

# 35<sup>th</sup> Annual National AGC Safety Awards

## Participant Form

Complete your OSHA form 300A “Summary of Work-Related Injuries and Illnesses” for **2024**. Review your OSHA form 300A and note:

- Section (G) “Total number of deaths”;
- Section (H) “Total number of cases with days away from work”;
- Section (I) “Total number of cases with job transfer or restriction”;
- Section (J) “Total number of other recordable cases”; and
- Employment Information “Total hours worked by all employees last year”.

Report your company’s numbers from the OSHA form 300A – section (G), section (H), section (I), section (J) and work hours – to your AGC Chapter contact person, via e-mail, telephone, fax, or mail. If you are a member of multiple chapters only submit to one.

**If you would like to compete in more than one division, you are required to separate your safety statistics and work hours accordingly.**

Chapter Code and Name:

Company Name (as it should appear on the award):

Contact Person (Name):

Contact Phone Number):

AGC Division/ Construction Type	OSHA Form 300A Data				
	(G)	(H)	(I)	(J)	Total Hours Worked
Building					
Highway					
Federal & Heavy					
Utility Infrastructure					
Associate/Specialty					