

2021 Annual Safety Award Application

(Includes Mines, Quarries, Sand and Gravel Pits, and Mineral Processing Plants)

Please check if your firm participates in NCDOL's
Carolina Star and/or SHARP Program

Safety Awards Program N.C. Department of Labor 1101 Mail Service Center Raleigh, NC 27699-1101 919-707-7855 Fax: 919-707-7968 Email: safety.awards@labor.nc.gov

Important! All information pertains to past calendar year. Submission of this application is voluntary. **Please print or type throughout.** Submit application via mail, email or fax.

PLEASE VERIFY COMPANY NAME AND/OR DIVISION EXACTLY AS DESIRED ON AWARD:

If information above is incorrect, or if space is blank, please print name of firm or unit of firm exactly as desired on award and **mailing** address.

1. Mail application to (Individual Name):			Title:	Firm's North American Industry Classification System (NAICS) Code or type industry:	
2. Telephone number:			Fax number:	County where located:	
Email:					
3. Basic Qualifications	*	Did your firm complete this past calendar year without a fatality (death) at this site? Yes No If the answer is yes , please complete remainder of form. If the answer above is no , firm does not qualify for an award. Please sign at the bottom and return form to remain on mailing list.			
4. Employee Hours (EH) (Use your firm's records)		Average number of employees this past year: Total number of employee hours (EH) worked this past year. (If necessary to estimate EH, multiply average number of employees by average number of hours worked by employees during year.)			
5. DART Incidence Rate (Use OSHA Form 300A, lines H & I)	*	Number of cases involving job transfer or restriction th Add lines H and I of your C NOTE: COUNT CASES, N	is past calendar year. SHA Form 300A.		DART
NOTE: This is criteria for the GOLD AWARD	*		and divide by EH (above) to fir 200,000 = ÷		IR
	*		ar industry printed on enclosed an rate listed to qualify for a sa then IR = 0 .		
6. CDAW Incidence Rate (Use OSHA Form 300A, line H)	*	day away from work, not in listed on line H, of your OS	calendar year when a worker cluding day of injury (CDAW). HA Form 300A. and divide by EH (above) to fi	This will be the total	CDAW
NOTE: This is criteria for the SILVER AWARD		CDAW X	200,000 =÷	EH=	IR
7. Provide Award Information	*	★ Firm qualifies—had no	o fatalities and either a perfect nan rate printed on enclosed fo		
8. Million-Hour Awards (separate application required)	wi wv	th no fatalities and no cases in	on of firms that accumulate 1,000,000 employee hours (or multiple thereof) olving days away from work. Access the application on our website at th/recognition-programs/safety-awards-program/million-hour-safety-awards mailed copy.		
9. Signature and title of pers	son	completing application:		Date:	