTAL



**Willie Wells**  
IBR



# THE PROCESS



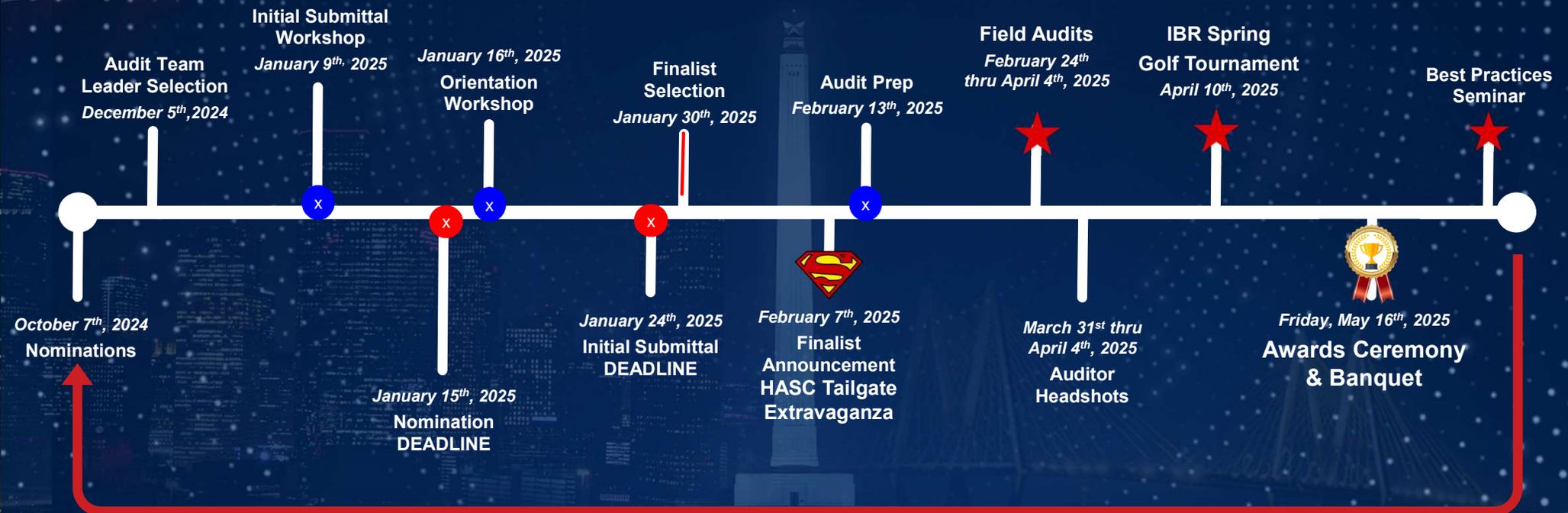
1. **Nominations**
  - Deadline January 15
2. **Safety Awards Orientation Workshop** (Auditor and Team Lead Headshots)
  - January 16, 8:00 AM – HASC Auditorium
3. **Initial Submittal**
  - Deadline January 24, 5:00 PM
4. **Finalist Selection**
  - January 30
5. **Finalists Announced – HASC Tailgate Extravaganza**
  - February 7
6. **Field Audits**
  - February 24 – April 4
7. **SEA Banquet**
  - May 16, Moody Gardens
8. **Best Practice Seminar**
  - June 20



# SEA SAFETY EXCELLENCE AWARDS

PRESENTED BY  

## TIMELINE



# Congratulations Nominees!



Everyone who is nominated receives a notification email with attachments.

