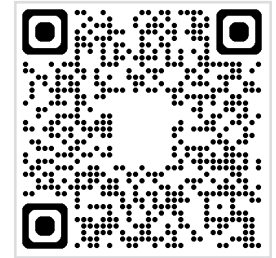


# 2025 Minnesota Governor's Workplace Safety Awards

To be honored at the 2026 MN Safety & Health Conference

Information you will need to complete the application includes:

- Establishment Information
- Primary Contact Information
- Name of highest ranking official who will certify the application
- Basic components of your organization's safety program
- Establishment's 2023 OSHA 300A Summary Forms (or equivalent information)
- Establishment's 2024 OSHA 300A Summary Forms (or equivalent information)
- Establishment's 2025 OSHA 300A Summary Forms (or equivalent information)



Scan to view FAQs

**Please note: This file is for reference ONLY. The Governor's Workplace Safety Award application is to be completed via an online form, beginning January 2, 2026.**

Establishment Name - See FAQs #12 - #17 \_\_\_\_\_

Establishment Name for Award \_\_\_\_\_

\*As you would like it to appear on your certificate (if awarded)\*

Address \_\_\_\_\_

City, State / Province, ZIP / Postal code \_\_\_\_\_

NAICS - See FAQ #18 \_\_\_\_\_

Primary North American Industry Classification System (NAICS) Code for the establishment

## PRIMARY CONTACT INFORMATION

First and Last Name \_\_\_\_\_

Title \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

## WHO IS CERTIFYING THIS APPLICATION? - See FAQ #21

*Highest Ranking Official*

First and Last Name \_\_\_\_\_

Title \_\_\_\_\_

**IS OUR ORGANIZATION ELIGIBLE?**

*I Certify That Our Organization...*

Has had at least one establishment within the State of Minnesota during all of 2025. \_\_\_\_\_

Has been operating within the State of Minnesota during all of 2025. \_\_\_\_\_

Has had at least one employee working within the State of Minnesota during all of 2025. \_\_\_\_\_

**IS OUR ORGANIZATION DISQUALIFIED? - See FAQs #10 - #11**

*I Certify That Our Organization...*

Has NOT experienced any work-related fatality involving an employee. \_\_\_\_\_

*\*During the 2023, 2024, 2025, and/or current calendar years\**

Has NOT experienced any work-related fatality involving any worker at any of our establishments, project-sites, work-sites or similar locations. \_\_\_\_\_

*\*During the 2023, 2024, 2025, and/or current calendar years\**

*(Including but not limited to an employee, temporary worker, seasonal worker, staffing-agency worker, subcontractor or independent contractor)*

Has NOT received any willful, repeat, or failure-to-abate citations from either Federal OSHA or MN OSHA. \_\_\_\_\_

*\*During the 2023, 2024, 2025, and/or current calendar years\**

**DOES OUR ORGANIZATION MAINTAIN THE MINIMUM REQUIRED ELEMENTS OF A SAFETY/HEALTH MANAGEMENT PROGRAM?**

*I Certify That Our Organization Has...*

Established a policy that prohibits discrimination, retaliation and any adverse treatment toward any employee for exercising their rights under OSHA. \_\_\_\_\_

*(Under the Occupational Safety and Health Act, MN Occupational Safety and Health Act, and related laws)*

Developed and implemented a written safety/health management program. \_\_\_\_\_

*(Including the elements of a written AWAIR program, as set forth in Minn. Stat. 182.653 Subd. 8)*

Established and maintained a Safety Committee that meets Minnesota requirements. \_\_\_\_\_

*(As set forth in Minn. Stat. 182.676 and Minn. Rul. 5208)*

Developed and implemented a written Hazard Communication and/or Employee Right-To-Know program. \_\_\_\_\_

*(Including the elements under both 29 CFR 1910.1200 ("Hazard Communication") and Minn. Rul. 5206 ("Employee Right-To-Know"))*

Implemented a process for *employees to promptly report* injuries, illnesses, near-misses and incidents. \_\_\_\_\_

Implemented a process to *record and track* work-related injuries, illnesses, near-misses and incidents. \_\_\_\_\_

Implemented a process to investigate work-related injuries, illnesses, near-misses, and incidents. \_\_\_\_\_

*(Investigating for causal and contributing factors, plus identifying and implementing corrective action to minimize recurrence.)*

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/variable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases table with columns: Total number of deaths, Total number of cases with days away from work, Total number of cases with job transfer or restriction, Total number of other recordable cases.

