2016 National AGC Safety Awards

Due February 8, 2017 to the West Texas Chapter AGC

Participant Form

Complete your OSHA form 300A "Summary of Work-Related Injuries and Illnesses" for 2016. Review your OSHA form 300A and note:

- Section (G) "Fatality Information,"
- Section (H) "Cases with Days Away from Work";
- Section (I) "Cases with Job Transfer or Restriction";
- Section (J) "Other Recordable Cases"; and
- Employment Information Section for your company work hours.

Report your company's numbers from the OSHA form 300A section (G), section (H), section (I), section (J) and work hours to your AGC Chapter contact person, via e-mail, telephone, fax, or mail. If using fax or mail, use this form to send the appropriate information to your chapter contact person.

1. Chapter Code and Name: ***45O - West Texas Chapter AGC***

2. Company Name (as it should appear on the award):
_____

3. Construction Type (Building, Highway, Federal & Heavy, Municipal-Utilities and Associates)

4. Contact Person (Name and Phone number) _____

5. AGC Member ID Number: _____

6. Section (G) "Fatality Information":

7. Number of Fatalities: _____

8. Section (H) "Cases with Days Away from Work";

9. Number of Cases: _____

10. Section (I) "Cases with Job Transfer or Restriction";

11. Number of Cases: _____

12. Section (J) "Other Recordable Cases"; and

13. Number of Cases: _____

14. Employment Information Section for your company work hours.

15. Total Company work hours: _____