



HomeSafe® Colorado Application Form

Please fill out the following information and email it to sjohnson@hbadenver.com

Section I | Background Information

Company Name: _____
Contact Person: _____ Phone: _____
Type of Company: _____ HBA Member? Yes ___ No ___
Address: _____
Annual Average Number of Construction Employees: _____

Section II | OSHA 300A Log

For the **2014 Calendar Year** (always one year behind), please fill out using your Company's Summary OSHA 300A Log (note that columns in parenthesis correspond to your 300A log). Items G through M can be found on Company's Summary 2009 OSHA 300A Log (See columns indicated on your 300A Log)

1. ___ Total number of deaths (total of column G)
2. ___ Total number of cases with days away from work (total column H)
3. ___ Total number of cases with job transfer or restriction (total column I)
4. ___ Total number of other recordable cases (total column J)
5. ___ Total number of days away from work (total column K)
6. ___ Total number of days of job transfer or restriction (total column L)
7. ___ Total number of days of injury and illness types (total column M)
8. Total number of:
 - (1) Injuries ___
 - (2) Skin disorders ___
 - (3) Respiratory conditions ___
 - (4) Poisonings ___
 - (5) Hearing loss ___
 - (6) All other illnesses ___

Other:

Length of Safety Orientation in Minutes: _____
Do you have a substance abuse Program: Yes ___ No ___
Safety Training during Tool Box Talks: Yes ___ No ___

Number of Safety/Health/Environmental Personnel: _____

Has your organization had any willful, repeated serious violations or any incident that has resulted in a fatality within the last 3 years? Yes ____ No ____

Section III | Self-Scoring Sheet

Please enter HomeSafe® Colorado Applicant's Self-Scoring Information here. Score from Ten Key components of Company Safety Program Self-Scoring Sheet

- | | |
|--|---------------------------------------|
| A. ____ Management Commitment to safety policy | F. ____ Safety Rules |
| B. ____ EMR or Loss Ratio | G. ____ Safety Tool Box Meetings |
| C. ____ Management Supervisory Meeting | H. ____ Supervisory Training |
| D. ____ Employee Participation | I. ____ Use Personal Protection Equip |
| E. ____ New Employee Orientation | J. ____ Accident Investigation |

_____ TOTAL SCORE

Section IV | Signature

Signature: _____

Date: _____

Print Name: _____

Title: _____

*Please return completed **APPLICATION FORM, SELF SCORING SHEET** and appropriate **MEMBERSHIP FEES** to:*

Home Builders Association of Metro Denver
Attention: Shiley Johnson
9033 E. Easter Place, Suite 200 | Centennial, CO 80112
Email: sjohnson@hbadenver.com | Fax: 303.551.6833 | Phone: 303.551.6733