

❖ If your company has received several site 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 the site:	Click or tap here to enter text.

Enter the name of your company exactly as you would like it published in SEA publications. Click or tap here to enter text.	
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.

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 & Maintenance</i>	<input type="checkbox"/> Specialty Contractors – Soft Crafts <i>Insulation, Painting, Scaffolding</i>
<input type="checkbox"/> Specialty Contractors – Hard Crafts <i>Mechanical, I&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: <u>Large</u>, <u>Medium</u>, and <u>Small</u> categories will be determined by the total company work hours.	
Company Description: (What your company does) _____ _____ _____ _____ _____	

Use 2023 OSHA no. 300 logs to provide the following injury/illness data:

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

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