South Carolina
Department of Labor, Licensing and Regulation

110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1329
(803) 896-4300

Henry D. McMaster
Governor

Emily H. Farr
Director

2020 Safety Achievement Award Application

This application should be submitted by April 30, 2020, to the Division of OSHA by email or address listed above. All information submitted should pertain to calendar years 2018 and 2019. Submission of this application is voluntary.

Submit with your application:
- OSHA Form 300 and OSHA Form 300A for calendar years 2018 and 2019.
- Supporting documentation of how the company encouraged a safe environment culturally and in the community. Including but not limited to:
  - ➢ Company Policy/Procedures
  - ➢ Pictures
  - ➢ Programs
  - ➢ PowerPoint Slides

COMPANY INFORMATION

Name of Company (List as you want to appear on award): _____

Local Address: _____ County: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Management Official / Title: _____

Email Address: _____

Company's Standard Industrial Classification (NAICS Code)* or Industry Type: _____

Name of Parent Company (if applicable): _____

Address: _____ County: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

1.   Please describe your scope of work:

_____

_____

_____

2. Did your company have 100 or more full-time employees during 2018 and 2019? ☐ **YES** ☐ **NO**

   If no, proceed to Question 6.

3. **Employee Hours** (Please attach OSHA 300 and 300A logs):   **2018**   **2019**

   a. Average number of employees: _____   _____

   b. Total number of employee hours worked: **EH:**   _____   _____
   (You may multiply 4a. by the average number of hours worked by employees during the year to get the EH.)

4. **Incidence Rate** (Please attach OSHA 300 and 300A logs):

   a. Total recordable cases: **TC:**   _____   _____

   b. Multiply TC by 200,000 and divide by EH
   to find your company's incident rate (IR):   **IR:**   _____   _____

5. Award Category (Check all statements which apply):

   Palmetto Shining Star

   ☐ No fatalities or recordables during calendar year 2019 (TC = 0)

   ☐ A reduction of at least 40 percent in an employer's incidence rate between 2018 and 2019

   ☐ Company's incidence rate during calendar year 2019 was at least 75% below the 2018 South Carolina incidence rate for company's NAICS. See column three entitled "Total recordable cases" in the Table here: http://www.scosha.llronline.com/BLS/injuryinlless/2018/2018%20I&I%20Table%206.pdf
   - Totals include rate for industries not shown separately
   - North American Industry Classification System Manual, 2012 Edition.
   - To obtain Incidence Rates for Industries or NAICs not listed, call 803-896-7673
   - If NAICs is unknown, call 803-896-7673

   ☐ Worked 1 million or more safe work hours without a lost time injury or illness.
   Number of hours achieved: _____   Time frame hours were achieved: _____

   Rising Star

   ☐ Company's incidence rate during calendar year 2019 was at least 75% below the 2018 *national* incidence rate for company's NAICS. See column three entitled "Total recordable cases" in the Table here: https://www.bls.gov/iif/oshwc/osh/os/summ1_00_2018.htm

   Gleaming Star

   ☐ Less than 100 employees

   Responses to the following must be provided by all employers, regardless of Award category sought

6. What have you done within the last year, culturally within your company to encourage an environment of safety? (Supporting documentation to verify *must* be attached. May include additional sheets for explanation.)

   _____
   _____
   _____
   _____
   _____
   _____
   _____

7. How have you encouraged safety in the community within the last year? (Supporting documentation to verify *must* be attached. May include additional sheets for explanation.)

_____

_____

_____

_____

_____

_____

_____

_____

8. Please describe any new initiatives your company has implemented and maintained within the last year. (Ex. Workplace Violence, Safety and Health Management System, etc.)

_____

_____

_____

_____

_____

_____

_____

SIGNATURE OF MANAGEMENT OFFICIAL:

Your signature certifies that the information and attached verification documents are true. Penalty for false information includes but is not limited to disqualification for this year's and next year's award.

_____

Print Name and Title

_____   _____

Signature   Date