

2025 NECA Recognition of Achievement for Safety Excellence and Zero Injury Application

Provide data from the 2024 Reporting Year

SAFETY SURVEY ADMINISTRATIVE INFORMATION

(Person responsible for completing this survey)

Company Name: _____

Company Membership ID: _____

Submitter's Name: _____

Email Address: _____

CEO/President's Name: _____

Physical Address: _____

(No P.O. Boxes)

City: _____

State: _____

Zip Code: _____

Telephone: _____

Chapter Affiliation: _____

RECOGNITION LETTER CONTACT INFORMATION

(Person who should receive the recognition notification letter.)

Recognition Contact: _____

Physical Address: _____

(No P.O. Boxes)

City: _____

State: _____

Zip Code: _____

RECOGNITION PLAQUE INFORMATION

(Information as it should appear on a plaque)

Company Name: _____

City: _____

State: _____

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LEADING INDICATOR QUESTIONS

Have you developed and implemented a Safety Management Program? Yes / No

Do you develop and implement Site Specific Safety Plans for the work you perform? Yes / No

Do you currently track leading indicators as part of your safety program such as observations, corrective actions, and training? Yes / No

Do you have a safety observation program where you track the number of reported observations?

- ☐ No
- ☐ Yes - Peer to Peer
- ☐ Yes - Mgmt to Peer
- ☐ Yes - Both

Do you have a program to track corrective actions taken to address hazards? Yes / No

Do you use Job Hazard Analysis / Job Safety Analysis for high hazard work as part of your safety program? Yes / No

Do you have a Serious Injury and Fatality prevention program? Yes / No

Do you have a written training matrix and/or plan to track required training? Yes / No

What percentage of employees have completed the OSHA 10 Hour (do not include supervisors)? ____%

What percentage of employees have completed the OSHA 30-Hour (do not include supervisors)? ____%

What percentage of supervisors have completed the OSHA 10-Hour? ____%

What percentage of supervisors have completed the OSHA 30-Hour? ____%

What percentage of supervisors have completed the ET & D 20-Hour Leadership Training? ____%

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INCIDENT SUMMARY DATA

Include data for all employees and associated personnel that support the business and are included in the budget.

TOTAL NUMBER OF COMPANY EMPLOYEES _____

The Exposure Hours should be greater than the Number of Employees.

TOTAL EXPOSURE (FOR EXEMPT, NON-EXEMPT) HOURS _____

The Exposure Hours should be greater than the Number of Employees.

SUMMARY CASE, DAYS DATA

# of deaths	# of cases with days away from work	# of cases with job transfer or restriction	# of other recordable cases	total # of days away from work	total # of days of job transfer or restriction
(Column G)	(Column H)	(Column I)	(Column J)	(Column K)	(Column L)

INJURY OR ILLNESS DATA

# of injuries	# of skin disorders	# of respiratory conditions	# of poisonings	# of hearing loss	# of all other illnesses
(Column M-1)	(Column M-2)	(Column M-3)	(Column M-4)	(Column M-5)	(Column M-6)

EXPERIENCE MODIFIER INFORMATION

Workers' Compensation Experience Modification Rate from your insurance company.

2024: _____

2023: _____

2022: _____

EMR must be between 0.10 and 2.

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OSHA CITATION/VIOLATION

Provide the number of Willful OSHA Citations that were closed in the reporting year. Include only Willful Violations. Do not include citations for which no penalty was paid.

2024: _____

Provide the number of Repeat OSHA Citations that were closed in the reporting year. Include only Repeat Violations. Do not include citations for which no penalty was paid.

2024: _____

OSHA SEVERE INJURIES

Provide the number of OSHA Severe Injuries: _____

What were the causes of your OSHA Severe Injuries?

_____ # resulting from Falls

_____ # resulting from Caught-In or Between

_____ # resulting from Struck-By

_____ # resulting from Electrical Contact

_____ # resulting from Other