



*2007 Award of Excellence Self-Nomination Application*

Organization/company name in the box below:

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## **APPLICATION INSTRUCTIONS & CHECKLIST**

*Please read instructions and use as a checklist prior to sending your application to the Oklahoma Department of Labor. Applications are also available on-line at [www.labor.ok.gov](http://www.labor.ok.gov).*

- Applications must be received **no later than Friday, March 2, 2007**.
- Attach copies of the organization's OSHA/300 Log of Occupational Injuries & Illnesses for each year.
- Provide all information requested and answer each question in detail. Applications with incomplete answers/information will not be considered.
- Include a short essay describing why your organization should receive this Award. List specific accomplishments and contributions to your organization and industry.
- Use additional pages if necessary to answer any of the questions.
- Complete this entire application and **return all three (3) pages and supporting documentation** to the Oklahoma Department of Labor, ATTN: Diana L. Jones, 4001 North Lincoln Blvd., Oklahoma City, OK 73105.

## Worker Safety Policy Council

### *2007 Award of Excellence Self-Nomination Application*

Organization Name:					
Address:					
Phone:		Fax:		e-mail:	
Contact Name:					
Industry SIC/NAICS:					
	<b>2006</b>	<b>2005</b>	<b>2004</b>	<b>2003</b>	
Total OSHA Recordable injuries/illnesses: (total number of line entries on OSHA Form 300 log)					
Cases involving days away from work, days of restricted work activity or job transfer: (number of entries in column H + I on OSHA 300 log)					
Average number of employees:					
Total hours worked for each year:					
Workers' compensation premiums/costs for each year: (please attach WC insurance carrier loss runs for each year, if available)					
Self-Insured: (check yes or no per year)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	

#1. Briefly describe your organization's Safety & Health policy? *(please attach copy)*

#2. Describe your organization safety/health training program *(list training methods/tools used)*:

#3. Describe your organization's method for identifying and correcting hazards *(provide specific examples)*:

#4. Describe your organization's method for encouraging employee participation in the safety and health program (*list specific examples employees take an active role in your program*):

#5. Describe any significant event or unique program within your organization you feel has impacted the reduction in worker injuries/illnesses:

#6. Describe any safety-related feature(s) or innovation(s) that exist(s) within your organization you believe had the greatest impact on the organization's safety culture.