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!
PHASE I – STATISTICAL DATA FORM

The information will only be used by the Wisconsin Safety Council and judges of the 2020 Wisconsin Corporate Safety Awards

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)

1. Worker fatalities in 2020 (see eligibility section) ___________________________

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
   [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.]

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 _______________________

INCIDENCE RATE: Enter Line 5a (above) x 200,000 = Rate _______________________

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)

APPLICATION MUST BE RECEIVED BY NOON ON FRIDAY, FEBRUARY 5, 2021