



2019 Entry Form

SAFETY AWARD



SAFETY AWARD 2019 ENTRY FORM

ELIGIBILITY: Entries may be submitted by members in good standing of the CHBA-NL for the 2018-2019 year. WorkplaceNL statistics will be evaluated for the 2018 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)

Health and Safety Activity

1. Worker and Supervisor Training (20 points)
2. Health and Safety participation activities (30 points)
3. Health and Safety Initiatives (30 points)
4. Health and Safety Experience (20 points)



INFORMATION REQUIREMENTS

OH & S Site Activity

Please list all sites that were active for more than 30 days for the period November 1, 2018 to present

Site Location

	1	2	3
Peak number of employees			
Type of Safety Representation Established at site and company wide	<input type="checkbox"/> Safety Professional <input type="checkbox"/> OHS Committee <input type="checkbox"/> WH&S Rep <input type="checkbox"/> WH&S Designate	<input type="checkbox"/> Safety Professional <input type="checkbox"/> OHS Committee <input type="checkbox"/> WH&S Rep <input type="checkbox"/> WH&S Designate	<input type="checkbox"/> Safety Professional <input type="checkbox"/> OHS Committee <input type="checkbox"/> WH&S Rep <input type="checkbox"/> WH&S Designate
Project/Site Duration	Start Date: End Date:	Start Date: End Date:	Start Date: End Date:
Any Stop Work Orders or Directives issue? (by OHS Division of Service NL) If "yes" please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:

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 Worker Health & 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



1. Worker and Supervisor Training (30 Points)

Supervisor training or development opportunities for Supervisors provided by Company (list training provided and/or development opportunities)	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Training: Training Provider: Duration (hours/days): Development opportunities	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Training: Training Provider: Duration (hours/days): Development opportunities	<input type="checkbox"/> Yes <input type="checkbox"/> No Type of Training: Training Provider: Duration (hours/days): Development opportunities
Does your company meet the legislative requirement* criteria for WHMIS 2015 training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company meet the legislative requirement for Qualified First Aid responders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

- Worker education in WHMIS, as per Section 5 & 6 of the WHMIS Regulations
- Legislation requirement for Qualified First Aid personnel, as per Section 4(4), 4(5), and 4 (6) of the First Aid Regulations



2. Health and Safety Participation activities (20 Points)

List any Health and Safety participation activities, that the company has engaged in (ie. Other safety awards, Safety & Health Week (formerly NAOSH Week) activities, Safety Lunch and Learns, NLCSA Breakfast presentations, Health & Safety Conferences, WorkplaceNL workshops, etc.)

	Description of Event / Activity / Award	Date of Activity	Duration in Hours
1			
2			
3			
4			

3. Health and Safety Initiatives (20 Points)

Please describe any initiatives that you have developed and implemented that further Promoted Health and Safety at your workplace.

	Description of initiative	Outcome of initiative
1		
2		
3		
4		



4. Health and Safety Experience (30 points)

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 2018: _____

Number of days lost as a result of Lost Time accidents in 2018: _____

Number of accidents requiring Medical Aid (including lost time accidents) in 2018:

Company received PRIME Practice Incentive Rebate for 2018:

Yes No

Name of WorkplaceNL Representative verifying information: _____

Position: _____

Signature: _____

Date: _____



Safety Record Information

Permission Letter

To: Occupational Health & Safety Branch of the Department of Services NL

Please PROVIDE to:

Company Name:

Contact Person:

Address:

Information concerning directives and stop work orders issued within the past 3 years solely for the purpose of verifying the below company's award application:

Signed by Company Owner(s): _____

Company: _____

Address: _____

Telephone No.: _____ Fax No.: _____ Email: _____

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 2019 CHBA-NL BERG Awards. I am empowered to represent the company submitting the entry, and agree to be bound by the conditions of the 2019 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) _____