



BUILDING A SAFER NEVADA PROGRAM

<p>Tier 1 \$10,000</p> <p>Participants will receive two (2) detailed field safety assessments, a safety plan audit, 65 onsite safety inspections annually*, plus any four (4) of your choice:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contractor Specific Safety Manual <input type="checkbox"/> Tool Box Talks Manual <input type="checkbox"/> Accident Investigation <input type="checkbox"/> Jobsite Safety Meetings <input type="checkbox"/> OSHA Representation <input type="checkbox"/> OSHA 10 Hour Training ** <input type="checkbox"/> Fall Protection Training ** <input type="checkbox"/> Forklift Safety Training ** <input type="checkbox"/> Hazard Communication Training** <input type="checkbox"/> Scaffold Users Training ** <input type="checkbox"/> Competent Person Scaffold Training** <input type="checkbox"/> Other Training (or recommended)** <p>In lieu of these, you may choose 40 additional safety inspections.</p>	<p>Tier 2 \$8,500</p> <p>Participants will receive two (2) detailed field safety assessments annually, a safety plan audit, 50 onsite safety inspections annually*, plus any three (3) of your choice:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contractor Specific Safety Manual <input type="checkbox"/> Tool Box Talks Manual <input type="checkbox"/> Accident Investigation <input type="checkbox"/> Jobsite Safety Meetings <input type="checkbox"/> OSHA Representation <input type="checkbox"/> OSHA 10 Hour Training** <input type="checkbox"/> Fall Protection Training** <input type="checkbox"/> Forklift Safety Training** <input type="checkbox"/> Hazard Communication Training** <input type="checkbox"/> Scaffold Users Training** <input type="checkbox"/> Competent Person Scaffold Training** <input type="checkbox"/> Other Training (or recommended)** <p>In lieu of these, you may choose 30 additional safety inspections.</p>
<p>Tier 3 \$7,000</p> <p>Participants will receive two (2) detailed safety assessments, a safety plan audit, 40 onsite safety inspections annually*, plus any two (2) of your choice:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contractor Specific Safety Manual <input type="checkbox"/> Tool Box Talks Manual <input type="checkbox"/> OSHA Representation <input type="checkbox"/> Safety Audit <input type="checkbox"/> OSHA 10 Hour Training ** <input type="checkbox"/> Fall Protection Training** <input type="checkbox"/> Fork Lift Safety Training** <input type="checkbox"/> Hazard Communication Training <input type="checkbox"/> Scaffold Users Training** <input type="checkbox"/> Competent Person Scaffolding Training** <input type="checkbox"/> Other Training (or recommended)** <p>In lieu of these, you may choose 20 additional safety inspections.</p>	<p>Tier 4 \$5,500</p> <p>Participants will receive two (2) detailed safety assessments, a safety plan audit, 20 onsite safety inspections annually*, plus any (1) of your choice.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contractor Specific Safety Manual <input type="checkbox"/> Tool Box Talks Safety Manual <input type="checkbox"/> OSHA Representation <input type="checkbox"/> OSHA 10 Hour Training** <input type="checkbox"/> Fall Protection Training** <input type="checkbox"/> Fork Lift Safety Training ** <input type="checkbox"/> Hazard Communication Training** <input type="checkbox"/> Other Training (recommended)** <p>In lieu of these, you may choose 10 additional safety inspections.</p>

* Cost for Prepaid Inspection Services are based on current AGC rates.

**Minimum of 10 employees. Training for less than ten employees will be scheduled in conjunction with other classes.

YES!

We want to participate in the Building a Safer Nevada Awards Program:

- Tier 1 (\$10,000)
 Tier 2 (\$8,500)
 Tier 3 (\$7,000)
 Tier 4 (\$5,500)

Contact Name: _____

Company Name: _____

Phone: _____ Email: _____

Billing Options:
 Invoice Me
 Monthly
 Quarterly
 Annually
 Check Enclosed

To apply and receive your qualification form, please fax this form to 796-1629 or contact Linda Gibson, AGC Safety & Training Director at 796-9986 for more information.



BUILDING SAFER NEVADA PROGRAM APPLICATION

Company Information:

Membership Type: General Contractor Subcontractor/Specialty Commercial Industrial Engineering
(circle two)

Company Name: _____ Date of Application: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Company Principal/Owner: _____

Company Safety/Risk Manager Contact: _____

Company contact to coordinate program and jobsite audits: _____

Contact Phone: _____ Contact Email: _____

Jobsite Phone Number: _____ Jobsite Email: _____

Special Contact Instructions: _____

Project Name: _____

Scope of Work: (brief description about your primary type of work, other work, unique operations, process, high-hazard-assessment): attach additional page if necessary).

I hereby certify that all information provided with this application is accurate. Person completing this application:

Name: _____ Title: _____

Signature: _____ Date: _____

Principal of Company Signature: _____

Please send completed application to AGC Las Vegas, 150 N. Durango Drive, Suite 100, Las Vegas, NV 89145 or via fax to (702) 796-1629. If you have any questions regarding this application or the AGC Building a Safer Nevada Program, please call the AGC Safety Department at 702-796-9986