Thu 1/2/2025 9:57 AM

 **IBR Admin Email**  
Congratulations! Your Company has been Nominated!

To

Cc Willie Wells

Bcc 'amber@24-safety.com'; 'kenricke.burleson@acuren.com'; 'manuel.rodriguez@partners.basf.com'; 'jose.lazo@external.totalenergies.com'; 'dcruz@axiosindustrial.com'; 'mlopez@axiosindustrial.com'; 'codhoa@axiosindustrial.com'; 'jesse.castaneda@axiosindustrial.com'; 'eddie.garcia@axiosindustrial.com'; 'mpgarza@brandafway.com'; 'jgarco3@brandafway.com'; 'andre.corley@airliquide.com'; 'PETER.KINNETT@BROCKGROUP.COM'; 'alex.martinez@brockgroup.com'; 'Moises.Chavez@brockgroup.com'; 'homero.velez@brockgroup.com'; 'jannee.patterson@brownandroot.com'; 'fred.crouch@brownandroot.com'; 'bells@cinaserviceslp.com'; 'aaron@efindustrial.com'; 'ernest.flores@enasis.com'; 'Jan.Moore@femor.com'; 'toby.haynes@forcecorp.net'; 'a.rodriguez@fmsind.com'; 'FDelaCruz@gallantindustrial.com'; 'brandon.waller@gbvrp.com'; 'marcovarela@ais-gci.com'; 'boyd@gulfspan.net';

 2024-2025-sea-initial-audit-form-final (1).pdf 172 KB

 2024-2025-sea-safety-information-sheet-final (1).pdf 122 KB

 sea-2025-timeline.pdf 3 MB

**Congratulations!**

The Industry Business Roundtable (IBR) is pleased to inform you that your company has been nominated for the 2024-2025 Annual Safety Excellence Awards (SEA).

The SEA awards are the most prestigious in the industry today! The SEA proves to the industry, your nominating client, your peers, and other asset owner's sites that your company is serious about protecting people, assets, and the environment. Thank you for your outstanding safety performance at an owner-operator's site during 2024 and your commitment to ensuring the safety and health of others.

Please be sure to attend:

- ✓ **The Initial Submittal Workshop held on Thursday, January 9<sup>th</sup>, 2025**
- ✓ **The Safety Award Orientation held on Thursday, January 16<sup>th</sup>, 2025**

Located at the Health and Safety Council (HASC) campus auditorium beginning at 8:00 AM.  
The address is 5213 Center Street, Pasadena, TX 77505.

These orientations are crucial to your success in the process.

**Note:** Someone from your company who will be actively involved in this process and has the authority to make decisions for your company shall attend.

To be considered for the award you must:

- ✓ **Return the required information (attached forms and supporting documents) to Industry Business Roundtable, 5213 Center Street – Pasadena, Texas 77505**
- ✓ **On or before January 24, 2025, by 5:00 PM**

- You can begin preparations today and turn your submissions in before the deadline.
- Submitting early is encouraged.

# CONGRATULATIONS!



*IF YOU DO NOT HAVE THE FORMS, THEY ARE UPLOADED TO [IBRT.US](https://www.ibr.us)*

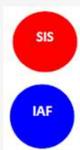
*SAFETY AWARDS TAB*

A screenshot of the IBR website homepage. The browser's address bar shows "industrybusinessroundtable.us". The website has a blue header with the IBR logo on the left and a navigation menu on the right. The menu items are "ABOUT", "NEWS", "COMMITTEES", "CALENDAR", "MEMBERSHIP", "PROGRAMS", "SAFETY AWARDS", and "CONTACT". The "SAFETY AWARDS" link is circled in red. Below the header is a large banner image of an industrial facility with the text "INNOVATION THROUGH COLLABORATION" and "Working Together on Initiatives That Enhance Our Industry". Below the banner is a section titled "About Industry Business Roundtable" with a sub-heading "A non-profit association Established July 19, 1975" and a paragraph of text. The browser's taskbar at the bottom shows various application icons and the system clock displaying "12:42 PM 10/25/2023".

