

ABC OF WESTERN WASHINGTON SAFETY ALLIANCE 2020 Application

As part of ABC's continuing effort to provide safety education, training and support to its members, the ABC of Western Washington Safety Committee has developed and implemented the ABC Safety Alliance program. Our goal is to increase overall safety awareness and proficiency while providing a tool by which member safety programs can be measured for completeness, effectiveness and compliance.

ABC Safety Alliance is a completely voluntary program that allows our members to work in concert with ABC-approved safety consultants to assess their overall safety programs while increasing the effectiveness of plans, policies and procedures. As always, our primary goal is to protect the health and safety of all persons by ensuring employers are providing a safe work environment for their employees, subcontractors, suppliers or anyone else visiting their jobsites or workplace.

This comprehensive and aggressive program will assist your company in complying with the established industry and construction safety standards. This program is available to any qualifying ABC member.

Disclaimer: ABC of Western Washington and its approved safety consultants do not warrant that your safety program and/or practices will meet all DOSH/OSHA regulations.

Please complete the following information and submit it to the ABC Safety Department. Once your application has been received, we will contact you to schedule your audit. If you have any questions please call (800) 640-7789 or email Tony Incrocci at tony@abcwestwa.org.

COMPANY NAME: _____
ADDRESS: _____
CITY / STATE / ZIP: _____
PHONE: _____ FAX: _____
SAFETY CONTACT PERSON: _____
EMAIL ADDRESS: _____
COMPANY PRINCIPAL: _____



*PLEASE EMAIL OR MAIL YOUR COMPLETED APPLICATION
TO:*

Email: tony@abcwestwa.org

ABC of Western Washington
1621 114th Ave SE, Suite 116, Bellevue, WA 98004
Phone: 425.646.8000



Western Washington

ABC SAFETY ALLIANCE FORM INSTRUCTIONS FOR PARTICIPATING IN ABC SAFETY ALLIANCE

Participation in the ABC Safety Alliance is completely voluntary.

Company Name: _____

Date: _____

1. Have you filled out your STEP Application? Yes / No
2. Are you a member of the ABC Retro Group? Yes / No
3. Using your company's OSHA 300 Logs/Summary Sheet, please complete the following information.

| | 2019 | 2018 | 2017 |
|--|------|------|------|
| Total Recordable Cases | | | |
| Total Recordable Incident Rate (TRIR) | | | |
| Number of Cases involving lost workdays | | | |
| Total number of lost workdays | | | |
| Days Away from work, Restricted work or job Transfer Incident Rater (DART) | | | |
| Fatalities | | | |
| Total company hours reported | | | |
| Experience Modification Factor (EMR) | | | |

4. Have you made any significant changes to your written Accident Prevention Program in the last year?

YES / NO If YES, then please explain: _____

5. Do you conduct, document, and maintain records of safety meetings? YES / NO
If yes, how often?

Weekly _____ Biweekly _____ Monthly _____

6. IMPORTANT NOTICE

In an effort to compile and track statistics we believe to be useful to members of Safety Alliance, please list any violations and the severity of the violations in the past 36 months. Your responses will remain confidential and only the type and severity of the violation will be used in any shared statistics.

7. Please list who is responsible for your company's safety program.

Name: _____ Title: _____

Phone: _____ Email: _____

Name and Title of person completing this form: _____

Signature: _____ Date: _____

ABC use only:

Date initially received by ABC _____ Date assigned a verifier by ABC _____

Date returned to ABC by verifier: _____ Application was: Accepted Rejected

Date of notification to applicant: _____

Verifier's Signature: _____

Verifier's Company: _____

Date Verification Completed: _____
