

# THE SAFETY EXCELLENCE AWARDS

## 2022-2023



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## Initial Audit Form

The person responsible for the company safety programs should complete this form. The information provided will be used to determine what companies make it to The Safety Excellence Awards Finalist round of audits.

### GENERAL INFORMATION

<b>1. Company Name</b>		<b>Phone</b>	
Company Address			
Primary Contact Name		Title	
Phone		Email	
Secondary Contact Name		Title	
Phone		Email	
<b>2. Parent Company (Optional)</b> <a href="#">Click or tap here to enter text.</a>			

### SAFETY, HEALTH & ENVIRONMENTAL PERFORMANCE

<b>3. Workers Compensation Experience Modification Rate (EMR) Data</b>				
a. EMR is <input type="checkbox"/> Interstate Rate <input type="checkbox"/> Monopolistic State Rate <input type="checkbox"/> Dual Rate <input type="checkbox"/> Not Required				
b. EMR for last three years				
2020 EMR				
2021 EMR				
2022 EMR				
c. State of Origin			d. EMR Anniversary Date	
e. Standard Industrial Code (SIC) code			North American Industry Classification Systems (NAICS)	
<b>4. Injury and Illness Data</b>				
a. Total company employee hours worked for the last three years (exclude subcontractors)	Hours/Year	2020	2021	2022
	Field			
	Total			
b. Provide data (exclude subcontractors) using your OSHA 300 Forms from the past three years:				
(1) Data should be total company data unless specifically requested by the client.				
(2) Combine injuries and illnesses as reported on 300 Form				

(3) If your company is not required to maintain "OSHA 300" Forms, please provide information from your "Workers Compensation" insurance carrier itemizing all claims for the last three years.	2020		2021		2022	
	No.	Rate	No.	Rate	No.	Rate
<b>Fatalities</b> Rate = Number of fatalities x 200,000 ÷ Total Employee Hours						
<b>Lost workday case injuries and illnesses involving days away from work, or days of restricted work activity, or both.</b> Rate = Total LW and restricted cases x 200,000 ÷ Total Employee hours						
<b>Lost workday case injuries and illnesses involving days away from work</b> Rate = Total LW x 200,000 ÷ Total Employee hours						
<b>Injuries and Illnesses involving medical treatment only.</b> Rate = Total Injuries and illnesses involving medical treatment only x 200,000 ÷ Total Employee Hours						
<b>Total OSHA Recordable Injury and Illness Rate</b> Rate = Total Injuries and Illnesses x 200,000 ÷ Total Employee Hours						
<b>Has your company received any regulatory (EPA, OSHA, ect.), civil or criminal citations in the last three years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain						

### INFORMATION SUBMITTAL

Please provide copies of the checked items below along with this Initial Audit Form and the Safety Information Sheet. If any program is missing, you will score a "0" for that section.

	Notes
<b>1. Fatalities (this form)</b>	
<b>2. OSHA Incidence of Lost Workday Rate (this form)</b>	
<b>3. Total OSHA Recordable Injury and Illness (this form)</b>	
<b>4. Regulatory Agency Citations for year 2021 (Use an additional page if necessary)</b>	
✓ <b>5. Year to Year Improvement – Last three years</b>	
✓ <b>6. Safety Goals</b>	
✓ <b>7. Accident/ Incident Investigation Process</b>	
✓ <b>8. Incident Lessons Learned</b>	
✓ <b>9. Internal Audit / Assessment Program</b>	
✓ <b>10. Contractor Orientation and HSE Training Program</b>	
✓ <b>11. Environmental Program</b>	
✓ <b>12. Industrial Hygiene Program</b>	
✓ <b>13. Short Service Employee Program</b>	
✓ <b>14. Behavioral Based Safety Program</b>	
✓ <b>15. Contractor Written Employee Workforce Development Program</b>	
✓ <b>16. Supervisor Training</b>	
✓ <b>17. Brief description of your company's top 3 "Best Practices"</b>	

Type the name and title of the company officer responsible for assuring the accuracy of this document

Name:

Title:

Date: