



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.



APPLICATION DEADLINE MAY 3, 2024

Awards will be presented at the Chesapeake Region Safety Council Annual Meeting & Award Ceremony, **June 14, 2024**. Honorees are expected to be present to receive the award.



ANNUAL MEETING & AWARD CEREMONY

JUNE 14, 2024 | 11AM - 2PM

CHESAPEAKE REGION SAFETY COUNCIL
2555 Lord Baltimore Dr., Ste M-R, Baltimore, MD 21244

EVENT FEE: \$45.00

To confirm CRSC membership Contact us at 800-875-4770

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 CHECKLIST

- 1 Complete the attached nomination form.
- 2 Supportive paperwork must accompany applications, including 2023 OSHA 300A Summary Report & a copy of the company's Safety Program Index Page
- 3 Must be submitted by a *Chesapeake Region Safety Council* Member by May 3, 2024.
- 4 Recipient must have an active membership with CRSC.
- 5 Email the completed nomination form and supportive documentation to Safety@Chesapeakeesc.org.



SAFETY AWARD OF EXCELLENCE



SECTION 1: COMPANY INFORMATION

Company Name: _____

Address: _____ City, State, Zip: _____

Contact Name: _____ Phone: _____ Email: _____

Type of Business: _____ Primary NAICS Code: _____
(as entered on 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)
- I** Experience Modification Rate _____
(EMR or "mod factor" - call insurance company)
- J** For 3 PRIOR YEARS have you had any employee fatalities?
 Yes No If yes, number: _____

TRANSPORTATION:

- K** # of miles driven without a preventable vehicle accident _____
Attach your organization definition of preventable vehicle accident
- L** Do you have a accident review committee Yes No
- M** Do you operate under the CDL/DOT regulations Yes No
- N** Area in which your vehicle operate: _____
- O** During the 3 PRIOR YEARS have you had any employee fatalities?
 Yes No If yes, 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 index page** and any additional
supporting documents related to section 3 responses.

- 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?
 Yes No Type of Testing: _____
- D** Employer Involvement: Yes No
- E** Employer Policy Statement on Safety: Yes No
- F** Responsibility for Safety: Yes No
- G** Safety Program Goal Setting: Yes No
- H** Employer Supervisory Meetings on Safety Issues: Yes No
- I** Pre-planning for Job Safety: Yes No
- J** Employee Participation: Yes No
- K** Safety Rules: Yes No
- L** Inspections: Yes No
- M** Supervisory Training Topics: Yes No
- N** Incident Investigation: Yes No
- O** Use of Personal Protective Equipment (PPE): Yes No
- P** Safety Program Performance Review: Yes No

If more space is needed attach a separate sheet.

Submitted by: _____ Date: _____ Company: _____