

APPLICATION



ABC MISSISSIPPI CHAPTER
**SAFETY
AWARDS**

— ENTRY DEADLINE AUGUST 24, 2017 —

RECIPIENT RECOGNITION AT
SAFETY AWARDS LUNCHEON
SEPTEMBER 27, 2017

Recognizing Excellence in Construction Safety

OUR LEADERSHIP

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Metro Mechanical, Inc.

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Mississippi Chapter

Post Office Box 16522

Jackson, Mississippi 39236

Dear Fellow Members,

As we consider the ingredients that make up a successful company, we often think about things such as productivity, margins, backlog, cost control, and government regulations. Today's successful companies also think about safety as an ingredient for success. Being safety conscious can save you money on insurance premiums, and it can also be an employee benefit. A robust safety program ensures that your employees are protected, work safely, and return home every day in a healthy state.

The 2017 ABC Mississippi Safety Committee is grateful for the past success of the ABC Mississippi Chapter Safety Awards Program. We are working hard to make the 2017 program special. The program consists of an application process resulting in an in-depth review of each participant's safety program. This program is designed to recognize companies for their efforts to enhance employee safety. Participation in the program will help you evaluate your company's safety efforts. There is no need to hire a consultant to review your safety plan. ABC does that for you, with your participation in this program!

This year the recognition and presentation of these awards will be conducted at the **ABC Mississippi Safety Awards Luncheon on Wednesday, September 27 at the Country Club of Jackson**. Please save the date for this event. A separate invitation will be mailed for the luncheon directing you to register online to attend.

I appreciate the opportunity to serve as the Chairman of the 2017 ABC Mississippi Safety Committee. We have an outstanding group of safety minded professionals dedicated to promoting safety in our chapter. Committee members are listed at the end of this application and each member is willing to assist you in any of your safety needs, including the submission of your application. Sherry Dunlap, the ABC Mississippi Safety Director, is also available to assist. **The application deadline is Thursday, August 24**. Applications received after this date will not be considered.

Sincerely,

Jeff Peoples

Chairman

2017 ABC Mississippi Safety Committee

Peoples Construction Corporation

ABC MISSISSIPPI 2017 SAFETY AWARD APPLICATION

GENERAL INFORMATION

Member Company: _____
Address: _____
Phone: _____ Fax: _____
E-mail address: _____
2016 Avg. Number of Employees: _____ 2016 Total Hours Worked: _____

2016 Calendar Year

- ☛ A. _____ Total # of Workdays Lost
- ☛ B. _____ Total # of OSHA Recordable Cases
- ◆ C. _____ Lost Time Cases Incident Rate
- ◆ D. _____ Total Recordable Cases Incident Rate
- ★ E. _____ 2016 Experience Modifier Rate (EMR)
_____ 2015 EMR _____ 2014 EMR (**required**)
- F. _____ # of Federal or State OSHA Inspections
- G. _____ # of OSHA Citations Issued in 2016
- H. _____ \$ _____ Paid for OSHA Fines in 2016

- | |
|---|
| <ul style="list-style-type: none">☛ Information Available from the OSHA 300 Log◆ Formula Attached (next page)★ EMR Available from your 2016 Workers' Compensation Policy and your Insurance Agent or Broker |
|---|

IMPORTANT INSTRUCTIONS

The following evaluation is provided to help you assess your firm's safety program. Sixteen (16) key elements are addressed. Each element contains various descriptions. Mark (x) each description that most accurately describes your firm's performance. After addressing all elements, total your marks on the last page. The total is part of your firm's safety performance score.

"SPECIAL NOTE"

To complete your total score, please provide the following documentation:

- (1) A copy of your current Company Safety Program and Policy. Please no disk or CD.
☛ Please send the program in a 3-ring binder or some other presentation binder method. ☛
☛ If there are no significant changes in your program and we have it on file, you don't need to submit a copy. Please check with the MABC Safety Director to confirm. ☛
- (2) A copy of your year 2016 OSHA 300A summary log (combined for all jobs).
- (3) A copy of your 2016 Experience Modifier Rate for the past 3 years (indicated on your Workers' Compensation Policy or a statement from your insurance agent).
- (4) A copy of your Substance Abuse Policy and Testing Procedures.

