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### Governor's Award Application for Year 2015

All information is *required*, unless otherwise indicated.

#### Company Information

Name of Company Reporting

Please enter the name of your company as it would be inscribed on an award.

**IMPORTANT:** If you are submitting more than one application (e.g. one for each of several different divisions in your company) please enter a distinct company/division name for each application you submit.

NAICS Category  NAICS Code

Select NAICS category first

Please select your Reporting Code. Select a Category first; then select a Code.

Street Address

City

State  
Minnesota

Zip Code

Reporting as:  Entire Organization  Separate Division\*  Operations Unit\*  Office Only\*

\*Separate divisions, operations units or entities that are office only must have twenty or more employees

Did you submit a *Governor's Award Application for 2013* to the Minnesota Safety Council last year?  Yes  No

#### Reporting Data

If you answered NO to the question above (i.e. you did NOT submit a *Governor's Award Application 2013*), you must enter data for ALL years below. If you answered YES to the question above (you did submit a *Governor's Award Application 2013*), you may skip 2012 and 2013 and enter data for 2014 only. (We have your prior data on file.)

	2012	2013	2014
1. Average number of employees on your payroll	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Total number of hours worked	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Total number of recordable cases (Count the total number of cases on your OSHA form 300)	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Count number of cases with column H or I checked on Form 300 (These are D.A.R.T. cases, ie, cases with Days Away, Restrictions, and/or Transfers)	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total number of fatal incidents/amputations in entire organization	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Date (mm/dd/yy) of last incident involving day(s) away from work (NOT restricted work activity)	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Has this reporting entity received citations/fines for willful/repeat violations within the last three years?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

#### Governor's Safety Award Program Evaluation Scorecard

Please rank how well your organization implements the following elements of a safety program:

### Responsibilities and Accountabilities

5 = Extremely well · 4 = Very well · 3 = Moderately well · 2 = Somewhat well · 1 = Not well · 0 = Not part of our program

1. We have a written general safety and health program with clearly defined goals and objectives, and we review it annually.  5  4  3  2  1  0
2. Our organization budgets adequately for safety, including training, communication, hazard abatement, equipment and other tools needed to provide a safe and healthy workplace.  5  4  3  2  1  0
3. Our employees understand and support our safety goals and objectives.  5  4  3  2  1  0
4. Executives and managers are invested in the safety program and held accountable for safety performance.  5  4  3  2  1  0
5. We have tools that measure safety performance and employee attitudes and perceptions of safety.  5  4  3  2  1  0

### Identifying, Controlling and Analyzing Hazards

5 = Extremely well · 4 = Very well · 3 = Moderately well · 2 = Somewhat well · 1 = Not well · 0 = Not part of our program

1. Employees wear appropriate personal protective equipment.  5  4  3  2  1  0
2. Our safety committee reviews workplace injury and illness reports, conducts area inspections, identifies hazards and addresses safety concerns raised by employees, supervisors, safety staff and management.  5  4  3  2  1  0
3. Executives, managers and all employees are aware of the results of data analysis and we document how that information is used to prevent future incidents.  5  4  3  2  1  0
4. Trained employees identify frequent and high risk areas and jobs, and any exposures responsible for OSHA recordable cases.  5  4  3  2  1  0
5. Equipment, tools, machinery, etc., are repaired, serviced or replaced promptly.  5  4  3  2  1  0
6. Our employees participate in job safety observations of their co-workers and results are analyzed and shared for follow-up action.  5  4  3  2  1  0

### Incident Investigation

5 = Extremely well · 4 = Very well · 3 = Moderately well · 2 = Somewhat well · 1 = Not well · 0 = Not part of our program

1. Employees are instructed to report all incidents including near misses to their supervisor right away.  5  4  3  2  1  0
2. We have established procedures to investigate OSHA-recordable injury and property damage incidents. Identified hazards are reduced or eliminated promptly.  5  4  3  2  1  0
3. Injury and illness logs and exposure records are kept correctly, and we use significant analytical findings to develop our prevention efforts.  5  4  3  2  1  0
4. We determine root cause for incidents.  5  4  3  2  1  0

### Communication and Training

5 = Extremely well · 4 = Very well · 3 = Moderately well · 2 = Somewhat well · 1 = Not well · 0 = Not part of our program

1. Workplace safety is a part of new-employee orientation and our employees understand that working safely is a condition of employment.  5  4  3  2  1  0

- 2. All of our managers receive training in safety and health management. 5 4 3 2 1 0
- 3. Our employees can explain what their role is in maintaining a safe and healthy workplace. 5 4 3 2 1 0
- 4. Our managers and executives know their role and model it. 5 4 3 2 1 0
- 5. We have written plans and safety programs for all applicable OSHA regulations and provide employee safety training. 5 4 3 2 1 0

I  Your full name certify that our head of management  Full Name, Title, has reviewed this application and agrees with this evaluation.

**Reported By**

Please enter contact information for the person who should receive mail notification if your company receives an award.

First Name	Last Name	Salut
Title	E-mail	
Phone (include Area Code)	Fax (optional)	

If the person named above is YOU, skip this section.  
 If you are not the person named above, please enter your own contact information below.

First Name	Last Name
Phone (include Area Code)	E-mail

[Continue to Review Data](#)

DRIVE SAFE	WORK SAFE	LIVE SAFE	MEMBERSHIP
<ul style="list-style-type: none"> <li>Driver training</li> <li>Workplace</li> <li>Mature driver classes (insurance discount)</li> <li>Alive at 25</li> <li>Ramsey County "Alive at 25"</li> <li>Court-referred</li> <li>MN Network of Employers for Traffic Safety (NETS)</li> <li>Railroad safety</li> <li>Traffic safety fact sheets</li> <li>Traffic safety topics</li> </ul>	<ul style="list-style-type: none"> <li>Find a course/register</li> <li>Driver training</li> <li>First Aid/CPR/AED training</li> <li>OS&amp;H Training</li> <li>Train-the-Trainer PLUS</li> <li>Governor's Safety Awards</li> <li>Job postings</li> <li>MN Safety &amp; Health Conference</li> <li>Safety/training products</li> <li>Video library</li> </ul>	<ul style="list-style-type: none"> <li>Child car seats</li> <li>Fact sheets</li> <li>Off-the-job safety for employers</li> <li>Publications</li> <li>Safe-a-Rooni for kids</li> <li>Safe Kids MN</li> <li>Safety products</li> <li>Resources by topic</li> </ul>	<ul style="list-style-type: none"> <li>Members Only</li> <li>Why Join?</li> </ul>