

EHS Today's America's SAFEST COMPANIES

AWARD APPLICATION

Thank you for your interest in EHS Today's America's Safest Companies award program. Please type your responses directly into this form. Applications may be submitted May 1 through July 17, 2017 electronically (as a PDF) or mailed to the address below. **Previous winners are not eligible to reapply for 5 years.**



Send Via Mail

America's Safest Companies Program
Sandy Smith
Content Director
EHS Today
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Send Via Email

If submitting via email, please put "America's Safest Companies Application" in the subject line and send to sandy.smith@penton.com.

AWARD APPLICATION

General Company Information

1. Company Name

2. Company Headquarters Address

3. Industry / Products

4. Number Of Employees

5. Number Of Sites

6. Number Of EHS Professionals

Safety Performance

7. Lost-Time Injury Rate

8. Industry Average Lost-Time Injury Rate

9. Experience Modification Rating

10. Experience Modification Rating

Policy Year: 5-1-16 /17

Policy Year: 5-1-15 /16

Policy Year: 5-1-14 /15

Policy Year: 5-1-13 /14

11. Is Your Firm Self-Insured For Workers Compensation Claims?

Yes

No

Safety Performance (continued)

| 12. Use OSHA Forms 300A to complete the following information | 2016 | 2015 | 2014 |
|---|------|------|------|
| Number Of Fatalities (total from Column G on your OSHA Form) | | | |
| Number Of Lost Work Day Cases (total from Column H on your OSHA Form) | | | |
| Number Of Job Transfer Or Restricted work day cases (total from Column I on your OSHA Form) | | | |
| Number of other recordable cases (total from Column J on your OSHA Form) | | | |
| Number of days away from work (total from Column K on your OSHA Form) | | | |
| Total hours worked by all employees last year (from your OSHA Form) | | | |
| Total Recordable Incident Rate (TRIR) $\frac{\text{Number of recordable cases (total from columns G, H, I, J)} \times 200000}{\text{Total employee hours worked last year}}$ | | | |
| Lost Work Day Case Rate $\frac{\text{Number of lost work day cases (total from column H)} \times 200000}{\text{total employee hours worked last year}}$ | | | |
| Lost Work Day Rate $\frac{\text{Number of days away from work (total from column K)} \times 200000}{\text{total employee hours worked last year}}$ | | | |
| Days Away, Restrictions or Transfers Rate (DART) $\text{DART (total from columns H \& I)} \times 200000$ | | | |
| Total employee hours worked last year | | | |

Safety Policies, Programs & Procedures

| | | |
|---|------------------------------|-----------------------------|
| 13. Has your company been cited by OSHA in the past three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Does your company have a written safety program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| 15. Does your safety and health program contain the following? | | |
|---|------------------------------|-----------------------------|
| Affirmative Action Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confined Space Entry Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disciplinary Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DOT Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fall Protection Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hazard Communication Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hazard Recognition and Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing Conservation Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Injury and Illness Reporting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lockout/Tagout Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Management Commitment Statement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Protective Equipment Program (PPE) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Portable Electrical/Power Tools | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pre-Employment Drug & Alcohol Screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Random Reasonable Suspicion and Post Accident Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respiratory Protection Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Substance Abuse Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|---|--|------------------------------|-----------------------------|
| 16. Does your company have an accident investigation procedure? (If yes, please answer the following) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Does Senior Management Participate? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. When are accidents reported? | | | |
| c. How are accidents recorded? | | | |
| d. How often are accident records & summaries reported ? | | | |
| e. How often are accidents totaled for the entire company? | | | |
| f. How often are accidents totaled by project? | | | |

Safety Policies, Programs & Procedures (continued)

| | | | |
|--|--|------------------------------|-----------------------------|
| 17. Does your company conduct site safety inspections? (If yes, please answer the following) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Do these inspections include housekeeping? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. How often do these inspections take place? | | | |
| c. Do you have a program to insure that PPE is inspected and maintained? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Do you conduct inspections on operating equipment (cranes, forklifts, etc.) ? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Safety Training & Orientation

| | | | |
|---|--|------------------------------|-----------------------------|
| 18. Do you have a safety orientation program for new hires? (If you answer "Yes", does the orientation program include documented instruction for each of the following?) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accident Reporting / Investigation Procedures | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aerial Lift Platforms | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assured Grounding / GFCI | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blood borne Pathogens | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compressed Gas | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Confined Space | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Electrical Safety | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency Procedures (including Evacuation Plan) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Environmental / Spill Procedures | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eye Protection | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fall Protection / Tie-off Requirement | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire Protection & Prevention | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First Aid | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Forklift Training | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hazard Communication | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head Protection | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing Protection | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heat Stress | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Highly Hazardous Chemicals (PSM) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hostile Work Environment | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Safety Training & Orientation (continued)

