



Chesapeake Region Safety Council

Chesapeake Region Safety Council

Most Improved Award

Recognition by the Chesapeake Region Safety Council for the company whose Incidence Rate improved the most, on a percentage basis, every year for three years beginning with 2014.

Industry Groups considered for recognition:

Construction, Industrial, Healthcare, Governmental, and Transportation.

Award Levels: One platinum and gold award can be presented for each group. Total of 10 Awards will be considered.

The best performer within each group will be awarded the platinum or gold recognition.

Consideration will include:

- Construction, Healthcare Industrial and Governmental man hours worked with either no injuries or no lost time accidents
- Transportation miles driven accident free

Nominations shall be submitted as follows:

- Completion of the attached nomination form
- Must be submitted by a Chesapeake Region Safety Council member
- Must be submitted by May 1st for the current year awards
- Eligible to receive the award once every two years

Recognition: Awards will be presented at the Chesapeake Region Safety Council's annual meeting in June of each year. Honorees are expected to be present to receive the award.

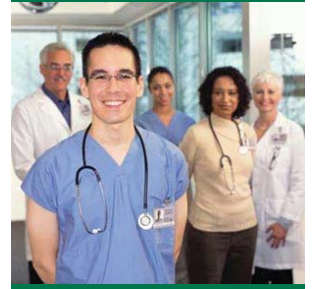
Questions about this program can be directed to the Chesapeake Region Safety Council

www.chesapeakesc.org

call: 1-800-875-4770

email: safety@chesapeakesc.org

fax: 410-281-1350



SECTION 1: COMPANY INFORMATION

Company Name: _____
Address: _____
City: _____ **State:** _____ **ZIP:** _____
Contact Name: _____
Email: _____
Type of business: _____
Primary NAICS Code (as entered in your OSHA 300A) _____

SECTION 2: SAFETY PERFORMANCE DATA

You must attached the OSHA 300A Summary reports for years 2014, 2015 & 2016 for all work performed by your company.

	2014	2015	2016
Fatalities			
Total Recordable Cases			
Total Lost Workday Cases			
Total Workdays Lost			
Total Hours Worked			

Combine injury data for field and office employees.

SECTION 3: KEY COMPONENTS SAFETY PROGRAM:

(This information is to be completed for all submissions)

Indicate elements that are contained within your safety program. Provide a copy of you safety program index page.

- a. Length of safety orientation for new employees (in minutes) _____
- b. Toolbox safety talks frequency: Daily Weekly Bi-weekly Monthly Other _____
- c. Do you have a substance abuse program that includes a drug/alcohol screening process?
please check: yes ___ or no ___ Type of Testing: _____
- d. **Employer Involvement:** please check: yes ___ or no ___
- e. **Employer Policy Statement on Safety** please check: yes ___ or no ___
- f. **Responsibility for Safety:** please check: yes ___ or no ___
- g. **Safety Program Goal Setting** please check: yes ___ or no ___
- h. **Employer Supervisory Meetings on Safety Issues** please check: yes ___ or no ___
- i. **Pre-planning for Job Safety** please check: yes ___ or no ___
- j. **Employee Participation** please check: yes ___ or no ___
- k. **Safety Rules** please check: yes ___ or no ___
- l. **Inspections** please check: yes ___ or no ___
- m. **Supervisory Training Topics** please check: yes ___ or no ___
- o. **Incident Investigation** please check: yes ___ or no ___
- p. **Use of Personal Protective Equipment (PPE)** please check: yes ___ or no ___
- q. **Safety Program Performance Review** please check: yes ___ or no ___

If more space is needed attached a separate sheet.

Submitted By: _____ Date _____
Company: _____