



Consultation Program Safety & Health Success Story

Please mail the completed form to
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Consultant Identification Number: _____
Date of Initial Consultation Visit: _____

Establishment Name:		Ownership:	Public/Private Other
Site Address:		SHARP Site? Date:	Yes No
Mailing Information (including phone number and Web address if applicable):		*Company Size/# of Employees:	Onsite: Controlled:
Type of Business e.g., type of industry, product, service, Etc.:		SIC/NAICS Code:	
Employer Contact:		High Hazard?	Yes No

*Number of employees includes: full-time, part-time, temporary, seasonal, salaried, and hourly.

How did the company hear about the Consultation Program?

If this is a SHARP/Inspection Deferral (Pre SHARP) site, what was the company's motivation for joining the program? If not a SHARP site, please describe the company's motivation for pursuing its current approach to safety and health.

Please complete the data cells below for the past 3 years and provide any additional information regarding factors and/or benchmarks used to characterize the safety and health success of this company.

I&I Data	Year 20__	Year 20__	Year 20__
Number of Injuries and Illnesses			
Total Recordable Case Rate (TRC)			
Days Away, Restricted, and/or Transfer Rate (DART)			
Experience Modifier Rate			
Dollar Value of Workers' Compensation Claims			
Dollar Value of Workers' Compensation Premium			

Additional Information

What types of incentives are used to encourage safety and health buy-in among employees e.g., monetary rewards, comp/flex time, etc?

Has the company identified any barriers to implementation or surprises regarding its safety and health strategy?

Please describe any solution oriented features (or best practices) that contribute to this company's safety and health success. **Be sure to include quotes that can be used for stories, speeches, or article write-ups.**

May we have your (and the employer's) permission to use this company's name in the following printed material for the US Department of Labor OSHA and Oklahoma Department of Labor? Yes ____ No ____

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> OSHA Web Site | <input type="checkbox"/> ODOL Web Site |
| <input type="checkbox"/> Magazines/Journal Articles | <input type="checkbox"/> Testimony |
| <input type="checkbox"/> Training Case Study | <input type="checkbox"/> Speeches/Presentations |
| <input type="checkbox"/> Press Releases | |

PLEASE COPY AND PASTE PHOTOS (Inside Frame) FOR INCLUSION IN STORY/WEB PAGE
For quality purposes you may be asked to submit your photos via e-mail.

