AWARD TIMELINE

Application Available Online January 3, 2023

Application Deadlines

Phase I:

Statistical Data February 3, 2023

Finalists Notified February 9, 2023

Phase II: Subjective Report February 23, 2023

Winners Notified March 15, 2023

Awards Presented
April 18-19, 2023
Awards presented
during the 81st Annual
Wisconsin Safety
Council Conference

Kalahari Resort, WI Dells

The Awards Program is sponsored by:









WISCONSIN CORPORATE SAFETY Awards

Apply Online: www.wisafetycouncil.org

2022 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 28 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

Winners this year are unable to apply the following year, but we ask you to judge the finalists reports.

Questions? Contact Barb Deans, Associate Director, Wisconsin Safety Council, 608.661.6914, bdeans@wisafetycouncil.org

CELEBRATING SAFETY IN WISCONSIN!



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

PHASE I — STATISTICAL DATA FORM		Con	Questions? tact Barb Deans
The information will only be used by the Wisconsin Safety Council and judges of the 2022 Wisconsin Corporate Safety Awards	Em	ail: bdeans@wis	
Company			
Company (as you would like it to appear)			
Contact Person			
Title			
Street Address			
City State Zip C	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 eliq	gibility section 2020) 2021	2022
1. Worker fatalities in 2022 (see eligibility section)			(yes or no)
2. Average number of temporary/contract employees in 2022			
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 included the substance of the contract of t			
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.			(, 55 01 110)
Completed by:(Please print or type name and title)			