Name of Company/Agency/Division/Operating Unit

Name of parent organization

Address of organization

Category by number of employees (check one)

Small Business 0-75 [ ]

Medium Business 76-200 [ ]

Large Business 201- [ ]

Industry  (circle one)

## Government (Fed, State, Local)

## Construction Industry General Industry Maritime Industry

GC or Sub

## ­­­­­

Statistics

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year** 2019 | **Year 20**20 | **Year 2021** |
| **Hours Worked** |       |       |       |
| **Number of Recordable Injuries** |       |       |       |
| **Number of Lost Time Injuries** |       |       |       |
| **Number of days away and restricted time cases (DART)** |       |       |       |
| **Experience Modification Rate (EMR)** |       |       |       |

What sets your safety program apart from other companies? What do you do to maximize safety in your workplace?

Describe how your management provides visible safety leadership. Describe how safety is part of your organization’s objectives and integrated into your operations. How is safety managed? Do you have a safety staff or collateral duty personnel? Describe their duties.

Describe how employees are involved in the safety and health process. Describe processes you have in place to accept, review and decide to consider an employee’s opinion about safety and health. Are they involved in safety and health activities, such as hazard assessment, hazard analysis, co-training, mentoring of workers and reporting hazards). Provide any other supporting information.

Do you have a safety committee? How is the committee managed? What are the expectations from management? Who is involved? Provide any other supporting information.

What is your hazard analysis program? What are your considerations for reducing hazards in your workplace?

What type of indicators is most valued? Leading or trailing? If leading, what do you track?

What are some of your major challenges? What has been done to address those challenges?

What are some things you do that you would recommend to other organizations?

We do hereby attest to the best of our knowledge that the information contained in this entire award nomination is accurate, truthful and meets the award criteria set forth by the Awards Subcommittee.

Person preparing form

Return this completed form before August 15, 2022 to:

Mark Behrens, CSP

Mark.behrens@notes.k12.hi.us