



CHESAPEAKE REGION
SAFETY COUNCIL

AWARD OF EXCELLENCE

2022

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 One 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.

Nominations shall be submitted as follows:

Construction, Healthcare, Industrial and Governmental

- man hours worked with either no injuries or no lost time
accidents

Transportation

- miles driven accident free

- » Completion of the attached nomination form.
- » Backup paperwork must accompany applications.
- » Must be submitted by a Chesapeake Region Safety Council Member.
- » Must be submitted by May 20th for the current year awards.

Recognition Awards will be presented at the Chesapeake Region Safety
Council Annual Meeting June 2022. Honorees are expected to be
present to receive the award. Honorees are eligible to receive the award
once every two years.

NOMINATIONS

DUE MAY 20, 2022

EMAIL APPLICATION
WITH BACKUP
DOCUMENTATION TO:
SAFETY@CHESAPEAKEESC.ORG

AWARD CEREMONY

JUNE 24, 2022
11AM-2PM

CHESAPEAKE REGION
SAFETY COUNCIL

2555 LORD BALTIMORE DR., STE M-R
BALTIMORE, MD 21244
EVENT FEE: \$35.00

MEMBERSHIP

TO CONFIRM MEMBERSHIP
CONTACT US AT 800.875.4770

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 _____
c. Do you have a accident review committee please check: yes _____ or no _____
d. Do you operate under the CDL/DOT regulations please check: yes _____ or no _____
e. Area in which your vehicle operate: _____
f. 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 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? please check: yes _____ or no _____
Type of Testing: _____
d. Employer Involvement please check: yes _____ or no _____
e. Employer Policy Statement on Safety please check: yes _____ or no _____
f. Responsibility for Safety please check: yes _____ or no _____
g. Safety Program Goal Setting please check: yes _____ or no _____
h. Employer Supervisory Meetings on Safety Issues please check: yes _____ or no _____
i. Pre-planning for Job Safety please check: yes _____ or no _____
j. Employee Participation please check: yes _____ or no _____
k. Safety Rules please check: yes _____ or no _____
l. Inspections please check: yes _____ or no _____
m. Supervisory Training Topics please check: yes _____ or no _____
n. Incident Investigation please check: yes _____ or no _____
p. Use of Personal Protective Equipment (PPE) please check: yes _____ or no _____
q. Safety Program Performance Review please check: yes _____ or no _____
If more space is needed attached a separate sheet.

Submitted By: _____ Date _____
Company: _____