



**ARIZONA  
ROCK  
PRODUCTS  
ASSOCIATION**

# Safety Is Our Common Concern

## **ARPA Producer Members:**

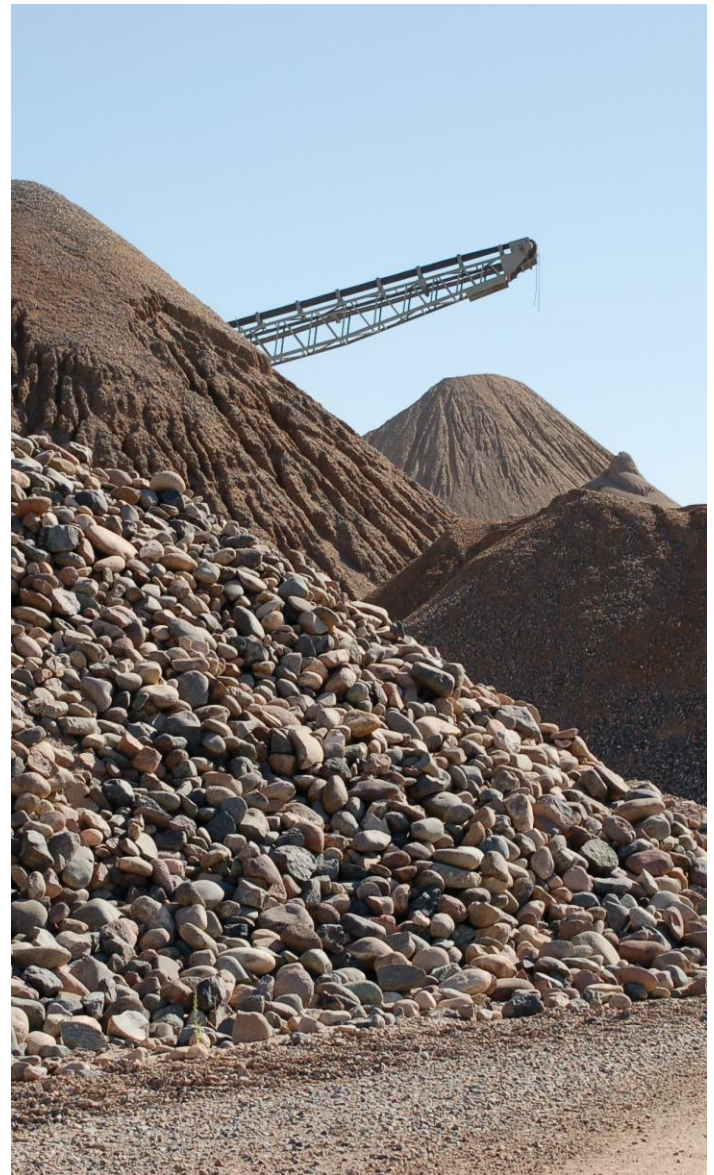
It is time for the **ARPA Annual Safety Awards Program** once again! We are excited to honor Producer Member companies that have earned safety recognition for the year **2020**. Enclosed you will find the entry form along with a rules sheet that explains the award program. Please include all requirements with your submittal to be eligible to receive an award. (Note: Please do not use an old entry form, as some items may have changed.)

Once you have completed the entry form, return it to the ARPA office no later than **March 19, 2021**.

The awards ceremony will be presented at the annual Safety Awards Luncheon at the **Embassy Suites Scottsdale on Friday, April 24, 2020**. We look forward to celebrating your company's safety achievements for the year.

If you have any questions regarding the awards program, please contact: Bri Kadlec at (602) 675-4405 or by email at

[brianna@azrockproducts.org](mailto:brianna@azrockproducts.org)



**Safety is a responsibility that must be shared equally and without exception throughout our industry**

# ARIZONA ROCK PRODUCTS ASSOCIATION SAFETY RECOGNITION AWARDS RULES

## ELIGIBILITY

All ARPA Producer Member companies.

## CLASSIFICATIONS

Participating companies divided into classifications according to employee hours worked (Arizona employees only).

## GUIDELINES

After all entries are received, a safety sub-committee will determine awards based on the hours reported by the participating companies.

## TIME PERIOD

The award recognition covers a twelve (12) month calendar period of **January 1-December 31, 2019**. All entries must be submitted to the ARPA office no later than **March 27, 2020** by the close of business to be eligible. *(Please be advised that all applications received past the deadline will be deemed incomplete if they do not include OSHA 300A summaries and/or MSHA 7000-2 reports and will not be considered for an award. No exceptions will be made for incomplete or late entries.)*

## AWARDS

Award winners will be determined from the Lost Time Rate (LTR), Incident Frequency Rate (IFR) and safety program documentation presented in the award application packet. LTR and the IFR will be combined to determine the winners in each category. These classifications apply to all aggregate, ready-mix concrete, asphaltic concrete, cement, asphalt and contracting producing companies. ***Please note: All incidents, injuries, and fatalities are preventable outside of an "Act of Nature." If a member company suffers a fatality, that company will be disqualified from receiving a safety award for that year.***

## STANDARDS

A Lost Time Accident (LTA) is defined as an accident in which an injured employee cannot return to work for his/her next regularly scheduled shift. An Incident Frequency Rate (IFR) is defined as an incident in which an injured employee returns to work for his/her next regularly scheduled shift and is an injury that is OSHA 300A or MSHA 7000-2 recordable or reportable.

