2020 Safety Awards Initial Evaluation Form

GENERAL INFORMATION		
1. Company Name:	Telephone:	Fax:
Street Address:	Mailing Address:	
	Web site:	
Contact Person:	e-mail:	
Telephone:	Fax:	
2. Parent Company Name:		

SAFETY, HEALTH & ENVIRONMENTAL PERFORMANCE	
3. Workers Compensation Experience Modification Rate (EMR) Data	
a. EMR is ☐ Interstate Rate ☐ Intrastate Rate ☐ Monopolistic State Rate ☐ Dual rate ☐ Not Required	
b. EMR for three last years:	YR: 2017 EMR: YR: 2018 EMR: YR: 2019 EMR:
c. State of Origin:	d. EMR Anniversary Date:
e. Standard Industrial Code (SIC):	North American Industry Classification Systems (NAICS)
4. Injury and Illness Data:	

a. Total company employee hours worked last three years (excluding subcontractors)	Hours / Year	YR: **2017**	YR: **2018**	YR: **2019**
	Field			
	Total			

b. Provide data (excluding subcontractor) using your OSHA 300 Forms from the past three (3) years:

Notes:
(1) Data should be total company data unless specifically requested by client
(2) Combine injuries and illnesses as reported on 300 Form

(3) If your company is not required to maintain OSHA 300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years.	YR: **2017**		YR: **2018**		YR: **2019**	
	No.	Rate	No.	Rate	No.	Rate
Fatalities *Rate = Number of Fatalities x 200,000 ÷ Total Employee Hours*						
Lost workday case injuries and illnesses involving days away from work, or days of restricted work activity, or both. *Rate = Total LW and restricted cases x 200,000 ÷ Total Employee Hours*						
Lost workday case injuries and illnesses involving days away from work. *Rate = LW cases** x 200.000 ÷ Total Employee Hours*						
Injuries and Illnesses involving medical treatment only. *Rate = Total Injuries and Illnesses involving medical treatment only x 200, 000 ÷ Total Employee Hours*						
Total OSHA Recordable Injury and Illnesses Rate *Rate = Total Injuries and Illnesses x 200,000 ÷Total Employee Hours*						

Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?
If yes, please explain Yes ☐ No ☐

INFORMATION SUBMITTAL

Please provide copies of checked items with this form and the 2020 Information Sheet
If program is missing, you will score a "0" for that category.

	1. Fatalities (Page 1 this Form)		
	2. OSHA Incidence of Lost Workday Rate *(Page 1 this Form)*		
	3. Total Record Injuries/Illnesses *(Page 1 this Form)*		
	4. Regulatory Agency Citations – For Year 2019 (Separate page if necessary)		
☒	5. Year to Year Improvement – Last 3 Years		
☒	6. Safety Goals		
☒	7. Accident/Incident Investigation Process		
☒	8. Incident Lesson Learned		
☒	9. Internal Audit/Assessment Program		
☒	10. Contractor Orientation and HSE Training Program		
☒	11. Environmental Program		
☒	12. Industrial Hygiene Program		
☒	13. Short Service Employee Program		
☒	14. Behavioral Based Safety Program		
☒	15. Contractor Written Employee Workforce Development Program		
☒	16. Supervisor Training		
☒	17. Brief description of your company's Top 3 "Best Practices"		

Fill in below Name & Title of Company Officer responsible for assuring the accuracy of this document:

Name: Title: Date: