

## 2019 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: 919-807-2939 Email: Eursula.Joyner@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	If the answer is <b>yes</b> , pleas If the answer above is <b>no</b>	Did your firm complete this past calendar year <b>without</b> a fatality (death) at this site? Yes  No  If the answer is <b>yes</b> , please complete remainder of form. If the answer above is <b>no</b> , 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)	★ Total number of employee estimate EH, multiply ave	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)	<ul> <li>Number of cases involvin job transfer or restriction t Add lines H and I of your NOTE: COUNT CASES,</li> </ul>	his past calendar year. OSHA Form 300A.		DART	
NOTE: This is criteria for the GOLD AWARD		0 and divide by EH (above) to fi X 200,000 =		IR	
		our industry printed on enclosed han rate listed to qualify for a sa <b>), then IR = 0</b> .			
6. CDAW Incidence Rate (Use OSHA Form 300A, line H)	<ul> <li>Number of cases this past calendar year when a worker missed at least one full day away from work, not including day of injury (CDAW). This will be the total listed on line H, of your OSHA Form 300A.</li> <li>Multiply CDAW by 200,000 and divide by EH (above) to find incidence rate (IR).</li> </ul>			CDAW	
NOTE: This is criteria for the SILVER AWARD	CDAW >	200,000 =÷	EH=	IR	
7. Provide Award Information		no fatalities and either a perfect than rate printed on enclosed fo			
8. <b>Million-Hour Awards</b> (separate application required)	with no fatalities and no cases i	nvolving days away from work. Ac ealth/recognition-programs/safety·	of firms that accumulate 1,000,000 employee hours (or multiple thereof) ing days away from work. Access the application on our website at recognition-programs/safety-awards-program/million-hour-safety-awards illed copy.		
9. Signature and title of pers	son completing application:		Date:		