



Mechanical Contractors Association
WESTERN WASHINGTON

MCAWW SAFETY EXCELLENCE AWARD

MCA of Western Washington is pleased to announce the annual MCAWW Safety Excellence Award for contractor members who are signatory to Local 26 and/or Local 32. Winners will receive local and national recognition, a plaque award, as well as stickers advertising 'Annual MCAWW Safety Award Winner.'

Awards will be provided for 3 distinct categories:

Firms with 1 to 150,000 hours

Firms with 150,001 – 499,999 hours

Firms with 500,000 hours or more

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

Fax or email the attached questionnaire & supplemental materials no later than [May 1, 2017](#) to:

MCA of Western Washington

Attn: Annual MCAWW Safety Excellence Award

Fax # (206) 442-9364

Email: smiddleton@mcaww.net

Shortlisted candidates may be contacted for an interview.

For questions regarding the Annual 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.



ANNUAL MCAWW SAFETY AWARD QUESTIONNAIRE

COMPANY NAME	
CONTACT	
ADDRESS	
CITY / STATE / ZIP	
PHONE	
FAX	
WEBSITE	
CONTACT EMAIL	

1. Total number of 2016 (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 is your firm's current **Washington EMR**? _____ *(If your firm is self-insured, skip to # 7)*
7. What is your firm's Recordable Incident Rate? _____
8. Do you have an employee who is responsible for Safety? Yes No Is it a full-time position? Yes No
9. Does 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 program last updated? _____
10. What type of **safety training** does your firm provide, including in-house, online and outsourced training? (Check all that applied in 2016)

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

Who conducts your safety training? _____

11. How often does your firm hold **safety meetings and/or toolbox talks**? _____
12. Does your firm utilize **DOSH (WISHA) consultation services**? Yes No
13. Does your firm do **written pre-task planning**? Yes No
14. Does 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 does your firm conduct **safety inspections**? Who conducts these inspections?

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

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

18. Describe how you determine who needs safety training in your firm:

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

20. Why does your firm deserve this safety award?