



CHESAPEAKE REGION SAFETY COUNCIL

MOST IMPROVED SAFETY AWARD

The Chesapeake Region Safety Council's "Most Improved Safety Award" recognizes a member company whose attained an exemplary level of safety performance and has greatly improved their Incident Rate, on a percentage basis (i.e., during this award period compared to previous periods), demonstrating an obvious change in safety practices during the most recent three years (2020 - 2022).

Application Deadline May 20, 2023

Awards will be presented at the Chesapeake Region Safety Council Annual Meeting & Award Ceremony, June 16th, 2023. Honorees are expected to be present to receive the award.

AWARD CATEGORIES & LEVELS

COMPANIES WITH THE MOST OUTSTANDING & IMPROVED SAFETY RECORDS ARE AWARDED BY INDUSTRY CATEGORIES (5).

- CONSTRUCTION
- INDUSTRIAL
- HEALTHCARE
- TRANSPORTATION
- GOVERNMENTAL

ONE PLATINUM & ONE GOLD LEVEL AWARD WILL BE CONSIDERED FOR EACH CATEGORY. HONOREES ARE ELIGIBLE TO RECEIVE THIS AWARD ONCE EVERY TWO YEARS.

ANNUAL MEETING & AWARD CEREMONY

JUNE 16, 2023 | 11AM - 2PM



CHESAPEAKE REGION SAFETY COUNCIL
2555 LORD BALTIMORE DR. STE M-R
BALTIMORE, MD 21244

EVENT FEE: \$35.00

TO CONFIRM CRSC MEMBERSHIP
CONTACT US AT 800.875.4770

APPLICATION CHECKLIST:



- Completion of the attached nomination form.
- Supportive paperwork must accompany applications, including OSHA 300A Summary Reports for the previous 3 years (2020 - 2022).
- Must be submitted by a Chesapeake Region Safety Council Member by May 20th for the current year awards.
- Email the completed nomination form and supportive documentation to Ally@Chesapeakesc.org

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 2020, 2021, and 2022 for all work performed by your company. **Combine injury data for field and office employees.**

	2020	2021	2022
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: _____