Jeff Jensen Memorial Construction
Safety Excellence Awards

Deadline for submission of nominations: **Monday, August 24**
Award presentation: **Recognition Evening, Fall 2020**

There will be three awards presented, based on man hours:
Category I (0 – 149,999), Category II (150,000 – 299,999), and Category III (300,000 and above)

Company: ________________________________________________________________

Address/City/State/Zip: ___________________________________________________

Submitted by: ___________________________ Email: __________________________

**Numbers should reflect all locations where work is performed, not just Minnesota**

Please provide the following information about company safety training in 2019:

- Average number of hours invested on safety training for each craft employee: _______
- Average number of hours invested on safety training for each supervisor/manager: _______
- Average number of hours invested on safety training for each subcontractor employee: _______

Please provide the following information about company workforce in 2019:

- Average number of employees: _______
- Average number of dedicated full-time safety employees: _______
- Average number of annual work hours: _______ Full-time safety director? ___ Yes ___ No
- Safety director's name: ___________________________________________________

For the past reporting year, please provide the following information:

- Experience Modification Rate: _______ Number of Lost Workday Cases: _______
- Total Recordable Case/Incident Rate: ___* Number of Restricted Workday Cases: _______
  Number of Medical Only Cases: _______

  * Total number of injuries and illnesses X 200,000 ÷ number of hours worked by all employees =
  Total recordable case rate

You may attach a one-page narrative to more fully explain any of the above.

I hereby certify that all information is accurate.

Signature of company contact: _____________________________________________ Date: ____________

**Questions**: Doug Swenson, dswenson@agcmn.org or 651-796-2192

**Return completed form to Merry Beckmann**:
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