2012 Governor’s Workplace Safety Award Application/Nomination Form

The Governor’s Workplace Safety Awards: Recognizing occupational safety and health excellence through partnerships, innovations and education & outreach.

To learn more about the Governor’s Workplace Safety Awards or to read information about past recipients, please visit www.in.gov/dol/2381.htm.
2012 GOVERNOR’S WORKPLACE SAFETY AWARDS

ABOUT THE AWARDS
The Governor’s Workplace Safety Awards salutes those organizations that have made Hoosier worker safety and health a top priority. The Governor’s Workplace Safety Awards provide recognition for companies based on best practices for eliminating workplace injuries and illnesses. To learn more about past Governor’s Workplace Safety Award recipients, please visit www.in.gov/dol/2381.htm.

A review committee comprised of representatives from partners of the Indiana Safety and Health Conference will evaluate submissions. The awards are competitive and recognize exemplary workplaces. It is possible that no award will be selected in any particular category. Multiple awards may also be given in a category.

2012 Governor’s Workplace Safety Award recipients will be notified in advance of the Governor’s Workplace Safety Awards Luncheon, which will be held during the annual Indiana Safety and Health Conference, on Wednesday, March 14, 2012.

ELIGIBILITY
All Indiana businesses, unions, municipalities, schools, service organizations, nonprofit organizations or individuals are eligible to apply for the Governor’s Workplace Safety Awards.

The awards are open to all organizations, regardless of size or number of workers affected. The review committee recognizes the limited resources of smaller entities and evaluates overall effectiveness of the program, processes and techniques relative to the organization’s size.

To qualify, applicants or nominees must be deemed to be free of compliance disputes concerning all applicable local, state and federal statutes and regulations.

APPLICATION SUBMISSION DEADLINE
Applications for consideration for the 2012 Governor’s Workplace Safety Awards must be received by the Indiana Chamber of Commerce by Wednesday, January 18, 2012, at 5 p.m. (EST). Applications submitted after this deadline will not be considered.

APPLICATION DIRECTIONS
All applicants are required to complete the General Information section of the 2012 Governor’s Workplace Safety Award Application/Nomination Form. All applicants are required to answer questions 1 through 12. In addition to questions 1 through 12, construction applicants must also answer question 13. All applicants, (including construction) must address also address questions in the award category for which the applicant is seeking recognition.
Responses to open-ended questions are limited to **not more than 400 words**. Only the first 400 words of each response may be scored. **Please note, incomplete applications may not be scored.**

Please be aware submissions may be subject to Access to Public Records Request (APRA). Please do not include confidential or trade secret information in your application/nomination.

**For award category definitions, please see Appendix B.**
GENERAL INFORMATION

Directions: All applicants are required to complete the General Information section. Please provide the general contact information for either the organization, company, group or team that you represent or are nominating as a 2012 Governor’s Workplace Safety Award Recipient.

As you progress through the application/nomination form, please read each section carefully. Please note, incomplete applications may not be scored.

Name of Organization: ____________________________________________

Contact Individual: ______________________________________________

Title: ____________________________________________________________________________

Phone Number: ______________________________________________________________________

E-mail Address: ______________________________________________________________________

Organization’s Website: ______________________________________________________________________________

Street Mailing Address: ______________________________________________________________________________

City: ___________________________ State: Indiana Zip Code: ____________

Organization’s Primary NAICS*: _______________________________________________________________________
(Only the primary North American Industrial Classification System (NAICS) should be listed. The NAICS is the former Standard Industrial Classification or SIC System.)

Organization Website: ______________________________________________________________________________

Name of Individual(s) Submitting Nomination:

Phone Number of Individual Submitting Nomination: ____________________________

If selected as a Governor’s Workplace Safety Award Recipient, please provide the name as it should appear inscribed on the award:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
RECOGNITION LEVEL

Directions: All applicants are required to complete this Recognition Level and Category Sections. Please indicate which recognition level business size and the appropriate award category the attached application form has been submitted for consideration. You may select only one Recognition Level and only one Award Category per application; but may submit as many applications as you wish your organization to be considered for. (See example in Appendix A).

