

Safety Association of Rhode Island

SAFE EMPLOYER AWARD PROGRAM

It is the belief of the Safety Association of Rhode Island (SARI) that maintaining a safe workplace is the moral and ethical responsibility of every employer, and, that employees are morally and ethically responsible to work in the best interest of their employer. SARI has developed this award program to provide recognition to employers that have made a measurable effort to establish and promote effective safety and health programs and practices within their workplaces.

To be eligible for this award, employers must be represented in the membership of SARI, and must submit a completed award program application. The application includes relevant company information on injury and illness statistics, safety and health activities, and a narrative statement from executive management.

The SARI Safe Employer Award Committee, made up of members of the Association's elected Board of Directors, will perform the scoring, and may request an on-site visit of any employers applying for the award. Applications will be evaluated on an individual basis, to determine eligibility for recognition as a Safe Employer. All employers who are determined to have met the judging criteria will receive a plaque at the Annual Meeting in May.

Each section of an application will be scored separately. Section I can yield between zero and seven points. Sections II and III can yield up to ten points each. The averaged scores of each section will be added to generate an employer's total score. An employer with a score of twenty-three (23) points or more will be recognized by SARI as a Safe Employer. Individual sections of the application will be scored on the following basis:

SECTION I (Statistics): With the information provided, total recordable and lost-time incident rates will be calculated for each employer. An employer's incident rates will be compared to their Standard Industrial Classification (SIC/NAICS) code's incident rates listed in the latest U.S. Bureau of Labor Statistics summary. One (1) point will be awarded for each year that a lost workday incident rate is lower than the company's SIC Code rate. Additional points (to a maximum of three) will be added for each year in which the lost workday incident rate is more than 10% below the employer's BLS SIC/NAICS code rate. One (1) additional point will be awarded if the lost workday incident rates of all three years are more than 10% below the BLS SIC code rate (maximum 7 points).

SECTION II (Activity): This section is divided into a number of areas about your safety/health activities and management practices. If an item is not applicable to your company, please mark N/A. The information provided will be evaluated on a subjective basis, and the section given a value of up to ten (10) points.

SECTION III (Executive Statement): This section will be subjectively evaluated and given a value of up to ten (10) points.

Applications must be postmarked by January 31. Awards presented in this calendar year will be based on an applicant's statistics for prior three (3) calendar years. Companies that have received awards based on statistics four years ago are eligible to apply for another award.

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The Safety Association of Rhode Island (SARI) will recognize employers who demonstrate a continuing commitment to effective safety and health management for their employees. This award program is ongoing.

Any member of the Association may apply for this award on behalf of his/her employer.

Information provided will be held in the strictest confidence, and used solely by the SARI Board of Directors in determining an employer's eligibility to receive a Safe Employer Award.

To apply for a Safe Employer Award please complete the following application and forward it to: Safety Association of Rhode Island, Safety Award Program, P.O. Box 6606, Providence, RI 02940-6606.

NAME OF EMPLOYER	PRIMARY SIC/NAICS CODE
COMPANY ADDRESS	

SECTION I. INJURY & ILLNESS STATISTICS

For each of the listed calendar years supply the following data: 20 20 20

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|---|-----|-----|-----|
| 1. Total number of recordables (from OSHA 300 Log) | ___ | ___ | ___ |
| 2. Number of injuries resulting in days out of work beyond date of injury | ___ | ___ | ___ |
| 3. Total number of hours worked by all employees in each year, and/or | ___ | ___ | ___ |
| 4. Average number of employees during each year | ___ | ___ | ___ |

SECTION II. SAFETY & HEALTH PROGRAMMING INFORMATION

(Please provide the following information as attachments, clearly indicating the section and item number to which the information pertains).

1. Describe the committees or other groups responsible for safety & health at your company.
2. Indicate the number of members from each of the following that are involved in these activities.
 Executive Management ___ Supervisors/Managers ___ Non-management employees ___
3. Please provide a copy of a recent Safety Committee Minutes or notes, deleting any proprietary, personal, or financial information.
4. What types of safety audit/inspection programs are functioning? Are they in writing? How often are they conducted?

5. Please provide a copy of a Safety Inspection Report, deleting any proprietary, personal or financial information.
6. What types of accident investigations take place? Are there written records? How are they used, and by whom?
7. Please include a copy of an Accident Investigation Report, deleting any proprietary, personal, or financial information.
8. Please provide a list of the safety training programs that are conducted at the company.
9. How is safety training provided? Instructor-led; web-based; video; CD-ROM; other.
10. What certifications/registrations (ISO 14001; OHSAS 18001; ISO 9000; other) does the company hold?
11. Please provide information on the safety-related professional development programs (not including items listed in #8 above) that employees have completed in the past three years.
12. Please provide a list of any safety-related professional accreditations held by employees.
13. Please provide any additional information that you feel is appropriate to help us to evaluate your company's safety program.

SECTION III. SAFETY & HEALTH POLICY STATEMENT

This statement by an owner, officer or executive should answer the following questions:

What does Safety and Health mean to the company?

Why do you believe that your company should receive recognition as a Safe Employer?

SECTION IV. AUTHORIZATION

We hereby apply for a Safety Association of Rhode Island Safe Employer Award, and state that providing the above information to the Safety Association of Rhode Island does not violate our company's policies or procedures.

SARI MEMBER NAME (printed)	Signature	Date
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EXECUTIVE'S NAME (printed)	Signature	Title	Date
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Contact person	Telephone	E-mail
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