

36th Annual National AGC Safety Awards Participant Form

Complete your OSHA form 300A “Summary of Work-Related Injuries and Illnesses” for **2025**. Review your OSHA form 300A and note:

- Section (G) “Total number of deaths”;
- Section (H) “Total number of cases with days away from work”;
- Section (I) “Total number of cases with job transfer or restriction”;
- Section (J) “Total number of other recordable cases”; and
- Employment Information “Total hours worked by all employees last year”.

Report your company’s numbers from the OSHA form 300A – section (G), section (H), section (I), section (J) and work hours – to your AGC Chapter contact person, via e-mail, telephone, fax, or mail. If you are a member of multiple chapters only submit to one.

If you would like to compete in more than one division, you are required to separate your safety statistics and work hours accordingly.

Chapter Code and Name:

Company Name (as it should appear on the award):

Contact Person (Name):

Contact Phone Number):

AGC Division/ Construction Type	OSHA Form 300A Data				
	(G)	(H)	(I)	(J)	Total Hours Worked
Building					
Highway					
Federal & Heavy					
Utility Infrastructure					
Associate/Specialty					