Recognition Level (select only one box)

- [ ] Entire Organization  Name: ___________________________
- [ ] Division within an Organization  Name: ___________________________
- [ ] Individual site or location  Name: ___________________________
- [ ] Individual person/team of employees Name: ___________________________
- [ ] Check here if the applicant is a public sector employer/employee

GENERAL INDUSTRY AWARD CATEGORIES

<table>
<thead>
<tr>
<th>Business Size</th>
<th>Award Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Employer – less than or equal to 100 employees company-wide</td>
<td>Innovations</td>
</tr>
<tr>
<td>Medium Employer – 101 to 499 employees company-wide</td>
<td>Education &amp; Outreach (Internal)</td>
</tr>
<tr>
<td>Large Employer – more than 500 employees company-wide</td>
<td>Education &amp; Outreach (External)</td>
</tr>
<tr>
<td>Individual/Team of Employees</td>
<td>Partnerships</td>
</tr>
</tbody>
</table>

*See Appendix B for Award Category definitions.*
**CONSTRUCTION AWARD CATEGORIES**

<table>
<thead>
<tr>
<th>Contractor Type</th>
<th>Award Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Contractor</td>
<td>Innovations</td>
</tr>
<tr>
<td>Residential Contractor</td>
<td>Education &amp; Outreach (Internal)</td>
</tr>
<tr>
<td>Specialty Contractor</td>
<td>Education &amp; Outreach (External)</td>
</tr>
<tr>
<td></td>
<td>Partnerships</td>
</tr>
</tbody>
</table>

**Business Size** – select the box that best represents your organization’s employment size.

- **Small Employer** – less than or equal to 100 employees *company-wide*.
- **Medium Employer** – 101 to 499 employees *company-wide*.
- **Large Employer** – more than 500 employees *company-wide*.

*See Appendix B for Award Category definitions.*
APPLICATION MATERIALS REQUIRED

Directions: All 2012 Governor’s Workplace Safety Awards applicants are required to answer questions 1 through 12. Construction applicants must also answer question 13. Please use a separate sheet of paper, and number your responses with the appropriate question number.

1. Provide a description, overview or summary of the organization submitting this application. Please speak to the product, processes, equipment or machinery used by employees. (Please limit your response to no more than 400 words.)

2. Provide a table, line or chart graph indicating the last three (3) years of the organization’s Total Recordable Case (TRC) rate history. Please ensure your rate is calculated using OSHA’s standard frequency rate formula (number of OSHA recordable claims x 200,000/number of annual hours worked by all employees). Please also indicate the national TRC rate for your respective industry. This information may be found online at www.bls.gov/iif/oshwc/osh/os/ostb2813.pdf.

3. Provide a separate table, line or chart graph indicating the last three (3) years of the organization’s Days Away Restricted and Transferred (DART) rate history. Please ensure your rate is calculated using OSHA’s standard frequency rate formula (number of OSHA DART injuries x 200,000/number of annual hours worked by all employees). Please also indicate the national DART rate for your respective industry. This information may be found online at www.bls.gov/iif/oshwc/osh/os/ostb2813.pdf.

4. Provide a separate table, line or chart graph indicating your last 3 years of severity rate frequency rate history. Please ensure you rate is calculated using OSHA’s standard frequency rate formula (number of work days lost plus restricted work shifts worked x 200,000/number of annual hours worked by all employees).

5. Provide an overview of the occupational safety and health training provided to all employees including management, supervisory and front-line personnel. Describe your organization’s new hire training process. (Please limit your response to no more than 400 words.)

6. Provide a copy of your site’s and/or organization’s safety commitment statement/policy.

7. Provide a flowchart demonstrating how occupational safety and health information is exchanged in your organization. The flowchart should illustrate the exchange from
top management down to front-line employees and from front-line employees back up to top-level management.

8. Has this location received any IOSHA violation(s) of a serious, knowing, repeat or failure to abate violations in the last five (5) years? If yes, please indicate the date of the inspection(s) and additional information. (Please limit your response to no more than 400 words.)

9. Has this location experienced any fatal injuries or illnesses within the last five (5) years? If yes, please indicate the date and provide additional information pertaining to the fatal injury.

10. How does your organization measure the effectiveness of the workplace safety and health program? (Please limit your response to no more than 400 words.)

11. Describe how employees are involved in your occupational safety and health program. (Please limit your response to no more than 400 words.)

