



Please review this **Official Entry Form**, including the **Criteria** and **Instructions**, for BSCAI's 2008 Safety Awards Competition. Read the instructions very carefully before sending in your submission. Note that the **completed Official Entry Form is due to BSCAI by January 31, 2009.**

CRITERIA:

1. Competition is open to all BSCAI Professional, Professional Affiliate, Franchisor and Franchisor Affiliate Members.
2. BSCAI's 2008 Safety Awards will be given to companies for Outstanding Overall Safety. Entries will be divided into four categories:

Category A — 260,000 or Less Hours Worked Annually

Category B — 260,001 - 1,038,960 Hours Worked Annually

Category C — 1,038,961 - 2,598,960 Hours Worked Annually

Category D — 2,598,961+ Hours Worked Annually

Plaques will be awarded to the top three (3) submissions in each category. Companies wishing to be considered must submit their **Official Entry Forms for the twelve months ending December 31, 2008.** The company with the most hours worked takes precedence in cases where multiple companies' safety records are identical.

INSTRUCTIONS:

1. To enter the competition, complete the reverse side of this Official Entry Form and return it to BSCAI Headquarters no later than January 31, 2009. **Entries received after January 31, 2009 will not be eligible for consideration.**
 2. Base all answers on the period from January 1, 2008 - December 31, 2008.
 3. Number of Lost-Time Accidents* — This is the total of all accidents involving an occupational injury or illness, including deaths, that resulted in the loss of time. (Do not report accidents that did not require medical care, i.e., first aid cases.)
 4. Number of Lost Workhours* — This is the total number of hours that the employees injured in accidents would have worked but could not because of occupational injury or illness.
- * NOTE: OSHA records and/or insurance company Loss Run Reports are good sources of information for data requested in numbers 3 and 4 above.

ENTRIES MUST BE RECEIVED AT BSCAI HEADQUARTERS BY JANUARY 31, 2009

Please return this form by January 31, 2009 to:

BSCAI Safety Awards
401 N. Michigan Avenue, Suite 2200, Chicago, IL 60611
Fax to: (312) 673-6735 E-mail: awards@bscai.org



BSCAI SAFETY AWARDS COMPETITION

(Please provide all information requested below)

Company Name: _____

Company Address: _____

City, State, Zip: _____

Company Phone: () _____ FAX: () _____ EMAIL: _____

Please Check One:

_____ CATEGORY A — 260,000 OR LESS HOURS WORKED ANNUALLY

_____ CATEGORY B — 260,001 - 1,038,960 HOURS WORKED ANNUALLY

_____ CATEGORY C — 1,038,961 - 2,598,960 HOURS WORKED ANNUALLY

_____ CATEGORY D — 2,598,961+ HOURS WORKED ANNUALLY

Workers Compensation

_____ Number of Lost-Time Accidents (see Instruction 3)

_____ Number of Fatal Accidents

_____ Number of Lost Workhours (see Instruction 4)

_____ Number of Hours Worked by all Employees

General Liability

_____ Number of Bodily Injury Claims Paid and Reserved from January 1, 2008 to December 31, 2008

_____ Number of Property Damage Claims Paid and Reserved from January 1, 2008 to December 31, 2008

Vehicle Safety

Indicate company fleet size (cars, trucks and vans licensed for road use only.)

_____ Number of company-owned vehicles

_____ Total number of accident involvements (report all accidents involving your company-owned vehicles which occurred between January 1, 2008 and December 31, 2008, except those where your vehicle was legally parked.)

I certify that the above information is true and complete to the best of my knowledge.

Member Company Representative (*please print or type*): _____

Representative's Signature: _____

Title: _____ Date: _____

BSCAI must receive your completed form no later than January 31, 2009.