

Southern California Contractors Association

600 City Park Way West, Ste. 165, Orange, CA 92868, (657) 223-0800, Fax (657) 223-0801



January 6, 2026

To: SCCA Affiliate Member

RE: **Thirtieth Annual Excellence in Accident Prevention Award**

Dear Affiliate Member,

We are pleased to announce it is time for your company to apply for the Annual Excellence in Accident Prevention Awards. SCCA Affiliate Members are encouraged to participate in recognition of their outstanding achievements in safety and loss prevention. To apply please follow the requirements below:

1. Active Affiliate Members may submit one entry for consideration.
2. **Applications must be received by the SCCA by February 13, 2026.** Applications received after this date will not be considered for the 2024 award. You may submit this via mail to: SCCA, 600 City Parkway West, Ste. 165, Orange, CA 92868; email to adisanto@sccaweb.org. **Please confirm that we have received your application.**
3. Affiliate Member category entries: materials, equipment, and manufacturers who supply to our industry. Entries from all categories MUST have been brought to market and been available for purchase or implementation in **2025**.
4. Please complete all applicable information on the attached application as well as a fully completed copy of your **2025 Cal OSHA Summary Form 300A** (California Hours Only), **it MUST be signed by the OWNER or an OFFICER of the company.**
5. Determination for the award will be based on The Bureau of Labor Statistics **2024** incident rate of **1.0**.
6. The Excellence in Accident Prevention Award 2025 will be presented to each company meeting the standards of the awards program. You will be notified regarding your status prior to the Safety Awards Banquet, to be held on March 11, 2026, at the Alta Vista Country Club, 777 Alta Vista St., Placentia, CA 92870.

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

Affiliate Member Accident Prevention 300A Form Application

Category (select one) Materials Equipment Manufacturer

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: _____