12. Provide your company’s Experience Modification Rate (EMR) for the last three (3) years. This information may be obtained by working with your Workers’ Compensation carrier.

___________________________________________________________________________________

ADDITIONAL QUESTIONS – Based upon award category selected.

Directions: All Governor’s Workplace Safety Awards applicants are required to answer the questions based upon the Award Category selected. Please answer only the questions based on the award category that you selected. Please use a separate sheet of paper, and number your responses with the appropriate question number.

___________________________________________________________________

ALL CONSTRUCTION AWARD APPLICANTS

Directions: All construction award applicants are required to answer question 13. Please use a separate sheet of paper, and number your response with the appropriate question number.

13. Outline the specific area of construction your company, organization or workplace performs. (Please limit your response to no more than 400 words.)
ALL INNOVATION AWARD APPLICANTS

Directions: All innovation award applicants are required to answer question 14-17. Please use a separate sheet of paper, and number your responses with the appropriate question number.

14. Describe the new or unique health and safety approach; training program, procedure or device that was implemented. (Please limit your response to no more than 400 words.)

15. What prompted your organization to implement the action indicated above? (Please limit your response to no more than 400 words.)

16. What impact or benefit has the implemented action yielded? (Please limit your response to no more than 400 words.)

17. Describe any barriers your organization had to overcome in developing and/or implementing the innovation activity. (Please limit your response to no more than 400 words.)

ALL EDUCATION & OUTREACH – EXTERNAL AWARD APPLICANTS

Directions: All education & outreach - external award applicants are required to answer question 18-20. Please use a separate sheet of paper, and number your responses with the appropriate question number.

18. Describe the safety activity, practice or educational activities that was developed, implemented or shared with an external group. (Please limit your response to no more than 400 words.)

19. Provide a description of the external group who was benefited by the abovementioned activities. (Please limit your response to no more than 400 words.)

20. How was the activity shared or implemented; how did the external group “buy into” the activity; what benefits did your organization and the external group gain by the activity? (Please limit your response to no more than 400 words.)
ALL EDUCATION & OUTREACH – INTERNAL AWARD APPLICANTS

Directions: All education & outreach - internal award applicants are required to answer question 21-24. Please use a separate sheet of paper, and number your responses with the appropriate question number.

21. Describe the best practice, activity or educational activities that your organization/group developed, implemented and shared with others in your organization. (Please limit your response to not more than 400 words.)

22. Provide a description of the internal group who benefited by the above activities. (Please limit your response to no more than 400 words.)

23. How was the best practice/activity shared or implemented; how did the other employees “buy into” the activity; what benefits did these employees/internal group gain by adopting the activity? (Please limit your response to no more than 400 words.)

24. How was the impact of the activity measured? (Please limit your response to no more than 400 words.)

ALL PARTNERSHIP AWARD APPLICANTS

Directions: All partnership award applicants are required to answer question 25-30. Please use a separate sheet of paper, and number your responses with the appropriate question number.

25. Describe the safety practices or activities that were implemented by the partnership. (Please limit your response to no more than 400 words.)

26. What prompted your organization to select the above mentioned activity and partner with the other organization? (Please limit your response to no more than 400 words.)

27. Outline your organization’s role in developing and promoting the activities. (Please limit your response to no more than 400 words.)
28. Outline the partnering organization’s role in developing and promoting the activities. (Please limit your response to no more than 400 words.)

29. Describe the target audience of the activity, their level of participation and benefits to be gained by the audience. (Please limit your response to no more than 400 words.)

30. Describe the level of success achieved by the activities. (Please limit your response to no more than 400 words.)
**SUBMISSION OF APPLICATION/NOMINATION**

**Directions:** Please read carefully and submit the following required application/nomination information.

Please submit six (6) copies of the following items:

For **General Industry/Public Sector** Applicants:

- Completed pages 3 and 4.
- Responses to questions 1 through 12.
- Responses to the specific questions applicable to safety award for which recognition is being sought (i.e. innovation, partnerships, education and outreach).
- Supplemental materials (if available) are encouraged, i.e. newspaper articles, photographs or other publications.

For **Construction** Applicants:

- Completed pages 3, 4 and 5.
- Responses to questions 1 through 12.
- Response to question 13.
- Responses to the specific questions applicable to safety award for which recognition is being sought (i.e. innovation, partnerships, education and outreach).
- Supplemental materials (if available) are encouraged, i.e. newspaper articles, photographs or other publications.