# HOW TO SUBMIT



To be considered for the award, you must submit:



- **2024-2025 Safety Information Sheet (SIS)** (Printed) ONE for each nomination you receive
- **2024-2025 Initial Audit Form** (Printed) Only one needs to be submitted (2-3 pages)
- Supporting documentation as listed on the 2nd page of the **2024-2025 Initial Audit Form** (Hard Copy or USB Flash drive)
- The information must be completed and **hand-delivered to IBR**

**ON and No later than...**

**5:00 PM Friday, January 24, 2025**

# SUBMITTAL / USB DRIVES



When preparing your submittal and supporting documents remember to:

- Only save documents in common formats



- Turn off password protection
  - ***Check and double-check your USB drive to ensure it works correctly before you deliver it to IBR.***
  - ***Or put information in a binder and turn it in***

# AUDITOR REGISTRATION



Register here 

Auditor Registration



# SAFETY INFORMATION SHEET SUBMITTAL



John Castaneda  
 Celanese



# SAFETY INFORMATION SHEET



## SEA Safety Information Sheet (SIS)



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

1. Nominated by: \_\_\_\_\_  
 Type of work performed at the site: \_\_\_\_\_

2. Enter the name of your company exactly as you would like it published in SEA publications.  
 \_\_\_\_\_  
 Who will be the primary contact for scheduling audits? \_\_\_\_\_  
 What is the primary contact's title? \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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)

<input type="checkbox"/> General Contractor <i>Construction &amp; Maintenance</i>	<input type="checkbox"/> Specialty Contractors – Soft Crafts <i>Insulation, Painting, Scaffolding</i>
<input type="checkbox"/> Specialty Contractors – Hard Crafts <i>Mechanical, I&amp;E, HVAC</i>	<input type="checkbox"/> Specialty Contractors – Environmental <i>Hydro blasting, Chemical Cleaning, Vacuum Trucks/ Chemical Transportation</i>
<input type="checkbox"/> Specialty Contractors – Technical Support <i>Engineering, Safety, Inspection</i>	<input type="checkbox"/> Crane, Rigging & Lifting Support

Note: Large, Medium, and Small categories will be determined by the total company work hours.

Company Description: (What your company does)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Use 2024 OSHA no. 300 logs to provide the following injury/illness data:

	Project/Worksite Data	Total Company Data
a. Total number of OSHA recordable cases	_____	_____
b. Total number of lost work-day cases which involved days away from work	_____	_____
c. Total number of fatalities	_____	_____
d. Total hours worked	_____	_____

❖ Please return the completed "SEA Safety Information Sheet" with the completed SEA "Initial Audit Form".

Complete this sheet for each site that nominated your company

- Nominated by/Type of Work Performed
- Company Information
- Category
- Company Description
- 2024 OSHA 300 Information

# 1<sup>ST</sup> SECTION – NOMINATED BY



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

Section 1
Nominated by: <input type="text"/>
Type of work performed at the site: <input type="text"/>

- Fill out one form for each site that has nominated your company
- List the type of **work** performed at the nominating site. This information will be used to determine the category.

# 2<sup>ND</sup> SECTION – CONTACT INFORMATION



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

- Include the name of the company as you would like to be on all awards and publications.
- The person identified as a contact should be someone familiar with your company's programs and the information submitted and should be available to answer questions.
- This person will also be the contact for your company and all information concerning the safety award process will be sent to this contact.

# 3<sup>RD</sup> SECTION - CATEGORY



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)

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

- Check the category that fits the type of work that your company does.
- Large, Medium, and Small will be determined by the total number of company work hours.

# 3<sup>RD</sup> SECTION – COMPANY DESCRIPTION



## ■ Example

### **Company Description** (What your Company does)

As a General and Specialty Contractor, ACME Industrial Services safely delivers full-scale Engineering, Procurement, and Construction projects in the Petrochemical, Oil & Gas, and Energy industries.

- This needs to be a good description of the work and services your company performs.
- It should answer the question “Who you are and what do you do?”
- This description will be used in the magazine to describe your company.
- Keep the description brief and to the point.
  
- **Suggestions:**
  - ✓ Look to your company’s Mission, Vision, and Values for guidance.
  - ✓ Ask your marketing team to help develop a good description of your company.

