

CPCA

SAFETY AWARDS PROGAM

Purpose: To promote safe working conditions and to encourage reduced incidents of injuries and accidents by our member companies.

Method: To award member plants having exemplary safety records with certificates which acknowledge their excellent results in:

Workplace Safety

Separate **Workplace Safety** awards will be issued in each of two categories, with criteria for plants as follows:

• Under 25 employees, an award if:

No Lost Time Injuries

• 25 or more employees, an award if:

1 Injury with 5 or Less Days

of Lost Time

("Lost time" means more than 8 hours missed work <u>after</u> the day of injury.)

Driving Safety

Driving Safety awards will acknowledge driving excellence as evidenced by lack of "at-fault" accidents, and be awarded as

follows:

- Plants with 10 or less Power Units:
 No At-Fault Accidents
- Plants with 11 or more Power Units:

No More than One At-Fault Accident

("At-Fault" is ANY accident that is even only partially the fault of the driver.)

<u>Awards:</u> Certificates will be presented annually at the Spring CPCA Conference, and will be based upon prior calendar-year results. Awards will be provided to each plant and/or each location that are members of CPCA, based upon written applications.

Note: All award winners receive certificates for placement in plaques. Plaques are provided first year of winning an award only.

<u>Eligibility:</u> Producer members award eligibility will be determined by the Safety Committee, subject to approval by the Board of Directors.

CIATION	SAFETY AWA	ARDS APPLICATION
	2019 Performance	
Deadline for submission: Tuesday, March 17, 2020 Refer to the previous page for descriptions and details.		
Contact Name:		Title:
Company Name:		
Plant Address:		
City:	State	Zip
Phone:	Email:	
Workplace Safety:		
Average # of Employees i	n 2019:	
Number of lost time injurie:	s:	Total # of days lost
Driving Safety:		
Number of Power Units Lic	ensed in 2019:	Number of "at-fault" accidents:
	y Committee Chai	stions? r: Glenn Goodwin, Goodwin Insurance odwin@goodwin-ins.com
Email t	his form to cmiglin	o@caprecastconcrete.org
	Or FAX this form	to: 866-831-2790