

Award of Excellence

Recognition by the Chesapeake Region Safety Council for the Company that has achieved the highest level of safety performance within their organization through their safety activities to prevent accidental injury or death.

Industry Groups considered for recognition:

Construction, Industrial, Healthcare, Governmental, and Transportation.

Award Levels: Platinum and Gold awards can be presented for each group. Multiple awards will be considered.

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
- Completeness of submittal package essential for consideration

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.

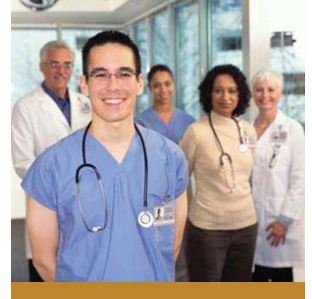
**Questions about this program can be directed to the
Chesapeake Region Safety Council**

www.chesapeakeesc.org

call: 800-875-4770

email: safety@chesapeakeesc.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

Refer to your OSHA FORM 300A for items (a) through (h)

- Total number of DEATHS (line G on the OSHA 300A) _____
 - Total number of CASES with days away from work (line H on the OSHA 300A) _____
 - Total number of CASES with job transfer/restriction (line I on the OSHA 300A) _____
 - Total number of OTHER RECORDABLE CASES (line J on the OSHA 300A) _____
 - Total number of DAYS away from work (line K on the OSHA 300A) _____
 - Total number of DAYS of job transfer or restriction (line L on the OSHA 300A) _____
 - Annual average number of employees (as entered in your OSHA 300A) _____
 - Total hours worked by all employees (as entered in your OSHA 300A) _____
- Experience Modification Rate (EMR or "mod factor" – call insurance company) _____
For 3 PRIOR YEARS have you had any employee fatalities? _____ Number _____

Transportation:

- Number of miles driven without a preventable vehicle accident _____
- Attach your organization definition of preventable vehicle accident _____
- Do you have an accident review committee Y/N _____
- Do you operate under the CDL/DOT regulations Y/N _____
- Area in which your vehicle operate: _____
- During the 3 PRIOR YEARS have you had any employee fatalities? _____ Number _____

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 your safety program Table of Contents.

- Length of safety orientation for new employees (in minutes) _____
 - Toolbox safety talks frequency: Daily Weekly Bi-weekly Monthly Other _____
 - Do you have a substance abuse program that includes a drug/alcohol screening process? Yes No
Type of Testing: _____
 - Employer Involvement: Y/N _____
 - Employer Policy Statement on Safety: Y/N _____
 - Responsibility for Safety: Y/N _____
 - Safety Program Goal Setting: Y/N _____
 - Employer Supervisory Meetings on Safety Issues: Y/N _____
 - Pre-planning for Job Safety: Y/N _____
 - Employee Participation: Y/N _____
 - Safety Rules: Y/N _____
 - Inspections: Y/N _____
 - Supervisory Training Topics: Y/N _____
 - Incident Investigation: Y/N _____
 - Use of Personal Protective Equipment (PPE): Y/N _____
 - Safety Program Performance Review: Y/N _____
- If more space is needed attached a separate sheet.

Submitted By: _____ Date _____
Company: _____

Sponsorship Award

Recognition by the Chesapeake Region Safety Council for the Company that has provided outstanding sponsorship of the safety council's activities.

Considered for recognition:

Companies, organizations or individuals

Award Levels:

Recognition will be considered for the following support of the Chesapeake Region Safety Council.

- Financial support for conferences, exhibits, or programs
- Significant participation in training programs as a presenter
- Participation on committees as a volunteer

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: 800-875-4770
email: safety@chesapeakesc.org
fax: 410-281-1350



Sponsorship Award

NOMINATION FORM

CANDIDATE'S NAME: _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (): _____ E-Mail: _____

Briefly describe nominee's current or recent Council's activities:

SUPPORTING INFORMATION: Attach a separate page to provide the information for the nomination.

This includes:

- Financial support for conferences, exhibits, or programs
- Significant participation in training programs as a presenter
- Participation on committees as a volunteer

SPONSOR NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE : _____ E-Mail: _____

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John Lanigan Safety Professional of the Year Award

Recognition by the Chesapeake Region Safety Council for the Individual who has obtained outstanding safety record for their organization or achievement within the safety profession.

Award:

Recognition will be considered for the following: (Please attach a separate page describing any or all of the following)

- **Demonstrated Knowledge and Expertise:** Demonstrated technical expertise in the broad field of safety and a thorough knowledge of the operational aspects of his/her safety employment.
- **Operational Aspect:** Candidate's ability to work within a company structure, provide a safe working environment and develop effective safety programs. Include the impact that they have had on reduction of accidents.
- **Public/Community Services:** Describe the candidate's involvement in the community and contributions that have been made during the time of service. Public/community service includes serving on community or state public safety service boards or advisory committees
- **Codes, Standards, Legislation:** Membership on standards, codes or legislative committees at the local, state and national level. Should show any significant impact by the candidate on the safety profession on standards, legislation, or codes.
- **Leadership/Management:** Describe the candidate's ability to motivate others in safety and health profession as well as Council's and community programs. This motivational skill is shown by significant results/achievement, areas of responsibilities and accomplishments.

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
- Is eligible to receive the award once every five 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
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fax: 410-281-1350



John Lanigan Safety Professional of the Year Award

NOMINATION FORM

CANDIDATE'S NAME: _____

TITLE: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (): _____ E-Mail: _____

Briefly describe nominee's current or recent Council's activities:

SUPPORTING INFORMATION: Attach a separate page to provide the information for the nomination.

This includes:

- Demonstrated Knowledge and Expertise
- Current Job Duties
- Operational Aspect
- Public/Community Services
- Codes, Standards, Legislation Committees
- Leadership/Management

SPONSOR NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE : _____ E-Mail: _____

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