

# 2017 CENTRAL TEXAS STEP APPLICATION FORM

## SECTION 1: COMPANY INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

## SECTION 2: SAFETY DATA - CIRCLE ONE

- |  |      |               |             |
|--|------|---------------|-------------|
| a. Superintendents with OSHA 30 Hour Training          | 75%+ | 50%           | 25%         |
| b. Employees with OSHA 10 Hour Training                | 75%+ | 50%           | 25%         |
| c. EMR   | <.75 | <1.0          | 1.0>        |
| d. 2016 Incident Rate                                  |      | 1 or less     | 3 or less   |
|  |      | 5 or more     |             |
| e. In House Certified OSHA Outreach Trainer            | Yes  | No            |             |
| Contracted Outside OSHA Trainer                        | Yes  | No            |             |
| f. Competent Persons in Scaffold and Fall Protection   |      | 6 or more     | 5 or fewer  |
|  |      | 3 or fewer    |             |
| g. Additional Safety Training Beyond Tool Box Training |      | 1 per year    | 1 per month |
|  |      | Not Scheduled |             |
| h. Safety Incentive Program Awards                     | Yes  | No            |             |
| i. Pre-Employment In-house Drug Screening              | Yes  | No            |             |
| Off Site Drug Testing                                  | Yes  | No            |             |
| No Regular Drug Testing                                | Yes  | No            |             |
| j. Attendance at OSHA Partnership Meetings - 2016      | 75%+ | 50%           | 25%         |

## In 150 Words or Less, Describe Your Company's Safety Culture - Give Examples

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PLEASE RETURN THIS FORM BY JULY 7th BY FAX 512.719.3278 OR EMAIL AMY@ABCCENTRALTEXAS.ORG. CALL 512.719.5263 FOR MORE INFORMATION.

**Total \$275**

**Must be received no later than July 7th @ 12 p.m.**

Check to be Mailed (**payable to ABC**)

Check Enclosed (**payable to ABC**)

Credit Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_ CVC Code \_\_\_\_\_ Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_