



31st Annual

WISCONSIN WORKPLACE SAFETY *Awards*

Apply Online:
www.wisafetycouncil.org

2024 AWARDS PROGRAM

WHY APPLY?

- Winning a workplace 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 30 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 WSA application process can be fully completed online at www.wisafetycouncil.org. Each WSA 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!

AWARD TIMELINE

Application Available
Online January 2, 2025

Application Deadlines

Phase I:
Statistical Data
February 3, 2025

Finalists Notified
February 7, 2025

Phase II:
Subjective Report
February 21, 2025

Winners Notified
March 14, 2025

Awards Presented
April 16, 2025
Awards presented during
the 83rd Annual Wisconsin
Safety Council Conference
Kalahari Resort, WI Dells

The Awards Program
is sponsored by:





31st Annual WISCONSIN WORKPLACE 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 2024 Wisconsin Workplace Safety Awards

Contact Barb Deans
Email: bdeans@wisafetycouncil.org
Phone: 608.661.6914

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 -OR- **NEW!** One Separate Division/Operations Unit can apply per organization (see eligibility section)

	<u>2022</u>	<u>2023</u>	<u>2024</u>
1. Worker fatalities in 2024 (see eligibility section)			(yes or no)
2. Average number of temporary/contract employees in 2024			
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. **Brief description of job tasks performed at your location.** _____

8. **Why do you feel you should move on to Phase II?** _____

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

Completed by: _____

(Please print or type name and title)