

# Award of Excellence

*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:** Platinum and Gold awards can be presented for each group. Multiple awards will be considered.

**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
- Completeness of submittal package essential for consideration

**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.

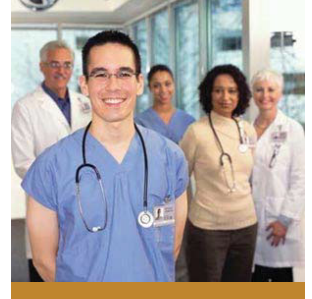
**Questions about this program can be directed to the  
Chesapeake Region Safety Council**

**[www.chesapeakeesc.org](http://www.chesapeakeesc.org)**

**call: 800-875-4770**

**email: [safety@chesapeakeesc.org](mailto:safety@chesapeakeesc.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)

- Total number of DEATHS (line G on the OSHA 300A) \_\_\_\_\_
- Total number of CASES with days away from work (line H on the OSHA 300A) \_\_\_\_\_
- Total number of CASES with job transfer/restriction (line I on the OSHA 300A) \_\_\_\_\_
- Total number of OTHER RECORDABLE CASES (line J on the OSHA 300A) \_\_\_\_\_
- Total number of DAYS away from work (line K on the OSHA 300A) \_\_\_\_\_
- Total number of DAYS of job transfer or restriction (line L on the OSHA 300A) \_\_\_\_\_
- Annual average number of employees (as entered in your OSHA 300A) \_\_\_\_\_
- 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:

- Number of miles driven without a preventable vehicle accident \_\_\_\_\_
- Attach your organization definition of preventable vehicle accident \_\_\_\_\_
- Do you have an accident review committee Y/N \_\_\_\_\_
- Do you operate under the CDL/DOT regulations Y/N \_\_\_\_\_
- Area in which your vehicles operate: \_\_\_\_\_
- During the 3 PRIOR YEARS have you had any employee fatalities? \_\_\_\_\_ Number \_\_\_\_\_

## SECTION 3: KEY COMPONENTS SAFETY PROGRAM:

(This information is to be completed for all submissions)

**Indicate elements that are contained within your safety program.**

**Provide a copy of your safety program Table of Contents.**

- Length of safety orientation for new employees (in minutes) \_\_\_\_\_
  - Toolbox safety talks frequency: Daily Weekly Bi-weekly Monthly Other \_\_\_\_\_
  - Do you have a substance abuse program that includes a drug/alcohol screening process? Yes No  
Type of Testing: \_\_\_\_\_
  - Employer Involvement: Y/N \_\_\_\_\_
  - Employer Policy Statement on Safety: Y/N \_\_\_\_\_
  - Responsibility for Safety: Y/N \_\_\_\_\_
  - Safety Program Goal Setting: Y/N \_\_\_\_\_
  - Employer Supervisory Meetings on Safety Issues: Y/N \_\_\_\_\_
  - Pre-planning for Job Safety: Y/N \_\_\_\_\_
  - Employee Participation: Y/N \_\_\_\_\_
  - Safety Rules: Y/N \_\_\_\_\_
  - Inspections: Y/N \_\_\_\_\_
  - Supervisory Training Topics: Y/N \_\_\_\_\_
  - Incident Investigation: Y/N \_\_\_\_\_
  - Use of Personal Protective Equipment (PPE): Y/N \_\_\_\_\_
  - Safety Program Performance Review: Y/N \_\_\_\_\_
- If more space is needed attached a separate sheet.

Submitted By: \_\_\_\_\_ Date \_\_\_\_\_  
Company: \_\_\_\_\_