

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, 2011 thru December 31, 2011

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)