# 4<sup>TH</sup> SECTION – COMPANY STATISTICAL DATA



Use 2024 OSHA no. 300 logs to provide the following injury/illness data:

	Project/Worksite Data	Total Company Data
a. Total number of OSHA recordable cases		
b. Total number of lost work-day cases which involved days away from work		
c. Total number of fatalities		
d. Total hours worked		

Complete Project/Worksite Data and Total Company Data using **2024** OSHA 300 logs

- Nominated Worksite
- Total Company (All work in the US)

*The data on this sheet should match the numbers on the 2024-2025 Initial Audit Form.*

# SEA INITIAL AUDIT FORM SUBMITTAL



Alex Martinez  
*Brock*



IAF

# INITIAL AUDIT FORM



**SEA SAFETY EXCELLENCE AWARDS** PRESENTED BY **hasc**

## Initial Audit Form (IAF)

IAF

The person responsible for the company safety programs should complete this form. The information provided will be used to determine what companies make it to the Safety Excellence Awards Finalist round of the process.

GENERAL INFORMATION				
1. Company Name:		Phone:		
Company Address:				
Primary Contact Name:		Title:		
Phone:		Email:		
Secondary Contact Name:		Title:		
Phone:		Email:		
2. Parent Company (Optional)				
SAFETY, HEALTH & ENVIRONMENTAL PERFORMANCE				
3. Workers Compensation Experience Modification Rate (EMR) Data				
a. EMR is: <input type="checkbox"/> Interstate Rate <input type="checkbox"/> Monopolistic State Rate <input type="checkbox"/> Dual Rate <input type="checkbox"/> Not Required				
b. EMR for the last three years:				
		2022 EMR		
		2023 EMR		
		2024 EMR		
c. State of Origin:		d. EMR Anniversary Date:		
e. Standard Industrial Code (SIC): code North American Industry Classification Systems (NAICS)				
4. Injury and Illness Data				
a. Total company employee hours worked for the last three years (exclude subcontractors)	Year	2022	2023	2024
	Field Hours			
	Total Hours			
Provide the data (excluding subcontractors) using your OSHA 300 Forms from the past three years.				
<ul style="list-style-type: none"> <li>Data should be total company data unless specifically requested otherwise.</li> <li>Combine injuries and illnesses as reported on 300 Form.</li> <li>If your company is not required to maintain "OSHA 300" Forms, please provide information from your "Workers Compensation" insurance carrier itemizing all claims for the last three years.</li> </ul>				

**SEA SAFETY EXCELLENCE AWARDS** PRESENTED BY **hasc**

## Initial Audit Form (IAF)

IAF

Recordkeeping Data	2022		2023		2024	
	No.	Rate	No.	Rate	No.	Rate
<b>Fatalities</b> Rate = Number of fatalities x 200,000 ÷ total employee hours						
<b>Day away from work, Restricted duty, or Transfer (DART)</b> Rate = Total DART x 200,000 ÷ total employee hours						
<b>Lost workday case - injuries and illnesses involving days away from work.</b> Rate = Total LWD x 200,000 ÷ total employee hours						
<b>Injuries and illnesses involving medical treatment only.</b> Rate = Total Injuries and illnesses involving medical treatment only x 200,000 ÷ total employee hours						
<b>Total OSHA Recordable Injury and Illness Rate</b> Rate = Total Injuries and illnesses x 200,000 ÷ total employee hours						
Has your company received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain Click						
INFORMATION SUBMITTAL						
<ul style="list-style-type: none"> <li>Please provide copies of the checked items below along with this Initial Audit Form and the Safety Information Sheet.</li> <li>If any program is missing, you will score a "0" for that section.</li> </ul>						
						Notes
<input checked="" type="checkbox"/>	1. Fatalities (this form)					
<input checked="" type="checkbox"/>	2. OSHA Incidence of Lost Workday Rate (this form)					
<input checked="" type="checkbox"/>	3. Total OSHA Recordable Injury and Illness (this form)					
<input checked="" type="checkbox"/>	4. Regulatory Agency Citations for the year 2024 (Use additional page(s) if necessary)					
<input checked="" type="checkbox"/>	5. Year-to-Year Improvement - Last three years					
<input checked="" type="checkbox"/>	6. Safety Goals					
<input checked="" type="checkbox"/>	7. Accident/ Incident Investigation Process					
<input checked="" type="checkbox"/>	8. Incident Lessons Learned					
<input checked="" type="checkbox"/>	9. Internal Audit / Assessment Program					
<input checked="" type="checkbox"/>	10. Contractor Orientation and HSE Training Program					
<input checked="" type="checkbox"/>	11. Environmental Program					
<input checked="" type="checkbox"/>	12. Industrial Hygiene Program					
<input checked="" type="checkbox"/>	13. Short Service Employee Program					
<input checked="" type="checkbox"/>	14. Behavioral Based Safety Program					
<input checked="" type="checkbox"/>	15. Contractor Written Employee Workforce Development Program					
<input checked="" type="checkbox"/>	16. Supervisor Training					
<input checked="" type="checkbox"/>	17. Brief description of your company's top 3 "Best Practices"					

