Initial Audit Form (IAF)

SEA SAFETY EXCELLENCE AWARDS PRESENTED BY **IBR hasc**

IAF

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 the process.

GENERAL INFORMATION

1. Company Name: Click or tap here to enter text.	**Phone:** Click or tap here to enter text.

Company Address:

Click or tap here to enter text.

Primary Contact Name: Click or tap here to enter text.	**Title:** Click or tap here to enter text.
Phone: Click or tap here to enter text.	**Email**: Click or tap here to enter text.

Secondary Contact Name: Click or tap here to enter text.	**Title:** Click or tap here to enter text.
Phone: Click or tap here to enter text.	**Email:** Click or tap here to enter text.

2. Parent Company (Optional) Click or tap here to enter text.

SAFETY, HEALTH & ENVIRONMENTAL PERFORMANCE

3. Workers Compensation Experience Modification Rate (EMR) Data

a. **EMR is:**   ☐Interstate Rate   ☐Monopolistic State Rate   ☐Dual Rate   ☐Not Required

b. **EMR for the last three years:**

2021 EMR Click or tap here to enter text.

2022 EMR Click or tap here to enter text.

2023 EMR Click or tap here to enter text.

c. State of Origin: Click or tap here to enter text.	d. **EMR Anniversary Date**: Click or tap here to enter text.

e. **Standard Industrial Code (SIC)**:   code   *North American Industry Classification Systems (NAICS)*

4. Injury and Illness Data

a. Total company employee hours worked for the last three years (exclude subcontractors)	Year	2021	2022	2023
	Field Hours	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Total Hours	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Provide the data (excluding subcontractors) using your OSHA 300 Forms from the past three years.

❖ Data should be total company data unless specifically requested otherwise.
❖ Combine injuries and illnesses as reported on 300 Form.
❖ 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.

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Recordkeeping Data	2021		2022		2023	
	No.	**Rate**	**No.**	**Rate**	**No.**	**Rate**
Fatalities Rate = Number of fatalities x 200,000 ÷ total employee hours	###	###	###	###	###	###
Day away from work, Restricted duty, or Transfer (DART) Rate = Total DART x 200,000 ÷ total employee hours	###	###	###	###	###	###
Lost workday case - injuries and illnesses involving days away from work. Rate = Total LWD x 200,000 ÷ total employee hours	###	###	###	###	###	###
Injuries and Illnesses involving medical treatment only. Rate = Total Injuries and illnesses involving medical treatment only x 200,000 ÷ total employee hours	###	###	###	###	###	###
Total OSHA Recordable Injury and Illness Rate Rate = Total Injuries and Illnesses x 200,000 ÷ total employee hours	###	###	###	###	###	###

Has your company received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?

☐ Yes ☐ No   If yes, please explain Click or tap here to enter text.

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
	1. Fatalities (this form)		
	2. OSHA Incidence of Lost Workday Rate (this form)		
	3. Total OSHA Recordable Injury and Illness (this form)		
	4. Regulatory Agency Citations for the year 2023 (Use additional page(s) if necessary)		
✔	5. Year-to-Year Improvement – Last three years		
✔	6. Safety Goals		
✔	7. Accident/ Incident Investigation Process		
✔	8. Incident Lessons Learned		
✔	9. Internal Audit / Assessment Program		
✔	10. Contractor Orientation and HSE Training Program		
✔	11. Environmental Program		
✔	12. Industrial Hygiene Program		
✔	13. Short Service Employee Program		
✔	14. Behavioral Based Safety Program		
✔	15. Contractor Written Employee Workforce Development Program		
✔	16. Supervisor Training		
✔	17. Brief description of your company's top 3 "Best Practices"		

Below, type the name and title of the company officer responsible for assuring the accuracy of this document.

Name: Click or tap here to enter text.   **Title:** Click or tap here to enter text.   **Date:** Click or tap to enter a date.