

It is mandatory for applicants to answer all of the questions on this page.

Company Safety Program:

On separate pages, please answer the following questions:

1. Describe the various components of your safety program, such as how you identify hazards, investigate incidents, keep track of records and manage your information. Perhaps your program includes indoor air quality, industrial hygiene, and ergonomics. Please be as thorough as possible in your description.
2. What proactive changes have been made in your program from the previous year?
3. Please describe the role of top management in your safety program. What does top management do to support your program?
4. Why do you believe your company should receive award recognition? What distinguishes your company in safety?

CHECKLIST:

First time applicants must include the following:

- YES NO 2007, 2008, 2009 300A summary or supporting documents if not under OSHA
- YES NO Safety policy declaration
- YES NO Written injury/illness prevention plan

Re-applicants must include the following:

- YES NO 2008 OSHA 300 Summary or supporting documents if not under OSHA

If you checked "NO" on any answers, please explain why: _____


Primary Contact Signature: _____

Yes No N/A

1. Has your company made a policy declaration on safety?
First time applicants must attach.
2. Does your company have a written injury/illness prevention plan as required under Nebraska law?
First time applicants must attach.
3. Has your company assigned a management individual with specific responsibilities for safety?
If so, who (name) _____
Percentage of time allocated to safety _____
4. Is safety part of:
 a. Employee orientation
 b. Annual performance appraisals
5. Do you have disciplinary procedures for safety rule violations?
6. Does your safety program include the following?
 a. Regular safety committee meetings
 b. Regular environmental audits
 c. Regular safety/health inspections
 d. Written safety belt policy
 e. Motor vehicle driver training
 f. Safety incentive programs
 g. Facilities inspections
 h. Equipment purchase safety review
 i. Engineering and design safety review
 j. Supervisor's safety responsibilities
 k. Safety training for supervisors
 l. Safety training for workers
7. Does your program include the following?
 a. Accident analysis or investigation
 b. Written injury/illness incident reporting policy
 c. Near miss reporting and review
 d. Method to measure results
8. Does your program include these OSHA required programs?
 a. First aid/CPR training
 b. Hazard communication training
 c. Bloodborne pathogens training
 d. Lockout/tagout program
 e. Hearing conservation
 f. Eye protection
 g. Respiratory protection program
9. Do you have an AED in your workplace?
10. Does your program include DOT drug and alcohol programs?
11. Does your program include the following?
 a. Pre-placement health examinations
 b. Early return to work, light duty
 c. Periodic health examinations/medical surveillance
 d. Cumulative trauma disorder prevention program
 e. Back injury prevention program
 f. Break/job rotation practice
12. Does your program have any of the following?
 a. Safety rules
 b. Health rules
 c. Wellness program
 d. Smoking policy
 e. Off-the-Job safety program

CALL FOR ENTRIES - DEADLINE FEBRUARY 5, 2010

 **SAVE THE DATE!**
MAY 19-20, 2010
Safety and Health Summit
Seeking Solutions, Sharing Strengths
Receive the recognition your company deserves at the 2010 Awards Luncheon, May 20, 2010!


Greater Omaha Chapter
a not for profit 501(c)(3) organization

11620 M Circle • Omaha, NE 68137-2231
www.SafeNebraska.org
Fax 402-896-6331 • Phone 402-896-0454
Email safety@SafeNebraska.org



Celebrate Success
as one of
Greater Omaha's
SAFEST
COMPANIES
2010

Watch for the opportunity for online submission in 2010!

**JOIN THE RANKS OF
GREATER OMAHA'S SAFEST COMPANIES!**

Greater Omaha's Safest Companies have implemented an injury and illness prevention program, a safety committee, employee training and other safety initiatives designed to meet their unique needs. The results of those efforts and the challenges in attaining success may have seemed mountainous at times, but your company has succeeded and you are realizing reduced injuries and illnesses; you've improved employee relations; you've reduced your workers' compensation costs and with the savings in indirect costs caused by injuries you have increased the bottom line profitability of your organization.

**LET THE NATIONAL SAFETY COUNCIL, GREATER
OMAHA CHAPTER RECOGNIZE YOUR ORGANIZATION WITH:**

- Greater Omaha 2010 Safest Company decals for your doors and logo for your use on letterhead, website and other materials/locations you feel appropriate.
- Recognition through the media, in the *Midlands Business Journal*, *SafetyPro*, and on www.SafeNebraska.org.
- A template for you to release your information to the media, your industry magazine or other appropriate organizations.
- An award to display as a reminder of your achievement.
- Recognition at the Awards Luncheon held at the Safety and Health Summit, May 20, 2010.

**GREATER OMAHA'S 2009 SAFEST COMPANIES
AWARDS RECOGNITION PROGRAM**

Covering the period of January 1, 2009 to December 31, 2009

Please type or print and return no later than February 5, 2010. All questions must be answered completely, all numbers must be provided in the Injury and Illness Record and signature of senior operations official is required (second line below).

Incomplete applications will not be reviewed.

