

2022 FCA CREST AWARD

INSTRUCTIONS

Use this form to assist in collecting data that is needed for the 2022 FCA CREST Award Application.

ADMINISTRATIVE INFORMATION

Company Name	
Submitter's Name	
Email Address	
Address	
City	
State	
Zip Code	
Telephone	
Fax	
# Years in Business	
Local Association	
Hours	<input type="checkbox"/> 1 – 25,000 hours <input type="checkbox"/> 25,001 – 50,000 hours <input type="checkbox"/> 50,001 – 100,000 hours <input type="checkbox"/> 100,001 – 150,000 hours <input type="checkbox"/> Over 150,000 hours
Trades	<input type="checkbox"/> Architectural Glass & Metal <input type="checkbox"/> Drywall Finishing <input type="checkbox"/> Floor Covering <input type="checkbox"/> Industrial Coating <input type="checkbox"/> Painting and Wallcovering <input type="checkbox"/> Sign and Display

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					
Total Exposure (for Exempt, Non-Exempt) Hours					
Summary Case, Days Data					
# of Deaths	# 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
Injury or Illness Data					
# of Injuries	# of Skin Disorders	# of Respiratory Conditions	# of Poisonings	# of Hearing Loss	# of All Other Illnesses
Experience Modifier Information					
Our organization's Workers Compensation Costs are:					
<input type="checkbox"/> Lower than Average <input type="checkbox"/> Average <input type="checkbox"/> Higher than Average					

OPERATIONS & BEST PRACTICE INFORMATION

Number of years that your company has had a written safety program (0 for no written program, maximum 5 years)	
Do you have a full-time safety representative?	
Do you provide a safety orientation for new employees?	
How frequently do you provide ongoing safety training?	<input type="checkbox"/> Less than Annually <input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily

QUESTIONS

- Describe how your safety program saved you money?
- Tell us what makes your safety program work.
- Provide three tips for managing a successful safety program.

DESCRIPTIVE DATA

Local District Council	
Address	
City, State/Prov., Postal Code	
Local Union	
Address	
City, State/Prov., Postal Code	
Regarding your company's safety compliance program, from whom at your local DC or LU did you receive assistance? (Please provide at least one) (Please provide the individual's name)	
Business Manager/Secretary Treasurer	
Business Representative	
Apprenticeship / Training Director	
Apprenticeship / Training Instructor	
Other	
Provide a brief statement that explains how the District Council, Local Union, or individual provided assistance to your company's safety compliance program	

UPLOADS

ALLOWED IMAGE TYPES: JPEG/JPG, GIF, PNG, TIF; MAXIMUM 4 MB FILE SIZE

- Entries must include a minimum of three (3) and maximum of six (6) images that clearly show finishing safety elements and describe the essence and character of the project. The selection of images must be comprehensive enough to professionally depict the company's safety practices on the project and/or during the company safety training program.
- All entries must be accompanied with one company logo image. The image will be used to identify the company on the evening of the Awards Banquet during a special presentation of all entries. It should include only your company name and logo. Do not include the company address or contact information.