



**ESCSI SAFETY CONTEST REPORT FORM 2026
for January 1 to December 31, 2025**

PLEASE USE INDIVIDUAL REPORT FORM FOR EACH QUARRY/PLANT OPERATION

Quarry/Plant Name _____

Company _____

Location _____

Total Hours Worked _____

Number of Lost-Time Work Injuries _____
As defined in Section IV Criteria

WINNERS: Each plant reporting no lost-time work injuries will receive a safety award plaque and qualify for employee certificates and decals.

**Did you have any lost-time work injuries in 2025?*

Yes _____ No _____

Number of Employee Certificates Needed _____

Number of Employee Decals Needed _____

Person Completing Form _____ Contact telephone # _____

Title _____ Email _____

Date _____

Please specify the correct name and address for sending certificates and decals _____

Please email this form back to ESCSI no later than April 20, 2026

support@escsi.org