



Application

Million Hours Award

Name of Company Reporting: _____

Submitted By: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Operation: _____ Number of Employees: _____

Name of company as you would like it inscribed on the award:

The "Million Hours Award" recognizes organizations that have accomplished 1,000,000, 2,000,000, 3,000,000 or any other million increment of consecutive employee-hours without incurring an OSHA recordable injury or illness, and days away from work, or death. **If your company utilizes contract employees at your location, please include these contract employee hours in your total figures.**

Record Information

Date Record Started	Actual Date Reached	Has Record Ended	Total Employee Hours Worked
___/___/___	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Required

- NAICS/SIC Code: _____ (If you do not know your industry Code, log onto www.naics.com/search.htm)
- **The Million Hour increment must have been achieved between January 1, 2014 and December 31, 2014.**
- Must submit an OSHA 300 form(s) for the time period(s) covered in this application in order to qualify.
- Is your company exempt from maintaining an OSHA 300 Log? Yes No
Your company is exempt from maintaining OSHA 300 Logs if your SIC/NAICS code is exempt or if you did not have 11 or more employees at any one time during the calendar year. To participate in the Awards Program, you must provide us with the required information requested on the entry form. The information may then be taken from other company records but must be reported in a similar format as on the OSHA Logs. The OSHA Form 300 is available at www.osha.gov. You must ALSO provide certification from your workers compensation insurance carrier.
- Has Your organization sustained any work related fatalities during or after the time periods covered in this application? (Answering "yes" will disqualify the applicant.) Yes No

To encourage and reward quality in safety and health, the Utah Safety Council has established the Workplace Safety Awards Program. These awards are given to companies that have excelled in workplace safety performance. All information must be complete and accurate to ensure a proper evaluation of incidence rates. Incomplete entry forms will not be considered. The company must be a member of the Utah Safety Council. Entries are reviewed by representatives of the Utah Safety Council Board of Directors. The awards are presented annually at the Utah Safety Council Annual Meeting. All information provided will be kept in strict confidence, but the Utah Safety Council reserves the right to publicize the names of award winners.

I certify that this organization is a member in good standing of the Utah Safety Council and that the information contained in this application is accurate and correct.

Reported by: _____
Print Name

_____ Title

_____ Signature

_____ Date

Entries must be received no later than July 15, 2015.

Utah Safety Council • Workplace Safety Awards Program • 1574 West 1700 South, Suite 2A, Salt Lake City, UT 84104
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LOCAL CHAPTER