

ANNUAL REPORT FORM  
UTAH TRUCKING ASSOCIATION

## INDUSTRIAL SAFETY AWARD RECOGNITION

### REPORTING REQUIREMENTS FOR THE UTAH TRUCKING 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. A separate report must be filed for each major division representing a type of service performed by the fleet. **Reporting Period:** January 1, 2009 thru December 31, 2009

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

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Safety Director \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

CONTEST DIVISION-CHECK  ONE. SEE RULE 2, ABOVE.

\_\_\_ GENERAL COMMODITIES

\_\_\_ FLATBED

\_\_\_ TANK TRUCK-(DRY BULK)

\_\_\_ PRIVATE CARRIER

\_\_\_ TANK TRUCK-(LIQUID)

\_\_\_ OIL FIELD HAULERS

\_\_\_ MOVING / STORAGE

\_\_\_ SAND & GRAVEL

\_\_\_ HEAVY HAULERS

\_\_\_ SMALL PACKAGE

\_\_\_ LIVESTOCK

\_\_\_ MISCELLANEOUS

\_\_\_ AUTO TRANSPORTER

\_\_\_\_\_ (Specify)

	Number of Employees	Man-Hours Worked	Number of Lost Workday Cases	Frequency Rate
Line Haul Drivers				
Local Drivers				
Dock				
Shop				
Others				
Total				

**THE FOLLOWING CERTIFICATION MUST BE SIGNED BY THE  
CHIEF 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)