

AWARD TIMELINE

Application Available
Online January 1, 2021

Application Deadlines

Phase I:
Statistical Data
February 5, 2021

Finalists Notified
February 10, 2021

Phase II:
Subjective Report
March 3, 2021

Winners Notified
April 22, 2021

Awards Presented
April 22, 2021
Awards presented
during the 79th Virtual
Wisconsin Safety
Council Annual
Conference

The Awards Program
is sponsored by:



27th Annual

WISCONSIN CORPORATE SAFETY *Awards*

Apply Online: www.wisafetycouncil.org

2020 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 26 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

NEW THIS YEAR! Winners will be notified during the virtual annual Safety Conference in April.

Questions? Contact Barb Deans, Associate Director, Wisconsin Safety Council, 608.258.3400, bdeans@wisafetycouncil.org

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 2020 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 _____
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)

	2018	2019	2020
1. Worker fatalities in 2020 (see eligibility section)			(yes or no)
2. Average number of temporary/contract employees in 2020			
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: (RECORDABLE)	Enter Line 5d (above) x 200,000 = Rate Enter Line 4		
INCIDENCE RATE: (LOST WORKDAY CASE)	Enter Line 5a (above) x 200,000 = Rate 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)