



ANNUAL REPORT FORM  
2019 KENTUCKY INDUSTRIAL SAFETY CONTEST

Kentucky Trucking Association, Inc.  
P.O. Box 818  
Frankfort, KY 40602  
(502) 227-0848

**REPORTING REQUIREMENTS FOR THE KENTUCKY RISK & SAFETY MANAGEMENT COUNCIL**

**INDUSTRIAL SAFETY CONTEST:**

1. Frequency rate is determined by multiplying the total number of lost workday cases by 200,000 then dividing by the total number of man-hours worked.
2. **Contestants shall be trucking members and must possess a USDOT Number.**

NAME OF COMPANY \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SAFETY DIRECTOR \_\_\_\_\_

PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DOT # \_\_\_\_\_

DATE \_\_\_\_\_

***PLEASE REVIEW THE CONTEST RULES AND RETURN THIS FORM BY JUNE 5, 2019.***

CONTEST DIVISION- Check one. See rule 2, above. All divisions must have a minimum of three participants before the division will be judged in the contest. Contestants will be notified if their division has less than three entries.

- 1 TO 100 EMPLOYEES
- 101 TO 300 EMPLOYEES
- 301 OR MORE EMPLOYEES

	Number of Employees	Employee Hours Worked	Number of Lost Workday Cases	Fatalities	Frequency Rate
LINE HAUL DRIVERS					
LOCAL DRIVERS					
DOCK					
SHOP					
OTHERS					
TOTAL					

**THE FOLLOWING CERTIFICATION MUST BE SIGNED BY AN EXECUTIVE OFFICER OF THE COMPANY**

I hereby certify that the above information is correct to the best of our knowledge and belief. I agree that an audit of the records may be made prior to the announcement of any award to this company.

(Signature) \_\_\_\_\_ (Title) \_\_\_\_\_

**Please note number of cases – not number of lost workdays.**

**Failure to consent to an audit or rendering of records will therefore make the contestant ineligible for any award for the contest year (see page 2, number 8).**

**Note: All records and documentation for this award will be held in strict confidence.**

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## REPORTING OF LOST WORKDAY CASE EXPERIENCE

1. **Employee Hours Worked** – Annual employee hours worked shall be determined on the basis of 50 weeks of work per year for each individual.

2. **Optional Procedure** – Drivers

A. Using drivers' logs the carrier may determine hours worked for a peak two-week period and a slack two-week period and calculate an average number of hours worked per week by drivers. To calculate employee hours worked per year, this average shall be multiplied by the number of drivers and then multiplied again by 50.

B. The following weekly averages may be used which include driving and non-driving time:

Local Drivers: 41.2 hours per week per driver

Line Haul Drivers: 52.25 hours per week per driver

Proceed as set forth in option A to calculate annual employees hours worked for drivers.

3. **Employee** – Any person directly in the service of the contestant shall be considered an employee whose work time and involvement in a lost workday case shall be counted without regard to the status of the individual as a company employee, independent contractor, or one whose services have been obtained through a labor leasing organization, or otherwise. The term "employee" does not include in the services of independent outside agencies who may be at work on the carrier's premises or vehicles (e.g. plumbers, electricians, construction workers, tire specialists, lubrication specialists, etc.), incidental to their normal duties.

4. **Lost workday case** – Any work-related injury or illness which causes an employee to experience days away from work, days of restricted work activity, or both, beyond the day of the injury or onset of the illness.

5. **Reporting by job classification** – Separately report the experience of personnel in each job classification listed on the form. If there are no employees in one or more of the job classifications shown, enter the letters N/A under the column "Number of Employees."

6. **Reporting by private carriers** – A private carrier shall report only the employee – hours worked and the lost workday cases of personnel directly involved in its transportation operations.

7. **Incidence Rates** – The incidence rates shall be expressed in terms of the number of lost workday cases per 200,000 employee hours worked computed by the following formula:

Incidence Rate = Lost Workday Cases x 200,000 Employee Hours Worked

8. **OSHA LOGS** – OSHA 300 and 300A logs MUST be submitted with completed contest form. You may remove employees' names from the 300 form to maintain compliancy with HIPAA.