

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

APPLICATION

1. COMPANY

Name of Company: _____

NAICS CODE: _____

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 1st - December 31st : _____

(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 (K))

Total Recorded OSHA Cases _____
(OSHA Form 300A-Sum of Columns (H), (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, the 300 A FORMS AND THE "CALCULATING INJURY & ILLNESS INCIDENCE RATES" WORKSHEET FOR CORRESPONDING YEAR.

Please send completed application to:

Safety Awards Committee
Allied Building Metal Industries, Inc.
211 East 43rd 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 31st 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.