

**VIRGINIA READY-MIXED CONCRETE ASSOCIATION  
SAFETY CONTEST REPORT (Return by Friday, April 8, 2016)**

**For the period of January 1, 2015 through December 31, 2015.**

*Please read carefully and complete each section. Submit one form per plant.*

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

**Plant Name:** \_\_\_\_\_

**Plant Location (City):** \_\_\_\_\_

**Plant Location (State):** \_\_\_\_\_

\_\_\_\_\_ Number of DOT-reportable accidents at this plant in 2015

\_\_\_\_\_ Number of fatalities resulting from DOT-reportable accidents at this  
plant in 2015

\_\_\_\_\_ Number of fatalities of outside contractors at this plant in 2015

**OSHA 300A Summary Log Information:**

\_\_\_\_\_ Number of employee hours worked at this facility

\_\_\_\_\_ Number of fatalities (Item G: 300A Log)

\_\_\_\_\_ Number of injuries/illnesses with days away from work (Item H)

\_\_\_\_\_ Number of injuries/illnesses with job transfer or restriction (Item I)

\_\_\_\_\_ Number of other recordable cases (Item J)

\_\_\_\_\_ TOTAL number of days away from work (Item K)

\_\_\_\_\_ TOTAL number of days on job transfer or restriction (Item L)

\_\_\_\_\_ TOTAL number of injuries (Item M1)

\_\_\_\_\_ TOTAL number of skin disorders (Item M2)

\_\_\_\_\_ TOTAL number of respiratory conditions (Item M3)

\_\_\_\_\_ TOTAL number of poisonings (Item M4)

\_\_\_\_\_ TOTAL number of hearing loss cases (Item M5)

\_\_\_\_\_ TOTAL of all other illnesses (Item M6)

I, the undersigned representative of the aforementioned company, certify that the information in  
this document is correct to the best of my knowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Phone Number