



<b>Section E – Red Level</b>	<b>YES</b>	<b>NO</b>
1. Contractor has developed and implemented a written safety and health program and training program, which address at a minimum the four leading causes of death on construction sites: Falls, struck-by, caught-in/between and electrocution. Where necessary, the safety and health management system needs to address procedures for working around machinery and vehicles, lead, silica, noise exposure, hazard communication and respiratory protection. Training shall be presented in a manner such as, but not limited to, traditional classroom training, tool box talks, written tests, observations, or through discussions in which non-English speaking employees will understand the system’s content.		
2. Contractor conducts weekly employee safety meetings.		
3. Contractor conducts and documents self audits.		
4. Fall Protection: 100% fall protection will be required for all employees working six feet or greater above the next lower level. This includes scaffolding, masonry and steel erection work.		
5. Contractor promotes and nurtures employee involvement in day-to-day implementation of their safety and health program. Examples of such activities would be to have employees participate in conducting weekly safety meetings, accident investigations, hazard recognition activities and safety and health committee activities.		
6. On unionized work sites, all effected unions must be involved with the program. Participating contractors along with the South Florida AGC Chapter will solicit union organizations for signatory participation or written endorsement of the Partnership.		

All (YES) responses will require supportive documentation when submitting this application. If the applicant has answered “NO” to any of the questions listed above in Section E, then the applicant is not eligible to become a Strategic Partnership participant at the Red Level. If the applicant answered “YES” to all of the questions, then the applicant is eligible to become a Strategic Partnership participant at the Red Level for one year.

Using these categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness: <b>(M)</b>				
<b>Year:</b>				On job transfer or restriction (days)	Away from work (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	All other illnesses
Death	Days away from work	Remained at work								
		Job transfer or restriction	Other recordable cases							
<b>(G)</b>	<b>(H)</b>	<b>(I)</b>	<b>(J)</b>	<b>(K)</b>	<b>(L)</b>	(1)	(2)	(3)	(4)	(5)
<b>Totals</b>										

**Total hours worked by all employees:**

- \_\_\_\_\_ Number of full time employees
- x \_\_\_\_\_ Number of hours worked in a year by a full time employee
- this is the number of full time hours worked
- + \_\_\_\_\_ Number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)
- \_\_\_\_\_ Round the answer to the next highest whole number.