



LECET MN & ND

Contractor 'Award of Excellence'

Application Form SD-4

Pertaining to the 2020 Full Calendar Year



CONTRACTOR INFORMATION:

Contractor Name: _____
 Contact Name: _____ Title: _____
 Phone: _____ Email: _____

INSTRUCTIONS

In the Safety Points Table, enter the appropriate points per each category pertaining to your company safety program based on the full 2020 calendar year. Enter the **Total Points** at the bottom in the box provided. Contractors employing "Less than 10 Laborers" on Average must earn a minimum of **22 total points** and contractors who employ "More than 10 Laborers" on Average, must earn a minimum of **30 total points** for consideration of this award. Once notified of being awarded, your firm is highly encouraged to attend a special recognition event at the Laborers Training Center, Lino Lakes, MN, on a date TBD.

SAFETY POINTS TABLE:

NO. OF LABORERS EMPLOYED:

Category	Points	Points Earned	Category	Points	Points Earned
2020 EMR Rating < 1.0 <i>Prior year EMR Rating: _____</i>	4		Installed new COVID-19 Plans with a written documentation and company plan	4	
EMR Rating trending down in the past 2 consecutive years	4		Purchased new safety equipment item(s): _____	3	
Applied for and Received a MnOSHA 'Safety Grant' in Award year	3		Maintaining effective Hazard Communication Standard/ Right to Know Program	4	
Started or maintains a "Near Miss Incident Log"	4		Held Annual company - wide safety dedicated meetings with more than 2 hours of safety training	4	
Conducts weekly jobsite safety inspections on all jobsites	4		Conducts documented daily 'pre task' safety planning on all jobsites	3	
Enforcing mandatory PPE Minimum of: Head, Eye & Vest	2		Conducting effective 'Weekly Tool Box Talks' program	2	
Purchased new equipment for fall protection: _____	4		Attended any Minnesota LECET Safety Seminar in 2020	5	

Total Points from **Safety Points Table:**

SAFETY PERFORMANCE HIGHLIGHTS: (100 words or less):

***Required: No. of Laborers Employed on Average in 2020:**

*Employment information used for calculating minimum points needed for Award Recognition based on the Safety Points Table.

When Applying for this award, please furnish your company logo and digital images of *Laborers in Action* and photos of jobsites via email for use in the Annual Contractor Awards ceremony.

Important Eligibility Statement:

Contractors must be current with the Laborers District Council of MN & ND and MN Laborers Fringe Benefit Funds and meet the minimum points based on the safety points table on Form SD-4. Contractors must not have had or caused a severe work related injury (work related in-patient hospitalization, amputation, loss of an eye or fatality) that resulted in a Serious/Willful or Repeated OSHA violation during the applicable calendar year. LECET may seek official OSHA rulemaking and determination in cases of fatalities or severe injuries. Please refer to the Minnesota LECET Safety Driven Official Rules document for more information pertaining to the awards process, prizes and official annual recognition ceremony. The LECET Board of Trustees reserve the right to make determinations, alter, change or modify the program rules with all decisions made by the Board of Trustees considered final at any time.

By initialing, I verify the submitted information pertaining to this application to be true and accurate to the best of my knowledge. Date: _____ Initials: _____

LECET MN & ND
81 East Little Canada Road
St. Paul, MN 55117
Phone: (651) 429-1600 * Fax: (651) 653-9745 * Email: mnlecet@gmail.com
Official Program Website: www.mnlecet.org