LOST TIME CASES INCIDENT RATE = _____ **Total number of lost time cases x 200,000**
_____ **Total number of man-hours worked**

TOTAL RECORDABLE CASES INCIDENT RATE = _____ **Total number of injuries and illnesses x 200,000**
_____ **Total number of man-hours worked**

COST OF ACCIDENTS PER EMPLOYEE = _____ **Total dollar amount of all accidents**
_____ **Average number of employees**

NOTE 1: The national average of man-hours worked: 1 person/month = 167 hours

1 person/year = 2080

NOTE 2: These are annual figures

SAFETY EVALUATION

ABC MISSISSIPPI

A. EXECUTIVE MANAGEMENT POLICY STATEMENT ON SAFETY

- Is in writing
- Known to all employees
- Is a part of the safety manual
- Sets boundaries for the safety program
- Emphasizes management's commitment
- Signed by the CEO
- Is included in the mission statement

B. RESPONSIBILITY FOR SAFETY DEFINED

- Responsibility for safety is defined for all levels of the firm
- Is in writing and is part of the safety manual
- Superintendents and foremen have key responsibilities outlined in writing

C. SAFETY PROGRAM GOAL SETTING

- Written goals and objectives are set to be achieved through the safety program (based on needs or problems)
- A strategy is developed to accomplish the goals
- Feedback from those responsible for achieving results is required
- Written audits are made to measure performance
- Both long term and short term goals are considered

D. MANAGEMENT SUPERVISORY MEETINGS

- Weekly safety meetings are held by upper management
- Management gives an overview of safety activities
- All accidents are reviewed
- Monthly safety meetings are held by upper management

E. PRE-PLANNING FOR JOB SITE SAFETY

- Pre-job safety planning is required at the bid stage
- A check list is used by the superintendent and foremen to assure that all hazard exposures are considered
- Necessary equipment is provided and precautions are taken prior to or at the start of the job not after problems have been encountered

F. EMPLOYEE PARTICIPATION

- Employee participation is encouraged in such activities as (demonstrations of proper personal protective equipment (PPE), testimonials, tool box talks, HAZCOM training, accident reporting, fire protection training, etc.).
- Employees are encouraged to participate in site inspections, safety rule development, hazard recognition, and accident investigation

G. NEW EMPLOYEE ORIENTATION

- Formal written orientation program is in effect for all new or transferred employees
- A record is maintained showing date, person conducting the orientation and the items covered
- Orientation includes training on: safety rules, HAZCOM/GHS, major hazard exposures of the job, PPE, and emergency procedures
- Management concern for safe job performance is stressed
- Employee signs orientation documentation

H. SAFETY RULES

- Rules are published
- All employees are aware of the rules
- Rules are concise and easy to understand
- Rules are enforced equally among all employees
- Rules are updated as needed
- Written or oral testing of the employees understanding of the rules is verified or documented

I. EMPLOYEE SAFETY TRAINING

- Based on a training needs assessment, formal safety training is provided and documented in areas such as: hazard recognition, First-Aid/CPR, hazard/standard specific OSHA topics, heavy equipment safety, and trade specific safety such as electrical safety, etc.
- Qualifications of all safety instructors are reviewed and verified

J. SAFETY TOOLBOX MEETINGS

- Meetings are held weekly
- Conducted by superintendents and foremen
- Records are kept on the attendance and topic presented
- Management attends periodically

K. INSPECTIONS

- Weekly job site inspections are conducted by the safety coordinator or superintendent, or foremen
- Critical safety items are identified and corrected
- Written report is submitted on the results of the inspection
- Information learned is shared with all job sites

L. SUPERVISORY SAFETY TRAINING

Formal supervisory training includes:

- | | |
|---|--|
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Hazard Recognition |
| <input type="checkbox"/> Emergency Reporting Procedures | <input type="checkbox"/> OSHA 10-Hour or greater |
| <input type="checkbox"/> Job Safety Analysis | <input type="checkbox"/> Accident Investigation |
| <input type="checkbox"/> Job Site Safety Inspections | <input type="checkbox"/> Job Safety Planning |
- Company has in-house facilities for training
 - Supervisors have access to a safety professional within the company.

M. USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Analysis made to determine PPE needs
- Employees are trained in the use and maintenance of PPE
- Only approved PPE is used
- PPE is provided to employees, except shoes
- Employees are aware of the disciplinary consequences of not using PPE
- Annual audit/review of the program

N. PERFORMANCE AUDIT

- Audits are made at least semi-annually to determine if safety work is effective
- Standards exist by which to measure performance
- Safety performance becomes a part of the overall rating of supervisors
- Strengths and weaknesses are discussed with individual supervisors
- Superintendent's and/or foremen's safety performance is tied to compensation

O. SUBSTANCE ABUSE

- Company policy contains strict rules regarding drug and alcohol use.
- Company does drug testing for pre-hire.
- Company does drug testing for post accident.
- Company does drug testing for reasonable suspicion or cause.
- Company does random drug testing.
- Company maintains counseling and testing records.

P. RECORD KEEPING

Records are kept on:

- Employee Orientations
- Inspections
- Training
- Accident Investigations
- First Aid Treatment
- OSHA Log-Form 300
- Hazard Communication GHS

Please Enter Your Total Score

(Sum of all marked boxes)

(____) Yes, I would like a follow-up evaluation of our safety program

Additional points will be added to your score by providing the following information:

- (1) A copy of your company Safety Program and Policy. Please, no disk or CD.
* Please send the program in a 3-ring binder or some other presentation method. *
- (2) A copy of your year 2016 OSHA 300A summary log (combined for all jobs)
- (3) A copy of your 2016 Experience Modifier Rate (indicated on your Workers' Compensation Policy or a statement from your insurance agent).
- (4) A copy of your Substance Abuse Program and Testing Procedures.