**Please note:** All nominations/applications for the 2012 Governor’s Workplace Safety Awards must be **received** by the Indiana Chamber of Commerce by **5 p.m., Wednesday, January 18, 2012**.

Please mail or hand-deliver the completed nomination packet to:

2012 Governor’s Workplace Safety Awards  
Attention: Jesse Brothers  
Indiana Chamber of Commerce  
115 West Washington Street, Suite 850S  
Indianapolis, Indiana 46204
APPENDIX A
Example of how to apply and compete for an award.

Level of Recognition (select 1 box only)

- □ Entire Organization
  Name: _______123 Company, Inc.
- □ Division within an Organization
  Name: ______________________
- □ Individual site or location
  Name: ______________________
- □ Individual person/team of employees
  Name: ______________________

□ Check here if the applicant is a public section employer/employee

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**APPENDIX B**

Level of recognition, categories and definitions.

<table>
<thead>
<tr>
<th>Term Use</th>
<th>Meaning/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entire Organization/ Multi-divisional Company</td>
<td>An employer/company of any size that has two or more separate divisions work locations in which it employs employees; and whose nomination includes the activities and safety performance of all of them.</td>
</tr>
<tr>
<td>Division</td>
<td>A group of facilities, sites or locations that are considered a common business unit of a larger organization and whose nomination includes the activities and safety performance of all sites within that business unit.</td>
</tr>
<tr>
<td>Individual Facility</td>
<td>A given site, location or area of any size that makes up or is a part of a larger organization or division.</td>
</tr>
<tr>
<td>Individual</td>
<td>A person or small group of persons who were involved in or instrumental in the activity for which they are nominated.</td>
</tr>
</tbody>
</table>

**General Industry Category Definitions**

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
</tr>
</thead>
</table>
| Innovations | This award category should highlight:  
- an new or unique approach that was implemented to enhance a company’s safety program  
- the development of a new training program or procedure that reduced employee injuries; or  
- development of a new device or thing that would protect a person from injury or reduce the severity of any injury.  
- how the site adapted to new hazards. |
| Education or Safety Assistance – Internal Outreach | This award category should highlight providing accident prevention educational activities or sharing of “safety best practices” within the applicant’s place of work as a one time or ongoing activity.  
The practice(s) should be identified, description of how it was shared, population impacted, how employees “bought into” the suggestion, benefits of practice if known or measurable, etc. |
| Education or Safety Assistance– External Outreach | This award category should highlight providing accident prevention educational activities to a group or groups outside/external of the applicant’s workplace as a one time or ongoing activity. Examples of such activities may include sharing safety information:  
1) with a neighboring plant (i.e. mentoring a smaller employer size) or community group  
2) contributing to community event (i.e. Health fair event)  
3) working with any external organization that promotes accident prevention or safety.  
4) joined with other local employers to mutually assist one another in the event of an unfortunate large mishap. i.e. assist flood victims; provide shelter to an employer’s population in the event of a fire or tornado; provide guidance to a municipality in developing an emergency response plan. |
Partnerships

This award category should highlight an activity or activities where the employer has joined with another external group to promote injury prevention. Examples of such activities may include:

1) jointly hosting or sponsoring a safety conference for own employees; area employers; etc.
2) contributing monies for the purchase of safety equipment that would benefit a group i.e. purchase gas detection equipment for a fire department confined space rescue team.
3) solving a safety issue at one workplace by working with another workplace or individual.

Contractor Category Definitions

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Contractor</td>
<td>A contractor involved in a very specific area, typically one (1) trade involvement, i.e. heating and cooling, roofing, brick-laying, etc. Could be for either residential or general construction.</td>
</tr>
<tr>
<td>General Contractor</td>
<td>A contractor responsible for the construction of non-residential buildings or large residential buildings (4 stories plus), typically of concrete block, steel, poured concrete. The course of construction may require the oversight of several specialty contractors on the job.</td>
</tr>
<tr>
<td>Residential Contractor</td>
<td>A contractor specializing in the construction of residential buildings, generally of wood stud framing, generally three (3) stories or less.</td>
</tr>
</tbody>
</table>