



# Application

Chapter of the  
National Safety Council



## PERFECT RECORD AWARD

Name of Company Reporting \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Operation \_\_\_\_\_ Number of eEmployees \_\_\_\_\_

Name of Company as it Would  
be Inscribed on the Award: \_\_\_\_\_

**The "Perfect Record Award" recognizes organizations that have completed a period of at least 12 consecutive months without incurring an OSHA recordable injury or illness, and days away from work or death.**

▷ **Industry Informaion**

NAICS Code: \_\_\_\_\_ (If you do not know your NAICS Code, log on to [www.naics.com/search.htm](http://www.naics.com/search.htm))

▷ **Record Informaion**

▷ *In accordance with the OSHA record keeping requirements, a company and/or facility must have continued without the occurrence of an occupational injury or illness involving days away from work or death for a period of **at least 12 consecutive months**.*

▷ *The 12 month time period must begin or end between **January 1, 2009 and June 30, 2010**.*

**Date Record Started:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date Record Reached:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Has record ended?**  Yes  No **Total Employee Hours:** \_\_\_\_\_

▷ **Must submit an OSHA 300 form(s) for the time period(s) covered in this application in order to qualify.**

*Is your company exempt from maintaining an OSHA 300 Log?*  Yes  No

*Your company is exempt from maintaining OSHA 300 Logs if your SIC/NAICS code is exempt or if you did not have 11 or more employees at any one time during the calendar year. To participate in the Awards Program, you must provide us with the required information requested on the entry form. The information may then be taken from other company records but must be reported in a similar format as on the OSHA Logs. The OSHA Form 300 is available at [www.osha.gov](http://www.osha.gov). **YOU MUST ALSO PROVIDE CERTIFICATION FROM YOUR WORKERS COMPENSATION INSURANCE CARRIER.***

▷ *Has your organization sustained any work related fatalities during or after the time periods covered in this application? (Answering "yes" will disqualify the application.)*  Yes  No

To encourage and reward quality in safety and health, the Utah Safety Council has established the *Workplace Safety Awards Program*. These awards are given to companies that have excelled in workplace safety performance. All information must be complete and accurate to ensure a proper evaluation of incidence rates. Incomplete entry forms will not be considered. The company must be a member of the Utah Safety Council. Entries are reviewed by representatives of the Utah Safety Council Board of Directors. The awards are presented annually at the Utah Safety Council's Annual Meeting and Awards Luncheon.

All information provided will be kept in strict confidence, but the Utah Safety Council reserves the right to publicize the names of award winners.

I certify that this organization is a member in good standing of the Utah Safety Council and that the information contained in this application is accurate and correct.

Reported by \_\_\_\_\_  
*Print Name* *Signature*

\_\_\_\_\_ \_\_\_\_\_  
*Title* *Date*

**Entries must be received no later than  
July 1, 2010.**

**Utah Safety Council • Workplace Safety Awards Program  
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