



# Safety Award Application

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Your SIC/NAICS Code: \_\_\_\_\_ (If you don't know your SIC/NAICS code see entry form instruction "B")

Is your organization exempt from maintaining an OSHA 300 Log?  Yes  No

(If yes see entry form instruction "D")

	2012	2013	2014
<b>Data Sources (A copy of each years' OSHA forms must be attached to this application)</b>	OSHA Form 300	OSHA Form 300	OSHA Form 300
1. Average number of employees on payroll (See instruction E)			
2. Total number of employee hours worked (See instruction E)			
3. Total number of cases involving days away from work (See instruction E)			
4. Total number of recordable cases (See instruction E)			

### Safety Program Summary

*In order to qualify, all answers must be answered affirmatively.*

**YES    NO**

Do you have a safety committee that meets at least quarterly?    

Do you have and follow a written safety program?    

Do you have a written plan that helps prepare your employees for workplace emergencies?    

Does your organization perform periodic safety and health inspections?    

Does your organization provide employee safety training on at least a monthly basis?    

Does your organization have an active incident reporting program and does it investigate incidents to help prevent reoccurrence?    

Your organization has **NOT** sustained any work-related fatalities during the time periods covered in this application?    

Does your organization have an employee (operator or maintenance level) that deserves to be recognized for their safety efforts? (If you answered yes please complete the "Individual Achievement in Safety Award" application and attach it to this application)    

All information must be complete and accurate to ensure a proper evaluation. Incomplete entry forms will not be considered. In order to participate your organization must be a member of the Intermountain Section AWWA.

Reported by: \_\_\_\_\_

Print Name

Signature

Title

Date

## Safety Award Entry Form Instructions

To encourage and reward quality in safety, the Intermountain Section AWWA (IMS AWWA) has established this award. The award is given to organizations that have excelled in workplace safety performance. The organization must be a member of the IMS AWWA. Entries are reviewed by representatives of the IMS AWWA Safety & Security Committee. The awards are presented annually at the IMS AWWA Annual Conference.

### **A. Eligibility:**

The Safety Awards program is open to all members of IMS AWWA. Please use care to provide the correct information. Data must be submitted for three full consecutive calendar years. Incorrect data could cause your entry to be disqualified.

To be considered for the Safety Award, your organization's incidence rate must be lower than the national average for your industry, continuous safety performance improvement must be demonstrated and essential elements of a safety and health program must be in place.

Award recipients must meet all of the following criteria:

- Absence of work-related fatalities during the reporting periods.
- Improvement in safety each year over the last three years as measured by recordable cases and incidence rates, or,
- Sustained levels of excellence as demonstrated by rates that are consistently below BLS statistics.
- Affirmative answers to Safety Program Summary (see application)

### **B. Your SIC or NAICS Code:**

For the purposes of these Awards, you must provide your SIC or NAICS code. If you do not know your SIC or NAICS code, contact your Workers Compensation carrier or visit [www.naics.com/search/htm](http://www.naics.com/search/htm).

### **C. A Note on Recordkeeping ("Minor Injuries"):**

If an incident occurs from a work activity or an exposure in the work environment, and is an injury which does NOT involve restriction of work or motion, loss of consciousness or Medical treatment (other than first aid) then the incident should not be recorded on the OSHA 300 Log. For more information on recording and reporting requirements, see Title 29 of the Code of Federal Regulations, Part 1904.

### **D. If Your Company is not Required to Keep OSHA 300 Logs:**

Your organization is exempt from maintaining OSHA 300 Logs if your SIC/NAICS code is exempt or if you did not have 11 or more employees at any one time during the calendar year. To participate in the Awards Program, you must provide us with the required information requested on the Entry Form. The information may then be taken from other company records but must be reported in a similar format as on the OSHA Logs. The OSHA Form 300 is available at [www.osha.gov](http://www.osha.gov).

### **E. Extracting Data from OSHA Form 300**

1. Average Number of Employees on Payroll. Calculate the number of employees (full-time, part-time, temporary, seasonal, etc.) on your payroll at the end of each month; sum each month's total and divide by 12 to get the average number of employees on your payroll.
2. Total Number of Employee Hours Worked. The actual number of hours worked during the calendar year by all employees, full-time, part-time, temporary, seasonal, etc. (Do not give weekly or monthly numbers.)
3. Total number of cases involving days away from work OSHA Form 300 - Use the total figure from column H
4. Total number of recordable cases OSHA Form 300 - Use columns H, I and J

### **F. In order to be considered for these awards you must submit:**

- A completed application form.
- **Copies of OSHA forms for each of the three reporting years.**

**Entries must be received no later than June 1, 2015.**

Submit entries to: [r.necaise@ghid.org](mailto:r.necaise@ghid.org) or 2888 South 3600 West, West Valley City, UT 84119