

a. Total number of OSHA recordable

c. Total number of fatalities

d. Total hours worked

b. Total number of lost work-day cases

which involved days away from work

Safety Information Form

Click or tap here to enter text.

If your company has received several nominations, copy this form and complete one form for each site. Nominated by: Click or tap here to enter text. Type of work performed at site: Click or tap here to enter text. Enter the name of your company exactly as you would like Click or tap here to enter text. it published in HSEA publications. Who will be the primary contact for scheduling audits? Click or tap here to enter text. What is the primary contact's title? Click or tap here to enter text. Address: Click or tap here to enter text. City/State/Zip: Click or tap here to enter text. Phone: Click or tap here to enter text. e-mail: Click or tap here to enter text. Type of business, work or service your company performs. (Check only one category your company wants to be considered for.) ☐ General Contractor ☐ Specialty Contractors – Soft Crafts construction & maintenance insulation, painting, scaffolding ☐ Specialty Contractors – Environmental ☐ Specialty Contractors – Hard Crafts Hydroblasting, chemical cleaning, vacuum trucks, chemical mechanical, I&E, HVAC cleaning and transportation ☐ Crane, Rigging & Lifting Support ☐ Specialty Contractors – Technical Support engineering, safety, inspection Note: Large, Medium and Small categories will be determined by the total company work-hours. **Company Description:** Use 2021 OSHA no. 300 logs to provide the following injury/illness data: **Project/Worksite Data Total Company Data**

Click or tap here to enter text.

Please return completed "Safety Information Form" with the completed HSEA "Initial Audit Form".