Below, type the name and title of the company officer responsible for assuring the accuracy of this document.

**This form is only completed once!**

- ✓ The person responsible for the company safety programs should complete this form.
- ✓ The information provided will be used to determine what companies make it to the SEA Finalist round of audits

# SECTIONS 1 & 2 – GENERAL INFORMATION



The person responsible for the company safety programs should complete this form. The information provided will be used to determine what companies make it to the Safety Excellence Awards Finalist round of the process.

GENERAL INFORMATION	
1. Company Name:	Phone:
Company Address:	
Primary Contact Name:	Title:
Phone:	Email:
Secondary Contact Name:	Title:
Phone:	Email:
2. Parent Company (Optional)	

- Double-check all information and ensure that it's all correct.
- The person listed as Primary Contact should be someone knowledgeable about your company's programs. The **Primary Contact** will be your company representative for making audit arrangements.
- Be sure to provide a **Secondary Contact** in case the Primary Contact is not available

2. Parent Company Name (If part of a group of companies)

# 3<sup>RD</sup> SECTION – SH&E PERFORMANCE



SAFETY, HEALTH & ENVIRONMENTAL PERFORMANCE	
<b>3. Workers Compensation Experience Modification Rate (EMR) Data</b>	
a. EMR is:	<input type="checkbox"/> Interstate Rate <input type="checkbox"/> Monopolistic State Rate <input type="checkbox"/> Dual Rate <input type="checkbox"/> Not Required
b. EMR for the last three years:	
	2022 EMR <input type="text"/>
	2023 EMR <input type="text"/>
	2024 EMR <input type="text"/>
c. State of Origin:	d. EMR Anniversary Date:
<input type="text"/>	<input type="text"/>
e. Standard Industrial Code (SIC):	code <i>North American Industry Classification Systems (NAICS)</i>
<b>4. Injury and Illness Data</b>	

# SECTION 4 – INJURY AND ILLNESS DATA



Complete Project/Worksite Data and Total Company Data using **2024** OSHA 300 logs

- Field Hours = All hours where there is site hazard exposure (if applicable)
- Total Hours = All Company work in the US - Must be provided

4. Injury and Illness Data				
a. Total company employee hours worked for the last three years (exclude subcontractors)	Year	2022	2023	2024
	Field Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide the data (excluding subcontractors) using your OSHA 300 Forms from the past three years.

- ❖ Data should be total company data unless specifically requested otherwise.
- ❖ Combine injuries and illnesses as reported on 300 Form.
- ❖ If your company is not required to maintain "OSHA 300" Forms, please provide information from your "Workers Compensation" insurance carrier itemizing all claims for the last three years.

# SECTION 4 – INJURY AND ILLNESS DATA



Recordkeeping Data	2022		2023		2024	
	No.	Rate	No.	Rate	No.	Rate
<b>Fatalities</b> Rate = Number of fatalities x 200,000 ÷ total employee hours	<input type="text"/>					
<b>Day away from work, Restricted duty, or Transfer (DART)</b> Rate = Total DART x 200,000 ÷ total employee hours	<input type="text"/>					
<b>Lost workday case - injuries and illnesses involving days away from work.</b> Rate = Total LWD x 200,000 ÷ total employee hours	<input type="text"/>					
<b>Injuries and Illnesses involving medical treatment only.</b> Rate = Total Injuries and illnesses involving medical treatment only x 200,000 ÷ total employee hours	<input type="text"/>					
<b>Total OSHA Recordable Injury and Illness Rate</b> Rate = Total Injuries and Illnesses x 200,000 ÷ total employee hours	<input type="text"/>					
Has your company received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain Click <input type="text"/>						

