ALLIED BUILDING METAL INDUSTRIES, INC.
270 Madison Avenue, Suite 401
New York, New York 10016

Posted on www.alliedbuilding.org

SAFETY AWARD PROGRAM

APPLICATION

***PLEASE NOTE*:** Application must be submitted by **September 1** of the year immediately following the year to which the application refers. For example, the application for calendar year 2025 must be submitted on or before September 1, 2026.

1. COMPANY

Name of Company: _____ NAICS CODE: _____

Address: _____
(Street)

_____
(City) (State) (Zip)

Telephone No.: (____)_____

Email: _____

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-December 31: _____
(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.

3. **SUBMISSION**

All applications and related documents required as part of your application shall be deemed properly submitted if: (a) delivered personally, (b) sent by email, which shall be effective upon receipt of such email, or (c) delivered by first-class mail or recognized overnight courier service, to the party set forth below:

ALLIED BUILDING METAL INDUSTRIES, INC.
c/o **Steven N. Davi,** Executive Director
270 Madison Avenue | Suite 401 | New York, NY 10016
T (212) 697-5551 | F (212) 818-0976 | C (516) 361-8211 | sdavi@alliedbuilding.org

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I acknowledge and agree the Safety Awards Committee reserves the right to interpret all rules and regulations regarding the Safety Awards Program; 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