



CHESAPEAKE REGION
SAFETY COUNCIL

MOST IMPROVED AWARD

2022

Recognition by the Chesapeake Region Safety Council for the company whose Incident Rate improved the most, on a percentage basis, every year for three years beginning in 2019.

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, Industrial, Healthcare, 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@CHESAPEAKESC.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

You must attach the OSHA 300A Summary reports for years 2019, 2020, and 2021 for all work performed by your company. **Combine injury data for field and office employees.**

	2019	2020	2021
Fatalities			
Total Recordable Cases			
Total Lost Workday Cases			
Total Workdays Lost			
Total Hours Worked			

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 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 ___

o. 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: _____