



2026 Safety Awards

The NUCA of the Carolinas Safety Awards are for contractor members who want to document their commitment to safety and gain statewide recognition for outstanding performance. NUCA of the Carolinas aims to honor and properly recognize those of you who work diligently to provide a safe work environment for your personnel. The Safety Award is recognition from your own peers and for that reason the NUCA of the Carolinas Safety and Risk Management Committee encourages all Contractor Members to apply for this special award.

Your company will be competing against companies of like size. Two categories will be recognized this year: **The S&RM Committee will determine the two categories by man hours.** Entering the awards program is easy and the potential is great for employee morale, for insurance purposes and for your personal sense of achievement, enter today!

All data is kept confidential. A contractor, an insurance professional, and an equipment supplier will judge all entries. NUCA of the Carolinas staff will remove all identification from applicants' materials before the material is reviewed by the judges. The judges may acknowledge "Honorable Mention" recipients in addition to category winners.

Applications must be submitted to NUCA of the Carolinas headquarters by **February 12, 2026.**

Your participation will offer many benefits to your company. Get involved and apply for the 2026 Safety Award! Awards will be presented at the 2026 NUCA of the Carolinas Spring Conference Awards Banquet April 18, 2026, Holiday Inn Resort Lumina, Wrightsville Beach, NC.

PLEASE SEND COMPLETED APPLICATIONS TO:

NUCA OF THE CAROLINAS

P.O. BOX 10519

WILMINGTON, N.C. 28404

Or

Lgoslee@nucacarolinas.org

- | | | |
|--|------------|-----------|
| | YES | NO |
| 1. Do you have a Written Safety Program?
(Please attach Table of Contents) | _____ | _____ |
| 2. Are all current employees trained in the above safety program? _____
_____ % or _____ out of # _____ employees | | |
| How often does your company provide updates and/or refreshers on the above Safety Program
_____ | | |
| 3. Does your company have a full time Safety Director? _____
If not, who is responsible for overseeing the safety or the company's employees?
_____ | | |
| 4. Does your company have a formal orientation program for all new hires on the above
Safety Program? _____
(Please attach outline) | | |
| 5. Was your company inspected by OSHA this past year? _____
If yes, how many times? _____
Did you receive any Citations? _____ If yes, attach explanation.
Willfull _____ Serious _____ Other _____
Certificate/Letters of Compliance _____ | | |
| 6. What is the total number of vehicles that your company insures? _____
Total number of vehicle accidents this past year? _____
Does your company have Defensive Driving Program? _____
Does your company have a written Fleet Safety Program? _____ | | |
| 7. Please complete the following using your company's 300A Form: | | |
| A) Total number of lost workday cases _____ | | |
| B) Total number of restricted workday cases _____ | | |
| C) Total number of lost/restricted days _____ | | |
| D) Total number of fatalities _____ | | |
| E) Total number of OSHA recordables _____ | | |
| F) Total number of man hours _____ | | |
| 8. Current year EMR _____ | | |
| 9. What is your DART Incident Rate for prior year? _____
Please add Column H + I on your 300A, multiply by 200,000 then divide by the actual
number of man hours worked (this includes overtime) | | |

10. What is your Incident Rate (IR) for prior year? _____
IR = Total number of recordable injuries, add Column H+I+J, multiply by 200,000 then
divide by actual number of man hours worked (this includes overtime).

11. What has your company done in the prior year to promote safety in the construction
Industry outside your company?

12. Company Safety Statement:

Please submit a brief statement (200 words or less) describing the safety culture of your company,
the safety goals for the upcoming year and how your company motivates your employees to work
safely and why you believe your company should be recognized with this award.

**PLEASE ONLY SUBMIT THE APPLICATION
NO OTHER DOCUMENTS ARE NECESSARY**

**THANKS FOR PARTICIPATING IN THE
NUCA OF THE CAROLINAS SAFETY AWARD PROGRAM**

Please contact Linda Goslee, Executive Director, with questions:
(910) 512-3289 or Lgoslee@nucacarolinas.org

**The Judges top 2 applicants in each category will be asked to
make a presentation at the 2026 Spring Conference.**

**Final winners to be announced at the Spring Conference Awards
Banquet on April 18th at the Holiday Inn Resort Lumina on
Wrightsville Beach, NC**

NUCA of the Carolinas Safety Award Application

Contractor Contact Form Contractor Information

Company Name: _____

Primary Business Type: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____

Company Website: _____

Primary Contact for Safety Award Application Name

Title/Position: _____

Phone Number: _____

Email Address: _____

Finalist Presentation Requirement

“By submitting this application, the company acknowledges that if selected by the judges as a top two applicant in its category, a representative from the company will be required to make a presentation at the 2026 Spring Conference.”

Certification I hereby certify that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

The NUCA of the Carolinas Safety & Risk Management Committee values your commitment to providing a safe workplace. Thank you for participating in the Safety Awards Program.