30th Annual National AGC Safety Awards Participant Form

Complete your OSHA form 300A "Summary of Work-Related Injuries and Illnesses" for **2020**. Review your OSHA form 300A and note:

• Section (G) "Total number of deaths";

Chapter Code and Name:

- Section (H) "Total number of cases with days away from work";
- Section (I) "Total number of cases with job transfer or restriction";
- Section (J) "Total number of other recordable cases"; and
- Employment Information "Total hours worked by all employees last year".

Report your company's numbers from the OSHA form 300A – section (G), section (I), section (J) and work hours – to your AGC Chapter contact person, via e-mail, telephone, fax, or mail.

NOTE: If you would like to compete in more than one division, you are required to separate your safety statistics and work hours accordingly.

14A Idaho AGC

Company Name (as it should appear on the award):					
Contact Person (Name):					
Contact Phone Number):					
		OSHA Form	300A Data		
AGC Division/ Construction Type	(G)	(H)	(I)	(J)	Total Hours Worked
Building					
Highway					
Federal & Heavy					
Utility Infrastructure					
Associate/Specialty					