# SECTION 4 – INFORMATION SUBMITTAL



INFORMATION SUBMITTAL		
<p>❖ Please provide copies of the checked items below along with this Initial Audit Form and the Safety Information Sheet.</p> <p>❖ If any program is missing, you will score a "0" for that section.</p>		
		Notes
	1. Fatalities (this form)	
	2. OSHA Incidence of Lost Workday Rate (this form)	
	3. Total OSHA Recordable Injury and Illness (this form)	
	4. Regulatory Agency Citations for the year 2024 (Use additional page(s) if necessary)	
✓	5. Year-to-Year Improvement – Last three years	
✓	6. Safety Goals	
✓	7. Accident/ Incident Investigation Process	
✓	8. Incident Lessons Learned	
✓	9. Internal Audit / Assessment Program	
✓	10. Contractor Orientation and HSE Training Program	
✓	11. Environmental Program	
✓	12. Industrial Hygiene Program	
✓	13. Short Service Employee Program	
✓	14. Behavioral Based Safety Program	
✓	15. Contractor Written Employee Workforce Development Program	
✓	16. Supervisor Training	
✓	17. Brief description of your company's top 3 "Best Practices"	
<p>Below, type the name and title of the company officer responsible for assuring the accuracy of this document.</p>		
Name:	<input type="text"/>	Title: <input type="text"/> Date: <input type="text"/>

# KEEP IN MIND



- The information submitted is the **ONLY** information the Team Leaders and Mentors have to evaluate your company. Your submission represents your company.
- Please be sure that **NO information is missing!**
- If a program is not there, it will be counted as **Zero**.
- Please submit more than one Best Practice (Innovative Programs/Systems).
  - We recommend three(3) at minimum. (Could be more)
- This is your **ONLY** chance to make it to the next level...**Finalists** (Playoffs)
- If you want your submission back after the evaluation is complete, please let IBR know when you drop it o



# IMPORTANT REMINDER



- Complete and provide the Safety Information Sheet(s)

➤ *One “**SIS**” for each project site that nominated you*



- Complete and provide one copy of the Initial Audit Form.

(2 - 3 pages)



✓ **Print them out and include them with your submission!**

# ADDITIONAL IMPORTANT INFORMATION



- ✓ Make sure all the content is organized and well-identified.
  - *Corresponding numbers in the file title*
- ✓ Don't forget to include **Best Practices**. We recommend three as a minimum.
  - *Could be more*
- ✓ Submit copies of the checked items via Hard Copies or Electronic Copies (USB Flash drive)

- ✓ If you submit a USB drive
  - *Verify that the documents are saved in common formats like Word, PDF, PowerPoint, or Excel*
  - *Test the USB Drive on more than one computer*
- ✓ IBR will **only** accept hand-delivered submissions. **Not mail, email, or fax.**

## REMEMBER



- ✓ Must be printed and included with the submittal

# FINALIST SUBMISSION



Personally deliver your submission to:  
Industry Business Roundtable  
5213 Center Street  
Pasadena, TX 77505

**No later than 5:00 pm. Friday, January 24, 2025**

- ❖ ***Non-Partners/Subscribers of IBR shall pay an audit application fee of \$500.00 or join IBR. (Partner Application @ [ibrt.us/membership](http://ibrt.us/membership))***
- ❖ ***Fees shall be paid at the time of submission to be eligible***
- ❖ ***If you are a current Partner of IBR in good standing, there is no application***



**QUESTIONS?**



**Phone**

(713) 645-0923



**Email**

[Admin@ibr.us](mailto:Admin@ibr.us)



**IBR Office**

5213 Center St,  
Pasadena, TX 77505

