

The Midwest Roofing Contractors Association® (MRCA) Safety Program Award recognizes MRCA member companies that have demonstrated a commitment to improving jobsite safety through development, implementation, and enforcement of a safety and risk management program.

### <u>Eligibility</u>:

Submissions must come from an MRCA active member company with a documented safety/risk management program including a formal written safety program.

### Confidentiality:

The information in Section 1, and any reference in any part of this application to a specific company, will not be included with the application when the submissions are judged. All information provided on this application will be kept in strict confidence. MRCA reserves the right to publish any innovative safety ideas from the entries for the good of the industry. However, any company-specific information regarding accident or injury statistics, or any other information identified by the applicant as proprietary, will be kept in confidence by MRCA Legal Counsel as applying to the specific company.

## <u>Judaina</u>:

Applications will be judged by 2-3 members of the MRCA Safety & Operations Committee as well as MRCA Legal Counsel.

## Deadline:

Deadline for entries is <u>June 20. 2016</u>. Winners will be announced at the MRCA 67<sup>th</sup> Annual Conference in Columbus, Ohio October 31<sup>st</sup> – November 2<sup>nd</sup> 2016.

**Entry Fee:** There is a \$150 entry fee to have your safety plan reviewed by the MRCA Safety & Operations Committee and MRCA Legal Counsel. You will receive a detailed, written critique of the information provided with your application. You can submit the payment via the attached form or by check.

### Entry Submission:

Three easy ways to submit your application:

- 1. Fax to 937-223-8550 or
- 2. Mail to: Dunlevey, Mahan & Furry 110 North Main St. Suite 1000 Dayton OH 45402 or
- 3. Email to Gary Auman at gwa@dmfdayton.com

## More Information:

Questions may be directed to the MRCA counsel at <u>gwa@dmfdayton.com</u> or by calling 937-223-6003.

### Instructions

Please complete the following information about your company to apply for the MRCA Safety Program Award. Complete and accurate information will help the judges in making their determination and will likewise assist your company in receiving appropriate consideration. Feel free to attach additional paper, if necessary.

# Section 1: General Information

Company Name		 	
Contact Name		 	
Address		Zip	
Telephone	Email		
For Office Use Only: DATE RECEIVED		ENTRY NO.	

# Section 2: Company Safety Program

Please provide written answers to *each* question. If more space is required, attach additional pages. Please make your responses as complete as possible for all ten questions. All individual questions must be answered directly and specifically.

# Please note the following two items:

1. Submittal of a copy of your entire program does not qualify as answering the following

*questions.* If written answers to questions below are not provided, and a copy of your company's entire safety program is submitted in lieu of answering the application questions, then your submittal and application fee will be returned to you, and you will not be considered a participant in the Safety Awards Program for 2016.

2. Please do not include anything on the rest of this application that would indicate the identity of your company. The information in Section 1 (on page 1) will not be included with your application when it is judged. The name of your company will not be given to the judges when your application is reviewed.

Thank you for your attention to these items and thank you for participating in the MRCA Safety Program.

### Application questions:

1) Do you have a Distracted Driving/Working Policy □ Yes □ No If you answered Yes, please describe your Policy or Program.

2) When and how do you train your new employees and indoctrinate them into your safety program and expectations? Please provide a list of the topics you cover with them during this orientation.

3) Please describe your company's fall protection program. If you use more than one method of fall protection, please describe all methods. Also, describe your training protocol for fall protection.

Do you have a system for ensuring that Safety Data Sheets (SDS) are kept up to date and made readily availal to all employees? What is it?
Do you have a dedicated safety person in your company?
Do you have a safety enforcement program?  Ves No If yes, please describe in detail.
Does your company have a PPE hazard assessment, training, audit program?  Ves No If yes, please explain the program:

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	If yes, are your Torch Applica	tors CERTA certifie	ed, or trained using an				
	Does your company perform	any torch applied r	oofing? 🗆 Yes 🗆	No			
BO	NUS QUESTION:						
10)	Does your company have a s If so, please provide a copy o		-	No			
	each worksite every day?						
9)	What steps have you taken to	o develop a safety	culture at your compar	ny? How do yo	ou maintain that culture on		
				lo			

All applications and appropriate fees must be **received no later than June 20, 2016**, and mailed to: Dunlevey, Mahan & Furry 110 North Main St. Suite 1000 Dayton OH 45402 or fax to 937-223-8550 Attn: Gary Auman