Number of Days table with columns: Total number of days away from work, Total number of days of job transfer or restriction.

Injury and Illness Types table with categories: (1) Injuries, (2) Skin disorders, (3) Respiratory conditions, (4) Poisonings, (5) Hearing loss, (6) All other illnesses.

Establishment information form including fields for: Year establishment name, Street, City, State, Zip, Industry description, North American Industrial Classification (NAICS), Employment information, Annual average number of employees, Total hours worked by all employees last year, Sign here, and a certification statement.

2023 CALENDAR YEAR ONLY - See FAQs #19 - #20

Our establishment's injury/illness information:
\*Please enter in the information for THIS ESTABLISHMENT ONLY\*

Enter your average number of employees for the ENTIRE ORGANIZATION in Minnesota during the 2023 calendar year: \_\_\_\_\_

Enter your total productive work-hours for the ENTIRE ORGANIZATION in Minnesota during the 2023 calendar year: \_\_\_\_\_

Enter your average number of employees for THIS ESTABLISHMENT during the 2023 calendar year: \_\_\_\_\_
(As provided on the establishment's OSHA 300A Summary Form for 2023)

Enter your total productive work-hours for THIS ESTABLISHMENT during the 2023 calendar year: \_\_\_\_\_
(As provided on the establishment's OSHA 300A Summary Form for 2023)

Enter the total number of FATALITIES for THIS ESTABLISHMENT during the 2023 calendar year: \_\_\_\_\_
NOTE: See Column G of the OSHA 300 Log or Field G of the OSHA 300A Summary Form for 2023

Enter the total number of DAYS-AWAY injuries/illnesses for THIS ESTABLISHMENT during the 2023 calendar year: \_\_\_\_\_
NOTE: See Column H of the OSHA 300 Log or Field H of the OSHA 300A Summary Form for 2023

Enter the total number of TRANSFER/RESTRICTED injuries/illnesses for THIS ESTABLISHMENT during the 2023 calendar year: \_\_\_\_\_
NOTE: See Column I of the OSHA 300 Log or Field I of the OSHA 300A Summary Form for 2023

Enter the total number of OTHER RECORDABLE CASES for THIS ESTABLISHMENT during the 2023 calendar year: \_\_\_\_\_
NOTE: See Column J of the OSHA 300 Log or Field J of the OSHA 300A Summary Form for 2023

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/variable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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Table with 4 columns: Total number of deaths, Total number of cases with days away from work, Total number of cases with job transfer or restriction, Total number of other recordable cases. Includes fields (G), (H), (I), (J).

Table with 2 columns: Total number of days away from work, Total number of days of job transfer or restriction. Includes fields (K), (L).

Table with 2 columns: Total number of... (M). Categories: (1) Injuries, (2) Skin disorders, (3) Respiratory conditions, (4) Poisonings, (5) Hearing loss, (6) All other illnesses.

Establishment information

Form fields for: Year establishment name, Street, City, State, Zip, Industry description (e.g., Manufacture of motor truck trailers).

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive, Title, Phone, Date

2024 CALENDAR YEAR ONLY - See FAQs #19 - #20

Our establishment's injury/illness information:

\*Please enter in the information for THIS ESTABLISHMENT ONLY\*

Enter your average number of employees for the ENTIRE ORGANIZATION in Minnesota during the 2024 calendar year:

\_\_\_\_\_

Enter your total productive work-hours for the ENTIRE ORGANIZATION in Minnesota during the 2024 calendar year:

\_\_\_\_\_

Enter your average number of employees for THIS ESTABLISHMENT during the 2024 calendar year:

\_\_\_\_\_

(As provided on the establishment's OSHA 300A Summary Form for 2024)

Enter your total productive work-hours for THIS ESTABLISHMENT during the 2024 calendar year:

\_\_\_\_\_

(As provided on the establishment's OSHA 300A Summary Form for 2024)

Enter the total number of FATALITIES for THIS ESTABLISHMENT during the 2024 calendar year:

\_\_\_\_\_

NOTE: See Column G of the OSHA 300 Log or Field G of the OSHA 300A Summary Form for 2024

Enter the total number of DAYS-AWAY injuries/illnesses for THIS ESTABLISHMENT during the 2024 calendar year:

\_\_\_\_\_

NOTE: See Column H of the OSHA 300 Log or Field H of the OSHA 300A Summary Form for 2024

Enter the total number of TRANSFER/RESTRICTED injuries/illnesses for THIS ESTABLISHMENT during the 2024 calendar year:

\_\_\_\_\_

NOTE: See Column I of the OSHA 300 Log or Field I of the OSHA 300A Summary Form for 2024

Enter the total number of OTHER RECORDABLE CASES for THIS ESTABLISHMENT during the 2024 calendar year:

\_\_\_\_\_

NOTE: See Column J of the OSHA 300 Log or Field J of the OSHA 300A Summary Form for 2024

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases table with columns: Total number of deaths, Total number of cases with days away from work, Total number of cases with job transfer or restriction, Total number of other recordable cases. Fields (G), (H), (I), (J).

