



525 Park Street, Suite #110
Saint Paul, MN 55103

651.632.8929

Construction Health and Safety Excellence – CHASE Partnership Application

Directions: The following questions should be answered for the work covered in the State of Minnesota only and for the most recent completed calendar year.

COMPANY NAME		
ADDRESS		
PHONE		FAX
CONTACT PERSON		CONSTRUCTION NAICS CODE
TRADES EMPLOYED		
AVERAGE NUMBER OF EMPLOYEES	AVERAGE NUMBER OF SUPERVISORS	AVERAGE NUMBER OF ANNUAL WORK HOURS
DOES YOUR COMPANY HAVE A SAFETY DIRECTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF SAFETY DIRECTOR (IF APPLICABLE)
DOES YOUR COMPANY HAVE A BUDGET FOR SAFETY? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FULL-TIME SAFETY EMPLOYEES
DOES YOUR COMPANY CURRENTLY HAVE A WRITTEN COMPREHENSIVE SAFETY AND HEALTH PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DOES YOUR COMPANY PERFORM DRUG TESTING? CHECK ALL THAT APPLY <input type="checkbox"/> POST OFFER <input type="checkbox"/> RANDOM <input type="checkbox"/> POST ACCIDENT <input type="checkbox"/> PROBABLE CAUSE		
DATE OF LAST MNOSHA INSPECTION		DATE OF ANY WILLFUL OSHA VIOLATION IN THE LAST 3 YEARS FROM THE MNOSHA OFFICE
DATE OF ANY REPEAT SERIOUS VIOLATIONS IN THE LAST THREE YEARS FROM THE MNOSHA OFFICE		
DATE OF ANY FATALITIES OR CATASTROPHES WITHIN THE LAST THREE YEARS THAT RESULTED IN SERIOUS OR WILLFUL CITATIONS RELATED TO THE INCIDENT FROM THE MNOSHA OFFICE		

For the past report year, please provide the following information:

EXPERIENCE MODIFICATION RATE	TOTAL CASE INJURY/ILLNESS INCIDENCE RATE
NUMBER OF LOST WORKDAY CASES	NUMBER OF FATALITIES
NUMBER OF RESTRICTED WORKDAY CASES	NUMBER OF MEDICAL-ONLY CASES

Level 2 Applicants

Does your company maintain a Total Case Injury/Illness Incidence Rate (three-year average) that is at and/or below the most current Bureau of Labor and Statistics State of Minnesota rate for the applicant's three-digit Standard Industrial Classification (SIC) Code? The most recent numbers will usually be from the previous calendar year.

☐ YES ☐ NO

IF YES, WHAT IS YEAR 1 RATE	YEAR 2 RATE	YEAR 3 RATE	THREE-YEAR AVERAGE RATE

Level 3 Applicants

Does your company maintain a Total Case Injury/Illness Incidence Rate (three-year average) that is 30% below the most current Bureau of Labor and Statistics State of Minnesota rate for the applicant's three-digit Standard Industrial Classification (SIC) Code? The most recent numbers will usually be from the previous calendar year.

☐ YES ☐ NO

IF YES, WHAT IS YEAR 1 RATE	YEAR 2 RATE	YEAR 3 RATE	THREE-YEAR AVERAGE RATE

Partnership Level You Desire To Achieve

LEVEL 1	LEVEL 2	LEVEL 3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that all information is accurate.

Signature of Company Contact

Date

Please Return Form to:
AGC of Minnesota
Attn: Matthew Semerad
525 Park St, Suite #110
St. Paul, MN 55103
612-322-2561 phone
msemerad@agcmn.org

