

ENHANCE YOUR SAFETY PROGRAM !

Enroll in Tampa Area Safety Council's 2012 Safety Contest

QUALIFICATIONS

- Must be a Member of the Tampa Area Safety Council.
- Must have at least 10 drivers to participate in the Fleet Contest.
- Must have at least 10 employees to participate in the Occupational Contest.

There is no charge to participate in the Contest.

RULES AND REGULATIONS

- ◆ To qualify for First, Second or Third place in the Fleet Contest, company must have a combined mileage of at least 100,000 miles a year.
- ◆ To qualify for First, Second or Third place in the Occupational Contest, company must have combined work hours of at least 50,000 per year.
- ◆ The Fleet Contest will be based on the number of accidents x 1,000,000 divided by vehicle miles. The Occupational Contest will be based on the number of total recordable cases x 200,000 divided by the hours worked.
- ◆ All winners may be subject to an audit.
- ◆ All reports will be kept strictly confidential as to company names. Companies will be identified by a code number only.
- ◆ All reports are to be sent to the Tampa Area Safety Council by the 20th of the month following the reporting period, i.e: on or before April 20, July 20, October 20, January 20.
- ◆ A report must be submitted each quarter in order to continue participating in the contest.
- ◆ You may participate in both the Fleet and Occupational Contests or one or the other.
- ◆ **Awards presented at TASC's Annual Safety Awards Luncheon held in May of each year.**

To enroll, please complete form (even if you participated in last year's contest) and Fax or Email to:

FAX: 813-247-3671 Email: tascpatty@aol.com

Upon receipt of entry form, Secret Code Number, or Numbers with Reporting Forms and Outlines of the Contest Standards will be sent to the contact person indicated below.

There is no charge to participate in the contest.

Fleet Contest _____

Company Name: _____

Address: _____

Number of Vehicles: _____

Type: Car _____ Truck _____

Occupational Contest _____

Company Name: _____

Address: _____

Number of Employees: _____

Type of Business: _____

All correspondence pertaining to the Contest will be sent to person listed below.

(Please fill out form completely.)

Name: _____ **Phone:** _____

Address: _____

Email: _____ **FAX:** _____

Questions??? Contact Patty at (813) or (800) 248-1567 or Email: tascpatty@aol.com