**Virginia Trucking Association**

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**GRAND TROPHY CONTEST ENTRY FORM - PART II**

**For period January 1, 2017 through December 31, 2017. Refer to the VTA Fleet Safety Contest Rules and ATA Safety Contest Rules and Regulations.**

**2017 DATA FOR VIRGINIA-BASED DRIVERS ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of Drivers | **Total Hours Worked** | **# of Fatalities** | **# of Lost Time Injuries** | **# of Lost Workdays** | **Total #Lost****WorkdayCases** | **Frequency Rate\*** |
|  |  |  |  |  |  |  |

**\*Frequency rate is determined by multiplying the total number of lost workday cases by 200,000 then dividing by the total number of hours worked.**

**GRAND TROPHY QUESTIONNAIRE - PART III**

**NAME OF COMPANY**

**1. Does your company have a full time Safety Department and if not who handles safety for your company?**

**2. Does any representative from your company support the VTA Safety & HR Council? If so, please answer the following:**

**a. Number of meetings attended in 2017. (If more than one representative attended meetings, state how many people and the total number of meetings attended.)**

**b. Attendance at entire 2017 Safety & HR Conference**

**c. Participated in 2017 Truck Driving Championships**

**d. Other committees served on or safety activities participated in with the Council or the VTA in 2017.**

**3. Do you have a Vehicle Accident Register? Do you have complete Log of Injuries?**

**4. Where are these records located?**

 **City State**

**5. If kept in another state can they be made available for inspection in Virginia?**

**Please explain**

**6. You may submit one 8 ½ X 11 page summary of your Safety Program to supplement this entry form.**

**7. The following certification must be signed by the person in charge of safety and another company officer.**

***“We hereby certify that the information submitted above is correct to the best of our knowledge and belief. We agree that a check of the records may be made prior to the announcement of any award to this organization.”***

 **Name Signature Title**

 **Name Signature Title**