



# *2017 Entry Form*

## SAFETY AWARD



## SAFETY AWARD 2017 ENTRY FORM

**ELIGIBILITY:** Entries may be submitted by members in good standing of the CHBA-NL for the 2016-2017 year. WorkplaceNL statistics will be evaluated for the 2016 calendar year. All other information will be evaluated as of the date of application.

Member Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**ASSESSMENT:** Entries will be assessed on how well they meet the objective and criteria established for these awards, as stated below.

### AWARD OBJECTIVES

To recognize safety excellence.

### JUDGING CRITERIA

General criteria: 100 points (total)

1. Health and Safety Activity (40 points)
2. Worker and Supervisor Training (30 points)
3. Health and Safety Experience (30 points)



**INFORMATION REQUIREMENTS**

**1. OH & S Site Activity and Training**

Please list all sites that were active for more than 30 days for the period November 1, 2016 to present

Site Location

	1	2	3
Peak number of employees			
Safety Representation Established	<input type="checkbox"/> OHS Committee <input type="checkbox"/> WH&S Rep	<input type="checkbox"/> OHS Committee <input type="checkbox"/> WH&S Rep	<input type="checkbox"/> OHS Committee <input type="checkbox"/> WH&S Rep
Number of OHS Committee Meetings held (if applicable)			
Number of Hazard Assessments completed			
Number of Toolbox Talks completed			
Number of Workplace Inspections completed			



**2. Worker and Supervisor Training**

Supervisor Safety Development Training Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Employees trained in WHMIS			
Number of Workers trained as OHS Committee Members or WHS Representatives			

Please list any other safety initiatives that the company has engaged in (i.e. Safety Awards, NAOSH Week activities, Safety Lunch and Learns, etc.

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**Notes:**

Site Location – Please list the site address of any worksites that were 30 days or longer in duration. Attach additional paper if required.



Peak number of Employees—This includes owners, directors, managers, supervisors, full-time, part-time and casual employees that are directly employed by the member. This would not include owners, directors, managers, supervisors, full-time, part-time and casual employees of sub contractors.

Safety Representation Established—In addition to representation at the company's head office, for worksites greater than 30 days:

- 0 to 5 employees, a trained WorkplaceNL Designate may be appointed.
- 6 to 9 employees, a trained Workplace Health and Safety Representative must be selected by employees.
- 10 to 49 employees, an Occupational Health and Safety Committee must be established where the employer and employee co-chairs have been trained.
- 50 plus employees, an Occupational Health and Safety Committee must be established, where all committee members have been trained.

Supervisor Safety Development Training - Does the company provide supervisors with additional safety training for their roles and responsibilities as supervisors. This must be documented training.

### 3. Health and Safety Experience

Please have the following completed and signed by a representative at WorkplaceNL and attach to your entry form.

Company Name: \_\_\_\_\_

Firm Number: \_\_\_\_\_

Authorized Representative for Company: \_\_\_\_\_

Signature: \_\_\_\_\_



As part of the safety award entry for the Canadian Home Builders' Association - Newfoundland and Labrador, we have been requested to provide the following information:

Company holds a valid Certificate of Clearance from the WorkplaceNL:

- Yes  No

Number of lost time accidents in 2016: \_\_\_\_\_

Number of days lost as a result of Lost Time accidents in 2016: \_\_\_\_\_

Number of accidents requiring Medical Aid (including lost time accidents) in 2016: \_\_\_\_\_

Company received PRIME Practice Incentive Rebate for 2016:

- Yes  No

Company received PRIME Experience Incentive Rebate for 2016:

- Yes  No

Name of WHSCC Representative verifying information: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Entrants may be subject to a site visit and a documentation review as a means to verify the information provided.

**Bonus**

Please provide samples/examples of the CHBA member logo on business cards, company vehicle, brochure, website, construction site, newspaper copy, model home, radio copy, etc.

\_\_\_\_\_ **5 pts**

**DECLARATION:**

I have read the Competition Guidelines for the 2017 CHBA-NL BERG Awards. I am empowered to represent the company submitting the entry, and agree to be bound by the conditions of the 2017 BERG Awards competition. I attest that the information contained in the attached form and questionnaire is truthful and accurate to the best of my knowledge. I agree to provide the judging committee access to documentation, worksites and employees as a means of verifying the information provided.

\_\_\_\_\_  
**Signature** **Date**

**Name and title** (please print) \_\_\_\_\_





Only signed forms and entries adhering to requirements will be accepted. Entries must be legible to be eligible. Entry forms and competition guidelines can be downloaded from the CHBA-NL website at [www.chbanl.ca](http://www.chbanl.ca)

**DEADLINE FOR ENTRIES**

4:00 p.m. on Friday October 6, 2017.

All entries must be submitted in **electronic form** along with a \$100.00 (plus HST) entry fee (per entry) to:

Canadian Home Builders' Association— Newfoundland and Labrador  
435 Blackmarsh Road  
St. John's, NL  
A1E 1T7  
Attention: 2017 BERG Awards Judging Panel

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1. 40 pts

\_\_\_\_\_

2. 30 pts

\_\_\_\_\_

3. 30 pts

\_\_\_\_\_

Total: 100 pts