

2010 Champion of Safety Award Application

Please type or print all information on this form regarding the injury records pertaining to your facility. Each facility that keeps separate injury records must submit a separate application. *All blanks must be completed.* Submit application not later than **August 15, 2010** to: **Great Plains Safety & Health Organization, 2685 West Hwy 40, Kearney, NE 68845, Fax 308-865-8257.** Information about Great Plains Safety and Health Organization is available at www.greatplainssafety.com.

Company/Facility Information:

Company or Organization Name		SIC Code or NAICS Code (List of codes available at www.osha.gov)	
Address	City	State	Zip Code
Safety Director or Contact:	Phone:	Cell:	
Fax:	Email:	Website:	
Senior Facility Manager or Executive Name:		Signature:	

Injury and Illness Record:

	YTD 2010	2009	2008
1. Average number of people employed each year			
2. Total hours worked each year			
3. Total recordable cases (OSHA 300 Log – Total of Columns G, H, I, J)			
4. Total lost-time injuries and illnesses involving days away from work. (OSHA 300 Log – Total of Column H)			
5. Total numbers of cases involving days away from work, days of restricted work activity, and/or job transfer. (OSHA 300 Log – Total of Columns, H & I)			
6. Total fatalities (OSHA 300A Summary Log – Total of Column G)			

*If you are exempt from the OSHA 300 Log recordkeeping requirements, please provide similar information to support information requested to Questions 3, 4 and 5 above.

Classification:

Describe the company's operations/activities (what do you do, make or services you provide):

Safety Questionnaire:

1. Does your company have a signed safety policy statement that expresses management's commitment and their involvement in providing employees a safe and healthy worksite.

YES	NO	N/A

 If so, please attach a copy.

2. Has your company complied with Nebraska Law LB757 requiring a written injury and illness prevention plan?

YES	NO	N/A

 If so, please attach a copy.

Safety Questionnaire: Continued

3. Has the specific responsibility of ensuring your company's worksite safety been assigned to a management level position?

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Is the importance of safety included as part of:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Employee orientation training
- b. Annual performance appraisals

5. Does your company have written disciplinary procedures for safety rule violations?

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Does your company's established safety program include the following:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Regular safety committee meetings
- b. Regular environmental audits
- c. Regular safety/health inspections
- d. Supervisor's safety responsibilities
- e. Safety leadership training for supervisors
- f. Safety inspections of all worksite buildings and job sites
- g. Safety audit/review of engineering and design plans

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- h. Annual employee safety training
- i. Safety incentive programs
- j. Safety audit/review of equipment purchases
- k. Motor vehicle driver training
- l. Written policy on seat belt usage

7. Does your company's established safety program include the following:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Accident/incident analysis and investigations
- b. Written policy for reporting injury/illness incidents
- c. Safety near miss reporting procedures and reviews
- d. Established guidelines for reviewing safety measurable results

8. Does your company's established safety program include the following OSHA required programs:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Bloodborne pathogens training
- b. Eye protection training
- c. First-aid/CPR/AED training
- d. Respiratory protection program

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- e. Hazard communication training
- f. Hearing conservation training
- g. Lockout/tagout procedures

9. Does your company's established safety program include DOT drug and alcohol programs?

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Does your company's established safety program include the following:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Back injury prevention program
- b. Job rotation program
- c. Cumulative trauma disorder prevention program
- d. Early return-to-work/light-duty program
- e. Periodic health examinations/medical surveillance
- f. Pre-placement health examinations

11. Does your company's established safety program include the following:

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- a. Off-the-job safety program
- b. Safety rules
- c. Security program

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- d. Smoking policy
- e. Wellness program

Safety Questionnaire: Continued

12. Please provide a short explanation of what has elevated your company's safety program, and why you believe this program should be recognized as a leader in safety?

Commitment to Safety:

Managerial Commitment – Describe at least 3 examples of the organization's support and operational commitment to the safety program. These activities would include; planning and evaluation, administration and supervision, safety training, assignment of responsibilities, budgetary support.

1.

2.

3.

Employee Involvement – The best safety and health management systems involve employees at every level of the organization. Employees are often those closest to the hazard, and have the most first-hand knowledge of workplace hazards. **Describe at least 2 ways** that your company provides employees with the means through which workers develop and express their own commitment to safety and health. A few examples of effective employee involvement include participation in incident investigations, safety and health audits or surveys, safety and health committee/team involvement, and recommendations for specific actions in response to employee safety suggestions.

1.

2.

3.

Innovation – Employees have ideas that can help improve work methods and reduce hazards. Frequently these ideas get lost because there is no effective way to present them. **Describe at least 3 examples** of the organization's support of innovative ideas that have resulted in the advancement of workplace safety and health.

1.

2.

3.

Confidentiality of Information:

Great Plains Safety & Health Organization maintains complete confidentiality of all information regarding submitted award applicants, their safety records and documentation.

Certification of Information:

I certify that all injury and illness records and documentation contained in this application is accurate.

Signed: _____

(Safety Director or Contact)

Date: _____

2010 Safety & Health Leadership Award Nomination

Please type or print all information submitted for the nomination of this award. This award will be given for recognition of an individual whose efforts made a difference in the safety and Health of their workplace or in their community. Submit nomination no later than **August 15, 2010** to: **Great Plains Safety & Health Organization, 2685 West Hwy 40, Kearney, NE 68845, Fax 308-865-8257.** Information about Great Plains Safety and Health Organization is available at www.greatplainssafety.com.

Award Criteria:

- Must involve safety and/or health issues
- Must demonstrate innovation or creativity
- Must demonstrate a positive impact on others
- Must demonstrate measurable results

Award Nominee: _____

Name of Individual

Your Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Additional sheet(s) may be attached:

- 1) Describe the qualities and abilities demonstrated by the nominee.
- 2) Describe the approach utilized to accomplish the goal.
- 3) Describe the positive impact of the project on the targeted group.
- 4) Describe the measurable results of the project or service.

Attach any references and/or letters of recommendation with this application, plus any photos or other documentation to support this nomination.