19. Do you have a safety orientation program for new hires? (continued)

(If you answer "Yes", does the orientation program include documented instruction for each of the following?)

| | | |
|---|------------------------------|-----------------------------|
| Job Hazard Analysis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ladder Safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lockout / Tagout | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Material Safety Data Sheets (MSDS) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Perimeter Guarding (Floor & Roof) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Powered Industrial Vehicles (Cranes, Forklifts, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respiratory Protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rigging and Crane Safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safe Work Practices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety Intervention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety Supervision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sanitation / Housekeeping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scaffolding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual Harassment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Signs, Barricades & Flagging | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Small Tool & Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Storage & Use of Flammable Liquids | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suspended Work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tool / Equipment Inspection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toolbox Meetings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trenching and Excavation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Walking & Working Surfaces | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Workplace Violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Safety Training & Orientation (continued)

20. Do your training records include the following?

| | | |
|--|---|------------------------------------|
| Employee Name (identification) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date of the Training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of the Trainer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Method used to Verify Understanding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How do you verify that the employee understands the training? (check all that apply) | | |
| <input type="checkbox"/> Written Test | <input type="checkbox"/> Performance Test | <input type="checkbox"/> Oral Test |
| | | <input type="checkbox"/> Job |

21. If you use aerial lifts and forklifts, are the operators currently certified?

Yes No

22. Do you have a safety program for newly hired or promoted foremen/supervisors?

(If you answer "Yes", does it include instruction on the following?)

Yes No

| | | |
|---|------------------------------|--|
| Accident Investigation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disciplinary Procedure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency Procedure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire Protection & Prevention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First Aid Procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New Worker Orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| OSHA 10-hour Course | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safe Work Practices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety Intervention | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explain any other special safety training: | | |
| | | |
| 23. Do you hold "toolbox" safety meetings? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answer "Yes", how often do these take place? | | |

Safety Program

27. Please offer at least one example that is indicative of management's dedication to safe production.

28. How are employees encouraged to participate in the safety process? (Please offer at least two examples.)

Safety Program

29. What are some of the key elements of your occupational safety and health program?

30. What makes these elements important to your safety process?

Safety Program

31. What role, if any, does safety play in how your company does business? How does your company make the business case for safety?

32. What methods do you use to track and verify the efficacy of your safety process? Do you use specific leading indicators? Please elaborate.

Safety Program

33. Are there unique elements to the safety process at your company? If so, please describe those efforts here.

34. Can you share an example or examples of where your company's safety policies and procedures go above and beyond OSHA standards? Above ANSI voluntary standards? Above accepted industry standards?

Safety Program

35. Why does your company deserve to be named one of America's Safest Companies by EHS Today magazine?

36. Please indicate whether your company – including all locations and contractors, etc. – experienced a work-related fatality in the last five years.*

*Judges may research and confirm this information. Providing inaccurate or misleading information will result in immediate disqualification.

No, our company, including all locations, divisions and contractors, has not had a work- related fatality in the last five years.

Initial Here:

Yes, we've had a fatality or fatalities in the last five years. (Please elaborate below.)

Safety Program

37. Please include any additional information you feel is pertinent here, or enclose it with the completed questionnaire.

Company Representative Information

By signing this application, I certify that all of the information on this application is correct and complete. I understand that any misrepresentation can result in disqualification. By signing below, I'm also confirming that my company is able to send at least one representative to EHS Today's Safety Leadership Conference to accept the award. (Winning companies receive two complimentary conference passes.) For more information about the Safety Leadership Conference the awards ceremony, please visit safetyleadershipconference.com.

| Signature | Date |
|-----------|------|
| | |

| Person Submitting Form: | For More Information Contact: |
|-------------------------|-------------------------------|
| Name : | Name : |
| Title: | Title: |
| Phone: | Phone: |
| Email: | Email: |