

**THE ALLIED BUILDING METAL INDUSTRIES, INC.  
SAFETY AWARD PROGRAM**

**APPLICATION**

**1. COMPANY**

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

Address: \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone No.:(\_\_\_\_)\_\_\_\_\_

Contact Person (please print): \_\_\_\_\_

**2. COMPANY PROFILE (check all that apply).**

\_\_\_\_\_ Structural Steel Contractor *(including decking)*

\_\_\_\_\_ Miscellaneous Metal Contractor

\_\_\_\_\_ Architectural/Ornamental Metal Contractor

Number of Iron/Worker manhours worked January 1<sup>st</sup> - December 31<sup>st</sup> : \_\_\_\_\_

*(Total should only include hours worked in the five boroughs of New York City, Nassau, Suffolk and Westchester counties)*

Total Lost Workday Cases \_\_\_\_\_  
(OSHA Form 300A-Column (H))

Total Lost Workdays \_\_\_\_\_  
(OSHA Form 300A-Column (L))

Total Recorded OSHA Cases \_\_\_\_\_  
(OSHA Form 300A-Sum of Columns (I)&(J))

Total Number of Fatalities \_\_\_\_\_  
(OSHA Form 300A-Column (G))

Average Number of Iron Workers employed daily \_\_\_\_\_  
(Estimated)

THIS APPLICATION WILL NOT BE ACCEPTED OR PROCESSED IF NOT ACCOMPANIED BY OSHA 300 and 300 A FORMS FOR CORRESPONDING YEAR.

Please send completed application to:

Safety Awards Committee  
Allied Building Metal Industries, Inc.  
211 East 43<sup>rd</sup> Street - Suite 804  
New York, NY 10017

I acknowledge and agree that the Safety Awards Committee reserves the right to interpret all rules and regulations regarding the Safety Awards Program and any decision made by said Committee is final and irrevocable. I agree to be bound by the decision of the Committee which shall be considered final and binding.

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

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

By \_\_\_\_\_  
(Title)

\_\_\_\_\_  
Print Name

NOTE: Application must be submitted by March 31<sup>st</sup> of the year after the year to which the application refers. For example the application for calendar year 2000 must be submitted on or before March 31, 2001.