



## SPECIALTY TRADE CONTRACTOR SAFETY PROGRAM OF THE YEAR APPLICATION

Applicants in this award category consist of specialty trade contractors engaged in home construction work, including but not limited to the following: carpenters; roofers; plumbers; heating/ventilation/air conditioning workers; electricians; painters; masons; stucco; drywallers; excavators; flooring; siders; and foundation and concrete work.



The awards program is based around these themes:

- Quality of the company safety program
- Management's involvement and commitment to safety
- High level of employee and/or trade contractor involvement in safety
- New or innovative programs, practices, procedures or resources used by the company to promote safety
- Unique program elements used by the company to support and heighten safety awareness

**The Qualitative Essays** - This section allows an opportunity for you to provide a written description (qualitative description) of your company's safety program. Be creative. This is your opportunity to demonstrate that "special something" that sets you apart from the others—your core competency in safety. Explain the things that you do better than everyone else. Judges will be evaluating the following:

- Direct evidence of upper management/owner commitment
- Effectiveness safety program
- Hazard prevention and control
- Safety and health training

Please complete the form below.

**Note:** We must be able to distinguish between the Nominee and the Applicant. If you are nominating someone else, then please enter their information under the Nominee section and your information under the Applicant section. If you are nominating yourself, then you're required to enter your information in the Nominee section only. Thank you for your attention to this matter.

\* required field

### Nominee Information

\* Name:

\* Title:

\* Company :

\* Address 1:

Address 2:

\* City:

\* State:

\* Zip:

\* Daytime Phone:

\* Fax No:

\* Email Address:

\* Association/HBA/BIA Name:

\* Company Description (50 words or less)

- \* Award Size Categories:
- Less than 50 employees
  - More than 50 employees

**Applicant Information**

Name:

Title:

Company:

Address 1:

Address 2:

City:

State:

Zip:

Daytime Phone:

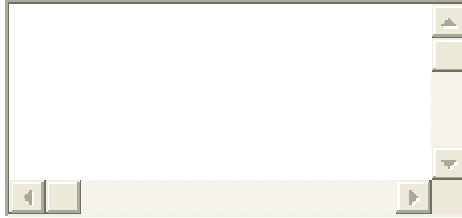
Fax:

Email Address:

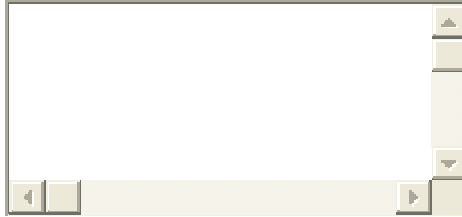
Association/HBA/BIA Name:

\* Explain how your company's owner/ management supports the safety program and what involvement the employees play in the structure and operation of the program.(350 words or less)

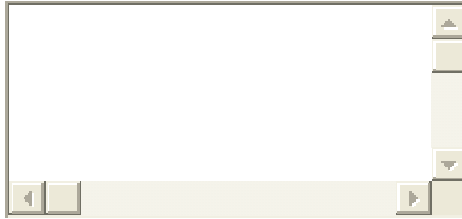
**\* Provide an overview of your company safety program and its effectiveness. (350 words or less)**

A large rectangular text input field with a light beige background and a thin border. It includes a vertical scrollbar on the right side and a horizontal scrollbar at the bottom.

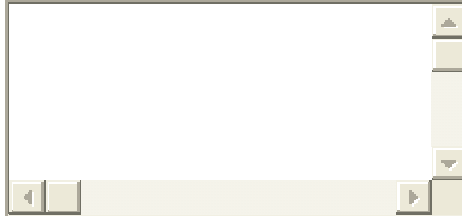
**\* Explain your company's procedures to correct or control present or potential safety hazards on the jobsite (350 words or less).**

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**\* Describe your company's safety and health training program (350 words or less)**

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**\* Explain why your company safety program deserves to win. (350 words or less)**

A large rectangular text input field with a light beige background and a thin border. It includes a vertical scrollbar on the right side and a horizontal scrollbar at the bottom.

**NOTE:** Please upload your company logo and 3 photos highlighting your core business functions and/or demonstrating your achievements in construction safety. These promotional materials will be utilized to recognize your achievements during the SAFE awards ceremony at the 2009 International Builders' Show in Las Vegas, Nevada.

**The images/photos must be .tiff or .jpg format (high resolution of at least 144 pixels per inch (dpi)).**

**Please upload company logo.**

**Please upload photo.**

*Photo of jobsite safety best practices.*

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**Please upload photo.**

*Photo of jobsite safety best practices.*

**\* Verification of Accurate Information:**

I hereby certify that the information contained in the NAHB Safety Award For Excellence (SAFE) application is true and accurate to the best of my knowledge.

**\* Name:**

**\* Title:**

**\* Date:**

**NOTE:** This certification should be authorized by the person who has the overall responsibility for safety and health within the organization (e.g. company owner, president, vice-president, director, or similar or equivalent position). If nominating a 3rd party for a SAFE award, this certification should be authorized by the nominator or individual submitting the application.

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