



# Minnesota LECET



## Safety Incentive Program Contractor Award Nomination Form

### CONTRACTOR INFORMATION

Contractor Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

|   |   |
|---|---|
| <p>*Company Work Hours year to date (2008 calendar year): _____</p> <p>*No. of Recordable injuries: _____</p> | <p>*Please Refer to your most current OSHA 300 Log document for the 2008 calendar year.</p> |
|---|---|

Applicable jobsite(s) [List top 3]

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Special Safety Awards achieved in the past one year: \_\_\_\_\_

\_\_\_\_\_

Safety highlights or voluntary safety "best practices": \_\_\_\_\_

\_\_\_\_\_

*I authorize Minnesota LECET to verify pertinent company safety records relating to the program and have reviewed the above information and believe it to be true and correct to the best of my knowledge:*

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

\*Please submit company performance information based on past performance history only.

Award recognition will be given for all contractors submitting data highlighting their safety efforts.

**Please email, fax or mail the completed form to:**

Minnesota LECET

81 East Little Canada Road

St. Paul, MN 55117

Fax (651) 653-9745 • Phone (651) 429-1600

Email: [safety@minnesotalaborers.org](mailto:safety@minnesotalaborers.org)