Number of Days table with columns: Total number of days away from work, Total number of days of job transfer or restriction. Fields (K), (L).

Injury and Illness Types table with categories: (1) Injuries, (2) Skin disorders, (3) Respiratory conditions, (4) Poisonings, (5) Hearing loss, (6) All other illnesses. Field (M).

Establishment information form including fields for: Your establishment name, Street, City, State, Zip, Industry description, North American Industrial Classification (NAICS), Employment information (Annual average number of employees, Total hours worked by all employees last year), Sign here, and a certification statement.

2025 CALENDAR YEAR ONLY - See FAQs #19 - #20

Our establishment's injury/illness information:

\*Please enter in the information for THIS ESTABLISHMENT ONLY\*

Enter your average number of employees for the ENTIRE ORGANIZATION in Minnesota during the 2025 calendar year:

\_\_\_\_\_

Enter your total productive work-hours for the ENTIRE ORGANIZATION in Minnesota during the 2025 calendar year:

\_\_\_\_\_

Enter your average number of employees for THIS ESTABLISHMENT during the 2025 calendar year:

\_\_\_\_\_

(As provided on the establishment's OSHA 300A Summary Form for 2022)

Enter your total productive work-hours for THIS ESTABLISHMENT during the 2025 calendar year:

\_\_\_\_\_

(As provided on the establishment's OSHA 300A Summary Form for 2022)

Enter the total number of FATALITIES for THIS ESTABLISHMENT during the 2025 calendar year:

\_\_\_\_\_

NOTE: See Column G of the OSHA 300 Log or Field G of the OSHA 300A Summary Form for 2022

Enter the total number of DAYS-AWAY injuries/illnesses for THIS ESTABLISHMENT during the 2025 calendar year:

\_\_\_\_\_

NOTE: See Column H of the OSHA 300 Log or Field H of the OSHA 300A Summary Form for 2022

Enter the total number of TRANSFER/RESTRICTED injuries/illnesses for THIS ESTABLISHMENT during the 2025 calendar year:

\_\_\_\_\_

NOTE: See Column I of the OSHA 300 Log or Field I of the OSHA 300A Summary Form for 2022

Enter the total number of OTHER RECORDABLE CASES for THIS ESTABLISHMENT during the 2025 calendar year:

\_\_\_\_\_

NOTE: See Column J of the OSHA 300 Log or Field J of the OSHA 300A Summary Form for 2022

**VERIFY YOUR APPLICATION**

*By signing this application, I certify that:*

*\*Submitting this application, and providing the information therein, is strictly voluntary.\**

Information provided within this application is true and accurate.

\_\_\_\_\_

I may be requested to submit additional information to validate entries provided in this application, and agree to provide any additional information, upon request, to validate my organization’s eligibility.

\_\_\_\_\_

Providing information that is false, misleading, or inaccurate may disqualify my establishment’s eligibility for any current and future awards.

\_\_\_\_\_

I will notify the Minnesota Safety Council in a timely manner to disclose any disqualifying event that occurs after submitting this application.

\_\_\_\_\_

Upon submission, I will provide a copy of this application to members of our establishment’s safety committee.

\_\_\_\_\_

NOTE: A copy of this submission will be sent via email once submitted

Upon submission, I will ensure our establishment’s application is communicated to our employees.

\_\_\_\_\_

Signature

Signed by the highest ranking company official at the establishment.

\_\_\_\_\_

***Please Note:***

- You may submit applications for the 2025 year beginning Friday, January 2, 2026.
- The deadline for submitting an application is 6:00 pm CST on Friday, February 13, 2026.
- Late applications will not be accepted.
- Applications may not be modified or otherwise revised after the application deadline.

*Applicants are strongly encouraged to complete their applications thoughtfully and deliberately when applying. All information provided is protected and confidential, and consideration is given to all applicants who are eligible to apply.*



**Questions?** View our website for updates or contact us at [awards@mnscc.org](mailto:awards@mnscc.org)