



CHESAPEAKE REGION SAFETY COUNCIL

SAFETY AWARD OF EXCELLENCE

The Chesapeake Region Safety Council recognizes companies that have demonstrated the highest level of safety performance within their organization through their safety activities, which aim to prevent accidental injury or death. Achieving excellent safety performance requires continuous focus, commitment, and perseverance from both management and employees, who must take purposeful actions to implement, improve, and sustain effective safety practices.

Application Deadline May 20, 2023

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

AWARD CATEGORIES & LEVELS

COMPANIES THAT HAVE DEMONSTRATED THE HIGHEST LEVEL OF SAFETY PERFORMANCE 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 2022 OSHA 300A Summary Report & a copy of the company's Safety Program Index Page
- 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

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: _____