

# Southern California Contractors Association

600 City Parkway West, Ste. 165, Orange, CA 92868, (657) 223-0800, FAX (657) 223-0801



January 6, 2025

To: SCCA Contractor, Allied or ADR Member

RE: **Twenty-Ninth Annual Excellence in Accident Prevention Award**

Dear Contractor Member,

We are pleased to announce it is time for your company to apply for the Annual Excellence in Accident Prevention Award. SCCA Contractor Members are encouraged to participate in recognition of their outstanding achievements in safety and loss prevention.

To apply for the **Annual Excellence in Accident Prevention Award**, please follow the requirements below:

1. Your company must be an active SCCA Signatory Contractor, Allied or ADR Member to participate in this award program.
2. **Applications must be received by the SCCA by February 14, 2025.** Applications received after this date **will not** be considered for the 2024 awards. You may submit this via mail to: SCCA, 600 City Parkway West, Ste. 165, Orange, CA 92868; email to: [adisanto@sccaweb.org](mailto:adisanto@sccaweb.org). **Please confirm that we have received your application.**
3. Your application shall consist of a fully completed copy of your **2024 Cal OSHA Summary Form 300A** (California hours only). **It must be signed by the owner or an officer of your company.** And a completed Application Form (see attached).
4. Determination for the award will be based on The Bureau of Labor Statistics **2023** incident rate of **2.3**
5. The Excellence in Accident Prevention Award 2024 will be presented to each company meeting the standards of the awards program reviewed by our Safety Committee. You will be notified regarding your award status prior to the Safety Awards Banquet, to be held on March 12, 2025, at the Alta Vista Country Club, 777 Alta Vista St., Placentia, CA 92870.

Please only one submission per contractor member for the Excellence in Accident Prevention Award.

Your participation in this program will make it a great success for our association, its officers, directors, and our membership.

Thank you very much,

Jeff Klante, Chair  
Larry Pim, Co-Chair  
SCCA Safety Committee

# **Contractor Member Accident Prevention 300A Form Application**

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

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Person responsible for Safety in your company:**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature of owner or officer of the company:**

\_\_\_\_\_

**Title:** \_\_\_\_\_