



Mechanical Contractors Association
WESTERN WASHINGTON

MCAWW SAFETY EXCELLENCE AWARD

MCA of Western Washington is pleased to announce the MCAWW Safety Excellence Award for 2018 safety accomplishments for contractor members who are signatory to Local 26 and/or Local 32. Winners will receive local and national recognition, a plaque award, and stickers advertising: "2018 MCAWW Safety Excellence Award Winner."

Applications will be judged anonymously (firm names and identifying information will be removed) by a panel consisting of 3rd party judges.

Fax or email the attached questionnaire & supplemental materials no later than May 1, 2019 to:

MCA of Western Washington
Attn: MCAWW Safety Excellence Award
Fax # (206) 442-9364
Email: smiddleton@mcaww.net

Shortlisted candidates may be contacted for an interview

For questions regarding the MCAWW Safety Excellence Award,
call (206) 442-9029 or email smiddleton@mcaww.net

Copies of the questionnaire are also available for download on the
MCAWW website at www.mcaww.net



MCAWW SAFETY AWARD QUESTIONNAIRE

| | |
|--------------------|--|
| COMPANY NAME | |
| CONTACT | |
| ADDRESS | |
| CITY / STATE / ZIP | |
| PHONE | |
| WEBSITE | |
| CONTACT EMAIL | |

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS FOR THE CALENDAR YEAR 2018:

1. Total number of 2018 Washington hours worked: _____

| | |
|--|---|
| <input type="checkbox"/> Check here if your firm has MORE than 10 employees | <input type="checkbox"/> Check here if your firm has LESS than 10 employees |
| Submit a copy of your OSHA 300 A Summary with this application. You do not need to complete # 2-5 below. | Complete # 2-5 below. |

2. Number of **recordable** injury/illness cases: _____

3. Number of **lost workday** injury/illness cases: _____

4. Number of occupational **deaths**: _____

5. Total **number of days** of job transfer/job restriction/number of days away from work: _____

6. What was your firm's **Washington EMR**? _____ *(If your firm was self-insured, skip to # 7)*

7. What was your firm's **Washington RIR**? _____

8. Did you have an employee who was responsible for Safety? Yes No

If so, was it a full-time position? Yes No

9. Did your firm have a **Written Safety Program**? Yes No

a. If yes, please provide a copy of the **Table of Contents**

b. When was your firm's safety program last updated? _____

10. What type of **safety training** did your firm provide, including in-house, online and outsourced training?
(Check all that applied in 2018)

- New Worker Orientation OSHA 10 OSHA 30 Toolbox Talks/Videos
- First Aid/CPR Training Hoisting/Rigging Training Confined Space
- Mobile Crane Signalperson Training NFPA 70E Arc Flash Training
- Global Harmonization HAZCOM Training Ladder Safety Fall Protection
- Other: _____

Who conducted your safety training? _____

11. How often did your firm hold **safety meetings and/or toolbox talks**? _____

12. Did your firm utilize **DOSH (WISHA) consultation services**? Yes No

13. Did your firm do **written pre-task planning**? Yes No

14. Did your firm have a **company-wide, formal drug testing program**? Yes No

Complete your responses to the following on a separate page, if necessary:

15. How often did your firm conduct **safety inspections**? Who conducted these inspections?

16. Describe how **upper management** was involved in your firm's safety process/program.

17. How did your firm get **employees involved** in your safety program?

18. Describe how you determined who needed **safety training** in your firm.

19. Describe any **innovative safety practices** your firm developed and implemented to promote or increase safety awareness and practices.

20. Why does your firm **deserve** this safety award?

~ END OF APPLICATION ~