



Governor's Award for Safety Excellence

NOMINATION FORM

To be considered for the current calendar year, Nomination Forms must be postmarked by June 1st. The Nomination Form must be typed, signed and completed in its entirety. Attach additional pages, as needed. If you have any questions, please call 717.772.1917.

Email to: ra-li-bwc-safety@pa.gov
Include 'GASE Nomination Form' in the subject line

Or mail to: Governor's Award for Safety Excellence
1171 South Cameron Street, Room 324
Harrisburg PA 17104-2501

Previous award winners will be considered for an award only if significant safety and prevention program changes or additions have been implemented and sustained since receiving an award, and any changes or additions are noted on the Nomination Form.

Section 1. Contact Information

Name _____
Title _____
Email _____ Phone _____
Company (if different from Nominee) _____

Section 2. Nominee Information

Nominee company name _____
'Doing Business As' (if applicable) _____
Federal Employer Identification Number (FEIN) _____ NAICS Number _____
Street address _____
City _____ State _____ ZIP Code _____
County _____ Phone _____
Location of other facilities, offices and/or headquarters listed under this FEIN: _____
(All legal PA entities listed under the reported FEIN must be included. Attach additional information, as needed)

Nominee's line/Nature of business:

Indicate if the nominee is a government employer _____ or a private employer _____
Total number of current employees _____ Total number of union-represented employees _____
Formal name of union(s) (if applicable) _____

Current workers' compensation (WC) insurance carrier _____
WC policy number _____ Dates of policy period _____

If the nominee has a Workplace Safety Committee Certified by the Department of Labor & Industry,
provide the date of initial certification _____ No certified committee _____

Section 3. Statistical Data

Provide incidence rates for the **Past Two Calendar Years**. Incidence rates are based on the exposure of 100 full-time workers using 200,000 employee hours as the norm.

Calendar Year 1	Total Recordable ¹ Injuries ² & Illnesses ³	X	200,000	÷	Number of Hours Worked by All Employees ⁴	=	Incidence Rate
_____	_____				_____		_____
Calendar Year 2	Total Recordable ¹ Injuries ² & Illnesses ³	X	200,000	÷	Number of Hours Worked by All Employees ⁴	=	Incidence Rate
_____	_____				_____		_____

1. Recordable: injuries or illnesses defined as recordable by OSHA (29 CFR 1904.7)
2. Injuries: any wound or damage to the body resulting from an event in the work environment
3. Illnesses: an abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment; this includes acute and chronic illnesses or diseases, which may be caused by inhalation, absorption, ingestion or direct contact.
4. If the total hours worked by all employees is not known, multiply the total number of employees by 2,000 (2,000 hours are equal to 40 hours per week for 50 weeks).

Provide workplace safety statistics that further represent the nominee's commitment to safety:

Total number of employee hours worked without a lost-time injury _____
Reduction in lost time _____
Experience modification factor/rating _____ Loss ratio _____
Reduction in workers' compensation costs _____

Section 4. Safety Program Details (attach additional pages, as needed)

1. Summarize the nominee's objectives for workplace safety.

2. Describe the nominee's current safety program, including how long the program has been in place, listing the exceptional elements of the program.

