



# Application

## Awards of Merit and Honor

Name of Company Applying: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Operation: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Your SIC/NAICS Code: \_\_\_\_\_ *Entry cannot be processed without your SIC/NAICS Code.*

Name of company as you would like it inscribed on the award:  
\_\_\_\_\_

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

*(If yes, an insurance certification is required. See entry form instruction "D")*

	2019	2020	2021
Data Sources (a copy of each years' OSHA forms must be attached to application)	OSHA Form 300	OSHA Form 300	OSHA Form 300
Reporting Periods (must be the same each year and reported on a calendar year basis) <i>from thru</i>	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>	<u>    </u> / <u>    </u> / <u>    </u> <u>    </u> / <u>    </u> / <u>    </u>
1. Average number of employees on payroll (See instruction E)			
2. Total number of employee hours worked (See instruction E)			
3. Total number of cases involving days away from work (See instruction E)			
4. Total number of recordable cases (See instruction E)			

### Safety Program Summary

**In order to qualify, all answers must be answered affirmatively.**

	YES	NO
Do you have a safety committee that meets at least quarterly, has established a system for safety suggestions from employees, reviews workplace injury and illness reports and makes recommendations to management?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have and follow a written general safety and health program that has been formally reviewed during the last year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written plan that helps prepare your employees for workplace emergencies	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization perform periodic safety and health inspections?	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization provide employee safety training on all applicable OSHA-required topics	<input type="checkbox"/>	<input type="checkbox"/>
Your organization has <b>NOT</b> sustained any work-related fatalities during the time periods covered in this application?	<input type="checkbox"/>	<input type="checkbox"/>

All information must be complete and accurate to ensure a proper evaluation of incidence rates. Incomplete entry forms will not be considered. Membership with the Utah Safety Council is required to participate in the Workplace Safety Awards Program.

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



\_\_\_\_\_  
Date

## *Award of Merit/Honor Application Form Instructions*

To encourage and reward quality in safety and health, the Utah Safety Council has established the "Award of Merit" and the "Award of Honor." These awards are given to companies that have excelled in workplace safety performance. 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 Annual Meeting.

**If your company doesn't achieve a rate lower than the national average we still want to see your application. Beginning in 2016 the Utah Safety Council will be giving out the Most Improved Safety Performance Award to the company that had the greatest decrease in their incident rates. Please apply regard-less of your results.**

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

### **A. Eligibility:**

The Workplace Safety Awards program is open to all members of the Utah Safety Council. Please use care to provide the correct information. Data must be submitted for three full consecutive calendar years. Incorrect data could cause your entry to be disqualified.

### **Award of Merit**

To be considered for the Award of Merit, your organization's incidence rate must be lower than the national average for your industry, continuous safety performance improvement must be demonstrated and essential elements of a safety and health program must be in place.

Award recipients must meet all of the following criteria:

- Absence of work-related fatalities during the reporting periods.
- Improvement in safety each year over the last three years as measured by recordable cases and incidence rates, or,
- Sustained levels of excellence as demonstrated by rates that are consistently below BLS statistics.
- Affirmative answers to Safety Program Summary (see application)

### **Award of Honor - Chosen from all Award of Merit Submissions**

Achievement of all Award of Merit criteria plus exceptional accomplishment for reduction of injury and illness in the workplace. **This award will be given to ONE organization each year that has met the minimum criteria and has exceeded the performance of all other entries.** The Utah Safety Council reserves the right to consider any other factor related to this award, i.e. size of company, industrial classification, most improved rates, etc. **All entries for Award of Merit are considered for the Award of Honor**

### **B. Your SIC or NAICS Code:**

For the purposes of these Awards, you must provide your SIC or NAICS code. If you do not know your SIC or NAICS code, contact your Workers Compensation carrier or visit [www.naics.com/search/htm](http://www.naics.com/search/htm).

### **C. A Note on Recordkeeping ("Minor Injuries"):**

If an incident occurs from a work activity or an exposure in the work environment, and is an injury which does NOT involve restriction of work or motion, loss of consciousness or Medical treatment (other than first aid) then the incident should not be recorded on the OSHA 300 Log. For more information on recording and reporting requirements, see Title 29 of the Code of Federal Regulations, Part 1904.

### **D. If Your Company is not Required to Keep OSHA 300 Logs:**

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.

### **E. Extracting Data from OSHA Form 300**

1. Average Number of Employees on Payroll. Calculate the number of employees (full-time, part-time, temporary, seasonal, etc.) on your payroll at the end of each month; sum each month's total and divide by 12 to get the average number of employees on your payroll.
2. Total Number of Employee Hours Worked. The actual number of hours worked during the calendar year by all employees, full-time, part-time, temporary, seasonal, etc. (Do not give weekly or monthly numbers.)
3. Total number of cases involving days away from work OSHA Form 300 - Use the total figure from column H
4. Total number of recordable cases OSHA Form 300 - Use columns H, I and J

### **F. In order to be considered for these awards you must submit:**

- A completed application form.
- **Copies of OSHA forms for each of the three reporting years.**
- Certification from your workers compensation insurance carrier (if your company is exempt from maintaining OSHA logs).

**Entries must be received no later than June 30, 2022**  
**Please use "2022 AWARDS SUBMISSION" in the subject line**

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