CHESAPEAKE REGION SAFETY COUNCIL

2026 AWARD NOMINATION

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 15, 2026

Awards will be presented at the Chesapeake Region Safety Council Annual Meeting & Award Ceremony, **June 12, 2026**. Honorees are expected to be present to receive the award.

ANNUAL MEETING & AWARD CEREMONY

JUNE 12, 2026 | 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 2025 OSHA 300A Summary Report & a copy of the company's Safety Program Index Page
3. Must be submitted by May 15, 2026.
4. Recipient must have an active membership with *Chesapeake Region Safety Council*.
5. Email the completed nomination form and supportive documentation to Safety@Chesapeakesc.org.

Chesapeake Region Safety Council | 2555 Lord Baltimore Drive, Suite M-R, Baltimore, MD 21244 | 800-875-4770 | Safety@ChesapeakeSC.org
Register online for the **Annual Meeting & Award Ceremony** at: www.chesapeakesc.org/safety-awards

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2026 AWARD NOMINATION

SAFETY AWARD OF EXCELLENCE

SECTION 1: COMPANY INFORMATION

Official 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 an accident review committee? ☐ Yes ☐ No

M Do you operate under the CDL/DOT regulations? ☐ Yes ☐ No

N Area in which your vehicles 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: _____