



GOVERNOR'S AWARD FOR SAFETY EXCELLENCE

NOMINATION FORM

This nomination form must be typed, signed and completed in its entirety. Please attach additional 8½" x 11" pages to this form as directed on page 3, and as needed. To be considered for the current calendar year, nomination forms must be postmarked by June 1st. If you have any questions, call 717.772.1917.

Please forward your completed nomination form, including all attachments, to:

**Governor's Award for Safety Excellence, 1171 South Cameron Street Room 324, Harrisburg PA 17104-2501
Or email ra-li-bwc-safety@pa.gov and include 'GASE Nomination Form' in the subject line.**

Please note: Previous award winners will be considered for a subsequent 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.

Today's Date _____

- Contact person for nomination:

Name _____
Title _____
Street Address _____
City _____ State _____ Zip _____
Email _____ Phone _____

- Nominee:

Company Name _____
'Doing Business As' Company Name (if applicable) _____
Indicate if the nominee is a Government employer _____ or a Private employer _____
Street Address _____
City _____ State _____ Zip _____
County _____ Phone _____
Federal Employer Identification Number _____ NAICS Number _____
(All legal PA entities listed under the reported FEIN must be included. Attach additional information, as needed)
Location of Other Facilities, Offices and/or Headquarters listed under this FEIN _____

- Current Workers' Compensation Insurance Carrier _____

Policy Number _____ Dates of Policy Period _____

- Nominee's Line/Nature of Business _____

- Total number of Current Employees _____
- Total number of Union-Represented Employees _____

Formal Name of Union _____
 Union Address _____ City _____ State _____ Zip _____
 County _____ E-mail Address _____ Phone _____

- Provide incidence rates for the past two calendar years using the formula provided below:

Incidence rates are based on the exposure of 100 full-time workers using 200,000 employee hours as the norm. For 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. This includes acute and chronic illnesses or diseases, which may be caused by inhalation, absorption, ingestion or direct contact. 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).

| Calendar Year 1 | Total Number of Injuries & Illnesses | | 200,000 | ÷ | Number of Hours Worked by All Employees* | = | Incidence Rate |
|-----------------|---|---|---------|---|---|---|----------------|
| | | x | | | | | |

| Calendar Year 2 | Total Number of Injuries & Illnesses | | 200,000 | ÷ | Number of Hours Worked by All Employees* | = | Incidence Rate |
|-----------------|---|---|---------|---|---|---|----------------|
| | | x | | | | | |

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
- Lost time cases
- First aid/medical only
- Other – please explain

Please use additional 8½" x 11" attachments to answer the following:

1. Indicate whether the nominee has a workplace safety committee certified by the Department of Labor & Industry. If so, include the date of initial certification.
2. Describe the nominee's current safety program and how long the program has been in place. Include a summary of the nominee's objectives for workplace safety.
3. Detail how the nominee's safety program has: reduced workplace injuries; improved employee participation; reduced costs; improved the quality of the workplace. Please attach supporting documentation.
4. Indicate whether the nominee had any work-related fatalities over the past five-year period. If yes, attach a detailed explanation.
5. Provide workplace-safety statistics that further represent the nominee's commitment to safety. Possible options may include: total number of man hours worked without a lost-time injury; reduction in lost time; e-mod factor; loss ratio; reduction in workers' compensation costs; etc.
6. Detail any recent or anticipated economic growth, plant improvements or investments.
7. Provide any additional information for consideration concerning the nominee's workplace safety accomplishments.
8. Complete page 3 of this form by providing Signatures from 2 Nominee Representatives.

Two Nominee Representative Signatures Required

Signature Date

Name and Title

Address

Phone

E-mail

Signature Date

Name and Title

Address

Phone

E-mail