Recognition by the Chesapeake Region Safety Council for the Company that has achieved the highest level of safety performance within their organization through their safety activities to prevent accidental injury or death.

Industry Groups considered for recognition:
Construction, Industrial, Healthcare, Governmental, and Transportation.

Award Levels: One platinum and gold award can be presented for each group. Total of 10 Awards will be considered.

The best performer within each group will be awarded the platinum or gold recognition.

Consideration will include:
- Construction, Healthcare Industrial and Governmental man hours worked with either no injuries or no lost time accidents
- Transportation miles driven accident free

Nominations shall be submitted as follows:
- Completion of the attached nomination form
- Must be submitted by a Chesapeake Region Safety Council member
- Must be submitted by May 1st for the current year awards
- Eligible to receive the award once every two years

Recognition: Awards will be presented at the Chesapeake Region Safety Council’s annual meeting in June of each year. Honorees are expected to be present to receive the award.

Questions about this program can be directed to the Chesapeake Region Safety Council

www.chesapeakesc.org
call: 1-800-875-4770
demail: safety@chesapeakesc.org
fax: 410-281-1350
SECTION 1: COMPANY INFORMATION

Company Name: __________________________________________________________
Address:_______________________________________________________________
City:________________________________________________________State:_____ ZIP:_____
Contact Name:_____________________________________________________________
Email:_________________________________________________________________
Type of business:________________________________________________________
Primary NAICS Code (as entered in your OSHA 300A) __________

SECTION 2: SAFETY PERFORMANCE DATA

Refer to your OSHA FORM 300A for items (a) through (h)
a. Total number of DEATHS (line G on the OSHA 300A) ____________
b. Total number of CASES with days away from work (line H on the OSHA 300A) ____________
c. Total number of CASES with job transfer/restriction (line I on the OSHA 300A) ____________
d. Total number of OTHER RECORDABLE CASES (line J on the OSHA 300A) ____________
e. Total number of DAYS away from work (line K on the OSHA 300A) ____________
f. Total number of DAYS of job transfer or restriction (line L on the OSHA 300A) ____________
g. Annual average number of employees (as entered in your OSHA 300A) ____________
h. Total hours worked by all employees (as entered in your OSHA 300A) ____________

Experience Modification Rate (EMR or “mod factor”– call insurance company) __________
For 3 PRIOR YEARS have you had any employee fatalities? _______ Number ______

Transportation:
a. Number of miles driven without a preventable vehicle accident ____________
b. Attach your organization definition of preventable vehicle accident

SECTION 3: KEY COMPONENTS SAFETY PROGRAM:

(This information is to be completed for all submissions)

Indicate elements that are contain within your safety program.
Provide a copy of you safety program index page.
a. Length of safety orientation for new employees (in minutes) ____________
b. Toolbox safety talks frequency: Daily Weekly Bi-weekly Monthly Other ____________
c. Do you have a substance abuse program that includes a drug/alcohol screening process? Yes No
   Type of Testing: _______________________________
d. Employer Involvement: Y/N
e. Employer Policy Statement on Safety: Y/N
f. Responsibility for Safety: Y/N
g. Safety Program Goal Setting: Y/N
h. Employer Supervisory Meetings on Safety Issues: Y/N
i. Pre-planning for Job Safety: Y/N
j. Employee Participation: Y/N
k. Safety Rules: Y/N
l. Inspections: Y/N
m. Supervisory Training Topics: Y/N
o. Incident Investigation: Y/N
p. Use of Personal Protective Equipment (PPE): Y/N
q. Safety Program Performance Review: Y/N

If more space is needed attached a separate sheet.

Submitted By: _________________________________ Date ___________
Company: _____________________________________________________