

AWARD TIMELINE

*Application
Available Online*
January 1, 2020

*Application
Deadlines*

Phase I:
Statistical Data
February 4, 2020

Finalists Notified
February 10, 2020

Phase II:
Subjective Report
March 2, 2020

Winners Notified
March 27, 2020

Awards Presented
April 21-22, 2020
Awards presented
during the 78th
Wisconsin Safety
Council Annual
Conference in
Wisconsin Dells

*The Awards Program
is sponsored by:*



26th Annual

WISCONSIN CORPORATE SAFETY *Awards*

Apply Online: www.wisafetycouncil.org

2019 AWARDS PROGRAM

WHY APPLY?

- Winning a corporate safety award is an excellent **recognition tool** and provides opportunities for **new business** thanks to the prestige and exposure of the award.
- This program gives much deserved recognition to your **employees** for their loyalty, hard work and dedication.
- Leading companies like yours deserve the opportunity to be recognized as a **leader in workplace safety efforts**.
- Exclusivity – winning this award places you in an **elite group** of fewer than 200 Wisconsin companies who have won in the 25 years this program has been honoring deserving organizations.
- Nominees and winners alike have received **substantial and deserved recognition in the media** locally, statewide and beyond.
- This awards program highlights **significant accomplishments and industry firsts** of those companies leading the way for future generations.
- The application process allows you to **fully assess your organization** – a valuable tool because it helps you evaluate your safety program's strengths and improve upon weaknesses.

Now easier than ever, the streamlined CSA application process can be fully completed online at **www.wisafetycouncil.org**. Each CSA application includes:

- Phase I: Quantitative data relating to your company's incidence rates for the past three years straight from your OSHA 300 logs
- Phase II: Qualitative data given to the qualified finalists to tell your company's safety narrative

Questions? Contact Barb Deans, WSC, 608.258.3400

CELEBRATING SAFETY IN WISCONSIN!

WISCONSIN CORPORATE SAFETY Awards

This is a sample only. Official applications must be submitted online at www.wisafetycouncil.org

PHASE I — STATISTICAL DATA FORM

Questions?

The information will only be used by the Wisconsin Safety Council and judges of the 2019 Wisconsin Corporate Safety Awards

Contact Barb Deans
Email: bdeans@wisafetycouncil.org
Phone: 608.258.3400

Company _____
 Company (as you would like it to appear) _____
 Contact Person _____
 Title _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Fax Number _____
 E-mail _____
 Year Established _____
 Primary North American Industry Classification Code (NAICS) (see list online) _____

Reporting as: Entire WI Organization Separate Division/Operations Unit (see eligibility section)

	2017	2018	2019
1. Worker fatalities in 2019 (see eligibility section)			_____ (yes or no)
2. Average number of temporary/contract employees in 2019			_____
2a. Number of temporary/contract employee hours worked			_____
2b. Number of temporary/contract employee recordable cases			_____
3. Average number of employees on payroll	_____	_____	_____
4. Total number of hours worked	_____	_____	_____
<i>(Work Hours (WH) are the number of paid work hours for the calendar year (including office hours). PLEASE NOTE: WH are the actual payroll hours worked, excluding vacation and holidays. You must include all full-time, part-time, seasonal and temporary/contract employees that work under your organization's supervision.)</i>			
5. Total number of recordable cases (from OSHA form 300)			
5a. Column H (days away from work)	_____	_____	_____
5b. Column I (job transfer or restriction)	_____	_____	_____
5c. Column J (other recordable cases)	_____	_____	_____
5d. Total Column (H, I and J)	_____	_____	_____
6. If your answer to question #5a is zero, how far back does this record go?			
Date _____			
Hours worked _____			
INCIDENCE RATE: Enter Line 5d (above) x 200,000 = Rate	_____	_____	_____
(RECORDABLE) Enter Line 4			
INCIDENCE RATE: Enter Line 5a (above) x 200,000 = Rate	_____	_____	_____
(LOST WORKDAY CASE) Enter Line 4			
7. Severe Injury Reporting			
7a. Total number of worker amputations			_____
7b. Total number of worker loss of eye injuries			_____
7c. Total number of worker in-patient hospitalization			_____
7d. Has OSHA conducted a safety & health inspection at your location(s)?			_____ (yes or no)

I hereby certify that the information included in this application form is factual and accurate.

Completed by: _____
 (Please print or type name and title)