



ELECTRICAL  
CONTRACTORS  
ASSOCIATION OF  
ONTARIO

**Application Form  
R.H. (Hugh) Carroll Safety Award  
Recognizing & Encouraging Safety amongst the Member Firms of ECAO**

Members wishing to apply should fill out the following form and return it to Sara Kitcher  
[skitcher@ecao.org](mailto:skitcher@ecao.org) to the attention of the R.H. (Hugh) Carroll Award Committee.

**The deadline for application is May 31, 2021.**

Company Name: \_\_\_\_\_

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

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Area ECA: \_\_\_\_\_

<b>Predominant Classification G2 Category</b> (Power and communication line and related structures construction) Check One:	<b>Predominant Classification G4 Category</b> (Electrical contractors and other wiring installation contractors) Check One:
<input type="checkbox"/> Companies having not more than 20, 000 total work hours	<input type="checkbox"/> Companies having not more than 20, 000 total work hours
<input type="checkbox"/> Companies having between 20,001 and 100,000 total work hours	<input type="checkbox"/> Companies having between 20,001 and 100,000 total work hours
<input type="checkbox"/> Companies having between 100,001 and 250,000 total work hours	<input type="checkbox"/> Companies having between 100,001 and 250,000 total work hours
<input type="checkbox"/> Companies having between 250,001 and 500,000 total work hours	
<input type="checkbox"/> Companies having over 500,000 total work hours	

Does your company hold any health & safety related designations?

COR

ISO

CSA

Other: (please list)

*Please submit a copy of the certificate with this application.*

Please provide statistics below for the last 3 years.

Statistics	Year 1	Year 2	Year 3
Total company hours worked			
First Aid			
Medical Aid			
Lost Time Injuries			
Critical Injuries			



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Please use as much detail as possible to answer the questions below.

1. What were your Health & Safety objectives last year? Were they achieved?
  
  
  
  
  
  
  
  
  
  
2. What was your greatest achievement in health and safety last year?
  
  
  
  
  
  
  
  
  
  
3. How did you engage workers in the health & safety program last year?
  
  
  
  
  
  
  
  
  
  
4. Have changes to the health and safety management system been made based on worker feedback?  
Please elaborate:
  
  
  
  
  
  
  
  
  
  
5. Have new procedures, tools, equipment, or training been introduced or developed to improve the health and safety of workers? Please elaborate:

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Date Application Submitted

Signature of Contract

***Important:*** Please submit this application with a copy of the Index/Table of Contents of your Health & Safety Manual and verification of designations. We are also asking that all applications be submitted electronically to [safety@ecao.org](mailto:safety@ecao.org).