



A not for profit, non-governmental organization dedicated to safety education

Twenty-fifth Annual Safety Awards Program May 11, 2022

Member's Award Program

Return Application by Friday, April 1, 2022.

Nominations should be for the reporting year 2021. For companies that have multiple locations, submit a separate form for each location.

Company NAICS Code: _____

Type of Business _____

Number of Employees _____

Workers Safety:

The number of OSHA recordable cases: _____

2020 _____ 2021 _____

Total cumulative hours worked during reporting year: _____

(Include regular time & overtime, exclude vacation & sick time) 2020 _____ 2021 _____

Lost time cases: _____

2020 _____ 2021 _____

Incidence Rate:

Total Recordable Cases x 200,000: _____

2020 _____ 2021 _____

Total Number of Hours Worked: _____

2020 _____ 2021 _____

Vehicle Safety:

Count the number of at fault collisions that occurred in the calendar year in company owned or leased vehicles. Awards will be given in two categories: Driving under 200,000 miles per year & over 200,000 miles per year.

2020 _____ 2021 _____

Cumulative miles driven during reporting year: _____ 2020 _____ 2021 _____

Total Number of Vehicles: _____ Cars _____ Trucks _____ Motorcycles _____

Special Recognition Award- This award is available to companies that have started a safety program during the past year or companies who have greatly improved their program over the past year. Did you recently form a safety committee? During the past year, during the Covid Pandemic, did you develop any safety practices or engage in any safety training, which contributed to this year's safety success? Please tell us why your company is deserving of this award on a separate sheet of paper.

Heroism Award- This award is available for someone who needs to be recognized for an act of heroism on the job or in the community. On a separate sheet of paper please share your heroism story.

Covid Outstanding Service Award- Nominate people who have exemplified outstanding service during this Pandemic.

By signing below, I certify that this is an accurate account.

Name

Signature & Title

All reports will be kept strictly confidential.

Company: _____ Department/Division: _____

Contact Person & Title: _____

Address: _____

Phone Number: _____ Cell Number: _____

Email Address: _____ Fax Number: _____

Please fax or email this form to (561)848-6873 or Leslie@SafetyCouncilPBC.org by Friday, April 1, 2022



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