


SAFETY AWARDS APPLICATIONS: Please refer to the following examples. The one on the left is what you will see when you go on-line to complete the application. On the right, is an example of a completed application done correctly. It's very important that you do not exit in and out of the application process as it creates incomplete application submissions which may lead to delays in processing your application. All properly completed applications will receive a system generated email stating that the application has been submitted. If you do not receive this email, we will not be able to process your application.

25% Complete

2023 Annual Safety Award Application



Safety Awards Program
N.C. Department of Labor
1101 Mall Service Center
Raleigh, NC 27699-1101
919-707-7855
Email: safety_awards@labor.nc.gov

(Safety Awards Program Includes Mines, Quarries, Sand and Gravel Pits, and Mineral Processing Plants.)

IMPORTANT! All information pertains to the past calendar year. Submitting an application is voluntary and will be done electronically.

Recognition Programs:
Please check all that apply.
 Annual Safety Awards Carolina Star Program SHARP Program

Contact Information:
The following contact information will allow one point of contact to submit up to five separate award applications (i.e., division, department, or location) using the same contact information on this application.

Company Name: *

Full Name: * Title: *

Mailing Address: *

Physical Address: *

City: * State: *


Zip Code: * Phone Number: *

Email Address: *

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25% Complete

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Contact Information:
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Company Name: *

COMPANY NAME

Full Name: * Title: *

CONTACT FULL NAME CONTACT TITLE

Mailing Address: *

AWARDS NOT PICKED UP DURING BANQUET WILL BE MAILED HERE

Physical Address: *

PHYSICAL ADDRESS OF THE MAIN OFFICE

City: * State: *

MAILING ADDRESS CITY MAILING ADDRESS STATE

Zip Code: * Phone Number: *

MAILING ADDRESS ZIP (336) 111-1111

Email Address: *

CONTACT@EMAILADDRESS.COM

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38% Complete

FACILITY APPLICATION #1

If submitting multiple applications - this section is **REQUIRED** to identify the division, department, or location (if applicable). If award is for a single location, your company has the option to include a specific division, department, or location.

NOTE - Award will appear with your company name and additional information included in this section.

County: *

Did your division, department, or location complete this past calendar year without a fatality (death) at this site? If the answer is 'yes', please complete the remainder of the form. If the answer is 'no', the location does not qualify for an award. *

- Yes
 No

Did your company receive an award last year? *

- Yes
 No
 Unsure

North American Industry Classification System Code and Rates

NAICS *

DART RATE (Located on Chart) *

CDAW RATE (Located on Chart) *

300A OSHA Summary Logs

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.) *

DART Incidence Rate (Use OSHA Form 300A, lines H & I). Number of cases involving days away from work, job transfer or restricted this past calendar year. Add lines H and I of your OSHA Form 300A. NOTE: COUNT CASES, NOT DAYS. *

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. *

Silver Award:

0.00

Do you have another application to submit? *

- Yes
 No

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38% Complete

FACILITY APPLICATION #1

If submitting multiple applications - this section is **REQUIRED** to identify the division, department, or location (if applicable). If award is for a single location, your company has the option to include a specific division, department, or location.

DO NOT PUT IN COMPANY AGAIN - MAY LEAVE BLANK OR SPECIFIC APPLICATION INFO

NOTE - Award will appear with your company name and additional information included in this section.

County: *

RECIPIENT LOCATION

Did your division, department, or location complete this past calendar year without a fatality (death) at this site? If the answer is 'yes', please complete the remainder of the form. If the answer is 'no', the location does not qualify for an award. *

- Yes
 No

Did your company receive an award last year? *

- Yes
 No
 Unsure

Identify award received last year. *

Gold Silver

Award Type:

What number was on your last award? *

1

North American Industry Classification System Code and Rates

NAICS *

621

DART RATE (Located on Chart) *

1.25

CDAW RATE (Located on Chart) *

0.95

300A OSHA Summary Logs

Average number of employees this past year: *

35

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.) *

2563570

DART Incidence Rate (Use OSHA Form 300A, lines H & I). Number of cases involving days away from work, job transfer or restricted this past calendar year. Add lines H and I of your OSHA Form 300A. NOTE: COUNT CASES, NOT DAYS. *

3

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. *

1

Gold Award:

2.34

Silver Award:

0.78

Do you have another application to submit? *

- Yes
 No

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