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Application

Directions: **Answer questions below for your company that does work in the area covered by the Massachusetts Area OSHA Office.**

Company: _____

Address: _____

Phone: _____ Fax: _____

Company Contact: _____ Title _____

Construction SIC Code: _____ Trades employed: _____

Average number of employees: _____ Average number of supervisors: _____

Average number of annual work hours: _____

Does your company have a safety department? Yes _____ No _____

Do you budget for safety: Yes _____ No _____

Number of full-time safety employees _____ Safety Director Is _____

Date of last OSHA Inspection _____

Date of any willful OSHA violation in the last 3 years from the Massachusetts OSHA Office.* _____

Date of any repeat serious violations in the last three years from the Massachusetts OSHA Office.* _____

Date of any fatalities or catastrophes within the last three years that resulted in serious or willful citations related to the incident from the Massachusetts OSHA Office.* _____

* You are advised to refer to the "Establishment Search" on the OSHA website at osha.gov.

