



# Governor's Award For Safety Excellence NOMINATION FORM

Please complete the nomination in its entirety and forward to the Governor's Award for Safety Excellence, 1171 South Cameron Street, Room 324, Harrisburg, PA 17104-2501 (Note – all legal PA entities listed under the reported FEIN must be included in this application)

To be considered, applications must be typed and signed. Please attach additional 8½" x 11" pages to this application where necessary. To be considered for the current calendar year, applications must be received by June 1st. If you have questions, please call (717) 772-1917.

*Previous Award Winners* will be considered for a subsequent award only if significant safety and prevention program changes or additions have been implemented since receiving a previous award, and these are noted in the application.

Today's Date \_\_\_\_\_ Please indicate if you are a Government  Private  employer.

1. Contact person for nomination:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

2. Nominee:

Company Name \_\_\_\_\_  
"Doing Business As" Company Name (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Federal Employer Identification Number \_\_\_\_\_ NAICS Number \_\_\_\_\_

3. Current Workers' Compensation Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_ Dates of Policy Period \_\_\_\_\_

4. What line of business/nature of business is the nominee involved in?  
\_\_\_\_\_

5. Location of other facilities, other offices and/or headquarters.  
\_\_\_\_\_

6. A) Total number of current employees. \_\_\_\_\_ Total number of union-represented employees. \_\_\_\_\_  
B) List formal name(s) of union(s) as will appear on the Governor's Award. \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please use additional 8½” x 11” attachments to answer the following questions.**

7. Does your company have a workplace safety committee certified by the Department of Labor & Industry? Please include the date of initial certification.
8. Describe in detail what safety program(s) the nominee currently is involved with and how long the programs have been in place. Include a summary of the nominee’s objective for workplace safety.
9. How has the nominee’s safety program (A) reduced workplace injuries? (B) improved employee participation? (C) reduced costs? and (D) improved the quality of the workplace? Please attach supporting information.
10. Has the company had any work-related fatalities over the past five-year period? If yes, attach a detailed explanation.
11. Please provide incidence rates for the past two calendar years using the formula provided. Incidence rates are based on the exposure of 100 full-time workers using 200,000 employee hours as the norm. For the purpose of this calculation, injuries are defined as any wound or damage to the body resulting from an event in the work environment. Illnesses are defined as an abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases, which may be caused by inhalation, absorption, ingestion or direct contact.

Calendar Year	Total Number of Injuries & Illnesses		200,000	÷	Number of Hours Worked by All Employees*	=	Incidence Rate
		x					
		x					

\* If you do not know the total hours worked by all employees, multiply the total number of employees by 2,000 (2,000 hours is equal to 40 hours per week for 50 weeks)

Please indicate which category was utilized for the Incident Rate calculation:

- Total Recordable Cases
- Total cases with days away from work; job transfer or restriction
- Loss time cases
- First/aid medical only
- Other – Please explain if selected

12. Please take this opportunity to provide workplace-safety statistics that further represent your company’s commitment to safety. Possible options may include, but are not limited to: total number of man hours worked without a lost-time injury, reduction in lost time, e-mod factor, loss ratio and reduction in workers’ compensation costs.
13. Has the nominee experienced any recent or anticipated economic growth, plant improvements or investments?
14. Please provide any additional information concerning the nominee’s workplace safety accomplishments that should be considered.

(Please proceed to signature page)

Two Representatives Required:

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_