



Application

The Robert F. Parenti Individual Achievement in Safety Award

Nominee: _____ Title: _____

Nominated By: _____ Title: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

The recipient will be selected based on a variety of criteria including:

- The importance of the accomplishment.
- The impact of the accomplishment on the organization and/or community.
- Whether the activity has had substantial and far-reaching effects on the safety and welfare of fellow employees or the community.
- Whether the activity is associated with the person's job responsibilities or is beyond the scope of expectations.

IMPORTANT: Please describe each item completely in narrative form. **Nominations must include measurable factors that demonstrate the impact of the individual.** Attach any supplementary material such as brochures, newsletter articles, handbooks, posters, etc., pertaining to the accomplishment. The Selection Committee reserves the right to request an in-person or telephone interview with the nominee.

Questions 1 through 6 must be answered on a separate sheet.

1. Describe the program, situation, opportunity or problem. Please be specific.
2. What is the time frame?
3. Describe the accomplishment. Please be specific.
4. What other individuals and/or organizations were involved?
5. Explain the individual's leadership role in developing and implementing the program or accomplishment.
6. Describe the results, impact, outcome or consequences that were achieved. Please describe in measurable terms.

If any of the above factors are associated with the nominee's work related activities, please complete the following:

- a. Average number of employees on payroll during calendar year 2017
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.



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- b. Total number of employee hours worked during calendar year 2017
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.) _____
- c. Total number of cases involving days away from work during calendar year 2017. Use the total figure from OSHA Form 300 - column H _____
- d. Total number of recordable cases during calendar year 2017
Use columns H, I and J from OSHA Form 300. _____
- e. 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? Yes No
- f. Do you have and follow a written general safety and health program that has been formally reviewed during the last year? Yes No
- g. Do you have a written plan that helps prepare your employees for workplace emergencies?
 Yes No
- h. Does your organization perform periodic safety and health inspections? Yes No
- i. Does your organization provide employee safety training on all applicable OSHA-required topics?
 Yes No
- j. Has your organization sustained any work-related fatalities during the last three years?
 Yes No

I certify 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 June 29, 2018