Completed by: _____

Title: _____

Date: _____

Confirmed by: _____

(Required Signature, Chief Executive Officer)

Send Completed Audit To:

ABC Mississippi
Attn: Sherry Dunlap, Safety Director
5165 Old Brandon Road
Pearl, Mississippi 39208

(____) Please Bill Our Company

(____) Enclosed - a Check for the \$100.00 Processing Fee

(Please Make The Check Payable To ABC Mississippi)

(____) Credit Card ___ Visa ___ Mastercard ___ American Express

Card # _____ Expiration Date _____

Billing Zip Code _____ CCID _____

Authorized Signature _____

2017 SAFETY COMMITTEE

ABC MISSISSIPPI

COMMITTEE CHAIRMAN

Jeff Peoples, Peoples Construction Corp.
3913 Underwood Drive, Flowood, Mississippi 39232
Ph: 601-932-1111 | Cell: 601-397-2542
E-Mail: jeff@peoplesconstruction.com

NORTH REGION

Christee Holbrook, Graham Roofing, Inc.
769 West Tibbee Road, West Point, MS 39773
Phone: 662-492-9555 | Cell: 662-574-2019
E-Mail: christee@grahamroofing.com

Mark Willcutt, JESCO, Inc.
2020 McCullough Blvd., Tupelo, MS 38801-7108
Phone: 662-680-6117 | Cell: 662-231-6268
E-mail: mwillcutt@jescoinc.net

Russell Ramsey, Upchurch Plumbing, Inc.
P.O. Box 8106, Greenwood, MS 38935-8106
Phone: 662-453-6860 | Cell: 601-209-9762
E-mail: russell@upchurchplumbing.com

CENTRAL REGION

Mark Gipson, Gipson Steel, Inc.
P.O. Box 5225, Meridian, MS 39302-5225
Phone: 601-482-5131 | Cell: 601-934-5071
E-mail: mark@gipsonsteel.com

Bo Harrell, Ivey Mechanical Co., LLC
P.O. Box 610, Kosciusko, MS 39090
Phone: 662-289-3646 | Cell: 601-416-5115
E-mail: bo.harrell@iveymechnical.com

Richard Rader, Roy Anderson Corp
P.O. Box 12850, Jackson, MS 39236-2850
Phone: 601-206-7600 | Cell: 228-297-4135
E-Mail: richard.rader@rac.com

Charlie Lynskey, Adco Electric, Inc.
2236 Maddox Road, Jackson, MS 39282
Phone: 601-922-3575 | Cell: 601-941-9330
E-mail: clynskey@adcoelec.com

Mark McCormick, MMC Materials, Inc.
815 West Fortification Street, Jackson, MS 39203
Phone: 601-973-2093 | Cell: 601-624-7307
E-mail: mmccormick@mmcmaterials.com

SAFETY DIRECTOR

Sherry Dunlap, ABC Mississippi
5165 Old Brandon Road, Pearl, Mississippi 39208
Ph: 601-944-0421 | Cell: 601-421-6110
E-Mail: sherry@abcmississippi.org

CENTRAL REGION CONTINUED

David Barton, APAC-Mississippi
P.O. Box 24508, Jackson, MS 39225-4508
Phone: 601-376-4000 | Cell: 601-941-1996
E-mail: david.barton@apac.com

Mike Richardson, AmFed
P.O. Box 1380, Ridgeland, MS 39158-1380
Phone: 601-605-2010 | Cell: 601-209-8377
E-mail: mike.richardson@amfed.com

SOUTH REGION

Derek Peoples, T.L. Wallace Construction, Inc.
4025 Hwy 35 North, Columbia, MS 39429
Phone: 601-736-4525 | Cell: 228-933-3880
E-mail: dpeoples@tlwallace.com

Mack Ginn, Edwards Electric, LLC
14231 Seaway Road, Suite A-3, Gulfport, MS 39503
Phone: 228-575-0792 | Cell: 601-701-3715
E-mail: mginn@edwards-electric.com

Lloyd Munn, Stewart Sneed Hewes (Branch)
P.O. Box 1976, Hattiesburg, MS 39403
Phone: 601-544-8703 | Cell: 601-543-6866
E-mail: Lloyd.munn@bxsi.com

Brent Fisher, W.G. Yates & Sons Construction
115 Main Street, Biloxi, MS 39530
Phone: 228-374-6011 | Cell: 228-348-6498
E-Mail: blfisher@wgyates.com

AT LARGE

John Baldwin CSP, ARM, Bottrell
248 E. Capitol Street, Suite 1200, Jackson, MS 39201
Phone: 601-960-8200 | Cell: 601-454-1393
E-mail: jbalwin@fbbins.com