

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 For Public Sector

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):							
Address:		County:	County:				
City:	State:	Zip Code:	Phone:				
Management C	Official / Title:						
Email Address	:			_			
Company's Sta	andard Industrial Classification	(NAICS Code)* or Ind	ustry Type:				
1. Please desc	cribe your scope of work:						
,				_			
2. Did you	r company have 100 or more full-	-time employees during 20	018 and 2019? YES	\square NO			

If no, proceed to Question 6.

Er	nploy	ee Hours (Please attach OSHA 300 and 300A logs):	<u>2018</u>	<u>2019</u>			
a.	a. Average number of employees:							
b.		l number of employee hours worked: may multiply 4a. by the average number of hours wo	EH: orked by emplo	yees during the	e year to get the EH.)			
In	acidence Rate (Please attach OSHA 300 and 300A logs):							
a.	Tota	l recordable cases:	TC:					
b.		tiply TC by 200,000 and divide by EH and your company's incident rate (IR):	IR:					
Av	ward C	Category (Check all statements which apply):						
<u>Pa</u>	lmetto	Shining Star						
		No fatalities or recordables during calendar years	ear 2019 (TC	= 0)				
		A reduction of at least 20 percent in an emplo	yer's inciden	ce rate betwe	en 2018 and 2019			
		Employer's incidence rate during calendar ye incidence rate for the applicable State or Lo Recordable cases" in the Table here: <a href="http://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thtp://www.scosha.llronline.com/BLS/injuryingle-thttp://www.s</td><td>cal governme</td><td>ent NAICS.</td><td>See column three entitled " t<="" td=""><td></td>						
<u>Ri</u>	sing St	<u>tar</u>						
		Employer's incidence rate during calendar ye rate for the applicable State or Local govern cases" in the Table here: https://www.bls.gov	ment NAICS	S. See colum	n three entitled "total record			
<u>Gl</u>	eamin	eg Star						
		Less than 100 employees						
* <i>R</i>	Respon	eses to the following must be provided by a	ll employers	s, regardless	of Award category sough	ŗ*		
		ve you done within the last year, culturally Supporting documentation to verify <i>must</i> be atta				of		
_								
		ve you encouraged safety in the community ttached. May include additional sheets for expl		ast year? (Su	pporting documentation to ve	rify		
						_		

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.)						
Your si	ATURE OF MANAGEMENT OFFICIAL gnature certifies that the information and attacts but is not limited to disqualification for this y	ched verification documents are true. Pend	alty for false information				
Print N	Name and Title						
Signat	ure	Date					