

**2018 National AGC Safety Awards**  
**Due February 8, 2019 to the West Texas Chapter AGC**  
**Participant Form**

Complete your OSHA form 300A “Summary of Work-Related Injuries and Illnesses” for 2018. 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. Return to West Texas Chapter AGC, Inc., [chughes@wtagc.org](mailto:chughes@wtagc.org), Fax: (325) 676-7119, or mail to P. O. Box 5365, Abilene, TX 79608

1. Chapter Code and Name: **450 - 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: \_\_\_\_\_