Mail or bring completed application to:

National Safety Council – Greater Omaha Chapter, 11620 M Circle, Omaha, NE 68137
Awards recognition program criteria and form can be found at www.SafeNebraska.org.

Company or Organization _____ NAICS Code _____

President/Senior Operations Official (name) _____ (signature) _____

Street Address _____

City _____ State _____ Zip Code _____

Contact or Safety Director _____

Phone _____ Fax _____ e-Mail _____

Web Address _____

Classification:

Please describe the organization's operations: _____

Is this application for: Entire Organization Division Operations Unit

Please list addresses of facilities included in this application: _____

List the top 3 most common injuries for your company: 1. _____

2. _____ 3. _____

Were any injuries beyond your control or special circumstances? (i.e. rear-ended at stop sign) If so please describe: _____

Please Describe the Operations of the Organization:

2009 2008 2007
(All numbers must be provided)

1. Average number of employees			
2. Total employee hours worked			
3. Total recordable cases (Total of OSHA 300 log columns G, H, I, J)			
4. Total number lost-time injury and illness cases involving days away from work (OSHA 300 log column H)			
5. Total number of cases involving away from work, days of restricted work activity, and/or job transfer (Total of OSHA 300 log columns H, I)			
6. Total Fatalities (OSHA 300A summary log column G)			

Please enclose copies of your OSHA Log Summaries as requested below. If you are exempt, please provide similar information to support information requested in 3, 4, and 5 above.

First-time applicants: Are your OSHA log summaries or equivalent included for 2007, 2008, 2009? YES NO

Re-applicants: Is your 2009 OSHA log summary or equivalent included? YES NO

If not, why? _____



Greater Omaha Chapter
a not-for-profit 501(c)(3) organization

Organizations will be notified of results by April 10, 2010. Awards will be presented May 20, 2010 at the Annual Awards Luncheon, during the Safety and Health Summit at the Qwest Center in Omaha, Nebraska.

**CATEGORIES OF RECOGNITION FOR
GREATER OMAHA'S 2010**

Most Improved Program Recognition

For the company with the most improved program

Small Business Award

For companies, with fewer than 20 employees, which have outstanding safety and health programs, results and achievements

Small Business Recognition -Years of Recognition

For consecutive years as a Small Business Award Recipient

Award of Commendation

For companies with good safety and health programs, results and achievements

Award of Merit

For companies with outstanding safety and health programs, results and achievements

Award of Honor

For companies with superior safety and health programs, results and achievements

• Bronze Award of Honor

First year Award of Honor recipient

• Silver Award of Honor

Second consecutive year Award of Honor recipient

• Gold Award of Honor with Distinction

Third consecutive year Award of Honor recipient

Award of Honor with Distinction -Years of Recognition

For companies which have sustained superior safety and health programs, results and achievements for more than three consecutive years

Award of Honor Platinum -Years of Recognition

For companies which have sustained superior safety and health programs, results and achievements for more than ten consecutive years

Double Honor Platinum Award

For companies which have sustained superior safety and health programs, results and achievements for twenty consecutive years

**SAFEST COMPANIES AWARDS
PROGRAM INFORMATION**

1. Organizations must be a current member of the National Safety Council, Greater Omaha Chapter, or a National Safety Council Member with a Greater Omaha Chapter Service Package.
2. Organizations must have a written injury/illness program or equivalent. If you have not received an award previously, please include a copy of your program with your awards submission. Those who have received awards previously need not submit unless they have made program changes.
3. New applicants must submit a copy of OSHA 300 log summaries or equivalent for 2007, 2008 and 2009. Re-applications submit 2009, however, be sure all numbers are provided on form.
4. Employee hours include only those on your company payroll. Do not include any non-work time, even though paid, such as vacations, sick leave, holidays, etc.
5. All questions must be answered completely, all numbers must be provided in the Injury and Illness Record and **senior operations official signature is required.**
6. The Awards Committee decision will be final.
7. Participating companies who do not receive an award may have a helpful "walk-through" inspection by the Greater Omaha Chapter consulting staff.
8. All award entries and documentation will be held in confidence.
9. Applications must be received by the Greater Omaha Chapter of the National Safety Council, 11620 M Circle, Omaha, NE 68137 by February 5, 2010.
10. If you have questions please contact National Safety Council, Greater Omaha Chapter, 896-0454, ext. 407.

Go online at <http://data.bls.gov/IIRC/calculate.do> to review your rates and determine your NAICS code.

SAFEST COMPANIES AWARDS COMMITTEE

Craig Jacobs, Chairman
Human Resource Manager, Henry Doorly Zoo

Beth Fye, Corporate Safety Manager
Omaha Steaks

Alan L. Roberts, Director of Safety CDS
Wynne Transport Service, Inc.

Jim Armstrong, Senior Safety Technician
Metropolitan Utilities District

J. C. Moore, CHSP, CSSO, Safety Officer
Methodist Health System

Kent Schroeder, Risk & Benefits Insurance Manager
Oriental Trading Company, Inc.

Bob Cook, Chief Operations Officer
Quality Living, Inc.

Dave Pfeffer, Vice President, Human Resources
Goodwill Industries