The accident/incident frequency rate is measured by multiplying the yearly total number of lost time accidents by 200,000 divided by total employee hours worked. ***Please note: This number is an arbitrary number used by the safety industry to represent 100 full-time workers working 40 hours per week divided by total worker hours for 50 weeks a year.***

# ARIZONA ROCK PRODUCTS ASSOCIATION SAFETY RECOGNITION AWARDS APPLICATION

## GENERAL INFORMATION:

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City | State | Zip

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

1) How long has your company been in business? \_\_\_\_\_

2) How many man hours did you work in 2020? \_\_\_\_\_

3) Does your company have a written safety program? \_\_\_\_\_

4) Are all the company's employee's familiar with the safety program? \_\_\_\_\_

5) Does your company have a full-time safety director? \_\_\_\_\_

If yes, what are their name(s)? \_\_\_\_\_

6) In total how many foremen, supervisors, and managers does your company employ?  
\_\_\_\_\_

4 Has your company used any of the following consulting services?

MSHA  OSHA  State Mine

5 Has your company used other consulting services? \_\_\_\_\_

6 How often does your company hold safety meetings?

Daily  Weekly  Monthly

- Did your company suffer a fatality (outside of an "Act of Nature") during the reporting period?

Yes  No

# ARIZONA ROCK PRODUCTS ASSOCIATION SAFETY RECOGNITION AWARDS APPLICATION

11) Did your company suffer a life changing injury during the reporting period?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

12) Lost Time Accident (LTA) Frequency Rate?

answer: \_\_\_\_\_

(Fill in the blank) = *Frequency/Rate*

$\frac{\# \text{ of LTA}^* \times 200,000}{\# \text{ of hours worked}}$

*\*LTA-the number of recordable injuries resulting in lost time.*

*Total of ALL employee hours worked during report period (Include production drivers, mechanics, craft, executive, supervisory, clerical, technical support employees and independent contractors).*

13) Incident Frequency Rate (IFR)\*?

answer: \_\_\_\_\_

(Fill in the blank) = *Frequency/Rate*

$\frac{\# \text{ of Incidents} \times 200,000}{\# \text{ of hours worked}}$

*\*IFR-Number of injuries that are OSHA 300 recordable or reportable to MSHA.*

*Total of ALL employee hours worked during report period (Include production drivers, mechanics, craft, executive, supervisory, clerical, technical support employees and independent contractors).*

- 14) My company employs:
- 50 employees or less
  - 51- 499 employees
  - 500 or more employees

15) List the number of MSHA reported injuries: \_\_\_\_\_

16) List the number of OSHA reported injuries: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS:** *(Must be submitted with your application)*

- 1) Attach your company's OSHA 300A summary/s.
- 2) Attach your company's MSHA 7000-2 report/s.
- 3) SAFETY STATEMENT: Submit a brief statement (200 words or less) on the greatest benefits of having a safety program.

# TOM VANDERWALKER SAFETY PROFESSIONAL OF THE YEAR

## Nomination Rules:

1. Only one entry form allowed from each company
2. Only Producer or Associate member companies can nominate
3. Considerations for nomination:
  - A. Person or company committed to safety
  - B. Statistics
  - C. Innovative ideas
  - D. Safety training
  - E. Safety accomplishments
  - F. Management or supervisory level
  - G. Active participant in ARPA
  - H. Has not received this award in the last four years
4. Entries will be reviewed by a safety sub-committee
5. Winner will be announced at the Annual Safety Awards Luncheon
6. Nomination year runs from **January 1 - December 31, 2019**
7. Nomination Forms are to be submitted by **March 27, 2020**



# TOM VANDERWALKER SAFETY PROFESSIONAL OF THE YEAR

**Nomination Form:**

I/WE NOMINATE \_\_\_\_\_ FOR THE ARIZONA ROCK PRODUCTS ASSOCIATION'S TOM VANDERWALKER SAFETY PROFESSIONAL OF THE YEAR AWARD FOR THE FOLLOWING REASONS: (please include examples of how this person has gone above and beyond what their company requires)

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(Use additional sheet if necessary.)

NAME(S) OF NOMINATOR(S) DATE

COMPANY AFFILIATION



**NOTE: NOMINATIONS ARE DUE BY MARCH 27, 2020**

Email: [brianna@azrockproducts.org](mailto:brianna@azrockproducts.org)

Fax: (888) 269-0430

# SAFETY COMMITTEE MEMBER OF THE YEAR

## Nomination Rules:

1. Consideration for nomination
  - A. Active member of ARPA
  - B. Participation in meetings, sub committees and volunteers
  - C. Goes above and beyond
  - D. Knowledge of OSHA, MSHA and ASMI standards
  - E. Active with the regulatory agencies
  - F. Has not received this award in the last four (4) years
2. Entries will be reviewed by a safety sub-committee
3. Winner will be announced at the Annual Safety Awards Luncheon
4. Nomination year runs from **January 1 - December 31, 2019**
5. Nominations Forms are to be submitted by **March 27, 2020**



# SAFETY COMMITTEE MEMBER OF THE YEAR

Nomination Form:

I/WE NOMINATE \_\_\_\_\_ FOR THE ARIZONA ROCK PRODUCTS ASSOCIATION’S SAFETY COMMITTEE MEMBER OF THE YEAR AWARD FOR THE FOLLOWING REASONS: (please include examples of how this person has gone above and beyond what their company requires)

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(Use additional sheet if necessary.)

NAME(S) OF NOMINATOR(S) DATE

COMPANY AFFILIATION



NOTE: NOMINATIONS ARE DUE BY **MARCH 27, 2020**

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