



## HomeSafe® Colorado Application Form

Please fill out the following information and email it to [mcullen@hbadenver.com](mailto:mcullen@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 2020 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

B. \_\_\_\_ EMR or Loss Ratio

C. \_\_\_\_ Management Supervisory Meeting

D. \_\_\_\_ Employee Participation

E. \_\_\_\_ New Employee Orientation

F. \_\_\_\_ Safety Rules

G. \_\_\_\_ Safety Tool Box Meetings

H. \_\_\_\_ Supervisory Training

I. \_\_\_\_ Use Personal Protection Equip

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: Morgan Cullen  
9033 E. Easter Place, Suite 200 | Centennial, CO 80112  
Email: [mcullen@hbadenver.com](mailto:mcullen@hbadenver.com) | Phone: 303.551-6730