Print Form

APPENDIX A-2

SUBCONTRACTOR CATEGORY AWARD NOMINATION

SUBCONTRACTOR NAME: (include name of President or CEO of Company)

SUBCONTRACTOR MAILING ADDRESS:

Subcontractor E-mail Address:

PRIME CONTRACTOR NAME:

CONTRACT NUMBER, TITLE & LOCATION:

ORIGINAL CONTRACT AMOUNT:

PERCENT COMPLETE:

EXPECTED COMPLETION DATE:

SUBCONTRACTOR'S EXPOSURE HOURS THIS QUARTER:

SUBCONTRACTOR'S EXPOSURE HOURS TO DATE:

NOMINATING TEAM MEMBER:

JOB TITLE:

SIGNATURE: **DATE:**

Other Team Members to be recognized: ☐ **yes** ☐ **no**
If yes please list names;

Resident Engineer's SIGNATURE:

Office Symbol: **Date:**

IF THIS IS TO BE SUBMITTED TO THE SAFETY REVIEW BOARD AS THE LOCAL WINNER

Area Engineer's - Signature

Office Symbol: **Date:**

<u>SUBMISSION JUSTIFICATION:</u>
(All submittal shall use this form covering the following)

1. **Brief description of the project (scope, trades involved) and be specific.**

2. **List Hazards Associated with the Work (be specific for quarter).**

3. **Brief description of contractor's Safety Program meeting the requirements of Em385-1-1 and contract specifications.**

4. **Comments on how Contractor ensures subcontractor's compliance and participation with contractor's Accident Prevention Plan. (identify the results for the particular quarter– be specific).**

    a. **Management involvement in overall safety program.**
    b. **Employee's involvement in over all safety program.**

5. **What has the contractor done to exceed the requirements of EM 385-1-1**