



HomeSafe® Colorado Application Form

Company Name: _____

Contact Person: _____ Phone: _____

Type of Company: _____ HBA Member? Yes___ No___

Address: _____

Annual Average Number of Construction Employees: _____

Please fill out the following information:

Section I: For the **2009 Calendar Year**, please fill out using your Company's Summary OSHA 300A Log (note that columns in parenthesis correspond to your 300A log).

Items G through M can be found on Company's Summary 2009 OSHA 300A Log

(See columns indicated on your 300A Log)

1. ____ Total number of deaths (total of column G)
2. ____ Total number of cases with days away from work (total column H)
3. ____ Total number of cases with job transfer or restriction (total column I)
4. ____ Total number of other recordable cases (total column J)
5. ____ Total number of days away from work (total column K)
6. ____ Total number of days of job transfer or restriction (total column L)
7. ____ Total number of days of injury and illness types (total column M)
8. Total number of:
 - (1) Injuries _____
 - (2) Skin disorders _____
 - (3) Respiratory conditions _____
 - (4) Poisonings _____
 - (5) Hearing loss _____
 - (6) All other illnesses _____

Other:

Length of Safety Orientation in Minutes: _____

Do you have a substance abuse Program: Yes _____ No _____

Safety Training during Tool Box Talks: Yes _____ No _____

Number of Safety/Health/Environmental Personnel: _____

Has your organization had any willful, repeated serious violations or any incident that has resulted in a fatality within the last 3 years? Yes _____ No _____

Section II: Please enter HomeSafe® Colorado Applicant's Self-Scoring Information here:

Score from Ten Key Components of Company Safety Program Self-Scoring Sheet

- | | |
|---|--|
| A. _____ Management Commitment to safety policy | F. _____ Safety Rules |
| B. _____ EMR or Loss Ratio | G. _____ Safety Tool Box Meetings |
| C. _____ Management Supervisory Meeting | H. _____ Supervisory Training |
| D. _____ Employee Participation | I. _____ Use Personal Protection Equip |
| E. _____ New Employee Orientation | J. _____ Accident Investigation |

_____ TOTAL SCORE

Completed by (please print): _____

Signature: _____

Title: _____

Date: __/__/2010

Please return completed application form, applicant self scoring sheet and appropriate membership fees to:

HBA of Metro Denver
Attention: Chérie Talbert
9033 E. Easter Place, Ste. 200
Centennial, CO 80112
ctalbert@hbadenver.com
(fax) 303-551-6834