



**Nederland Training Center**  
324 Highway 69  
Nederland, TX 77627  
(409) 724-2565

[www.istc.net](http://www.istc.net)

**Baytown Training Center**  
3166 Decker  
Baytown, TX 77521  
(281) 421-0459

[www.bestcomplex.com](http://www.bestcomplex.com)

**Best Complex**  
600 Marina St.  
Beaumont, TX 77703  
(409) 833-2378

To: Prospective ISTC Safety Award Participants

Each year the Industrial Safety Training Council sponsors a program to recognize the safety achievements of contractors working in the Gulf Coast area.

The presentation of the ISTC safety award plaques is part of a comprehensive safety awards program which the Association's Curriculum and Program Committee has developed to promote contractor safety and accident prevention in the petroleum, refining and petrochemical manufacturing industries and related services of Southeast Texas. The award publicly recognizes the excellent record of safety operations attained by contractors working in these industries. The Safety Award recipients will be honored at our 17<sup>th</sup> Annual Safety Awards Banquet to be held on May 09, 2013 at the Holiday Inn Beaumont Plaza, Beaumont, Texas.

The following pages contain complete information on the program. Please note that the deadline for submitting awards applications, GTBR Safety Survey and Company Information is April 5, 2013.

There are several other awards for which a contract company may qualify. We encourage all contractors to participate in the awards process. Again, the deadline is April 5, 2013.

You will also find enclosed in this packet the Golden Triangle Business Roundtable Safety Survey. In order for your ISTC Safety Award application(s) to be considered for an award, the GTBR Safety Survey must be completed and returned with your application(s). The GTBR Survey is for those companies who worked in the Golden Triangle area, however, you must still return the form if your company had no work hours in the Golden Triangle area. You need only to complete the company name and address, and indicate zero for item 2 on the form.

If you have any questions regarding any phase of the safety awards program, please contact me or Patty Collins at (409) 527-3385 or [patty@istc.net](mailto:patty@istc.net).

Sincerely,

*R.M. Melancon, Jr.*

Russell Melancon, Jr., CAE  
President/CEO

# ISTC SAFETY/TRAINING AWARDS

## CATEGORIES:

ISTC recognizes Safety Excellence through Training by awarding participating companies for accomplishments in the following areas:

- **The Roy Comeaux “Safety Excellence through Training” Award** - the most prestigious ISTC award, recipients must exhibit superior levels of consistent safety performance. The recipient must also exhibit superior levels of safety training efforts for their employees.
- **The Safety Achievement Award – Sustained Performance** – recipients must achieve a “zero” recordable incidence rate for three consecutive years.
- **The Safety Achievement Award - Incidence Rate Reduction** - recipients must achieve a 25% or greater reduction in the total recordable incidence rate with no fatalities as compared to the average of the total recordable incidence rates for the previous three calendar years.
- **The Safety Achievement Award - Hours Worked** - recipients must have worked 1,000,000 or more employee hours without a lost workday case involving days away from work or fatality.
- **The Safety Achievement Award - Years Worked** - recipients must have worked one or more years (365 consecutive days) without a lost workday case involving days away from work or fatality.
- **The Safety Trainer of the Year Award** – this award will recognize an outstanding safety trainer who has contributed to the success of a company’s safety program and has received outstanding recognition as a trainer.

A contract company may apply for awards in as many categories as it qualifies.

**All applications MUST be for work performed in the Gulf Coast area of Southeast Texas.**

**All applications MUST be accompanied by supporting documents as requested on the application.**

**All applications MUST be accompanied by the GTBR Safety Survey.**

**Application Deadline: April 5, 2013**

Please note that if you qualify for an award(s), you must complete the appropriate application form(s) and return it to ISTC as soon as possible, but no later than **April 5, 2013**. Compliance with this requirement will insure accurate processing of award applications in time for presentation at the Awards Banquet held on May 09, 2013 at the Holiday Inn Beaumont Plaza, Beaumont, Texas.

Please return all applications for awards to: ISTC Safety Awards, 324 Hwy 69, Nederland, TX 77627, Fax (409) 724-2017. If you have any questions concerning your application(s), please contact Patty Collins at (409) 527-3385.

## **Presentation Ceremony**

All award categories of ISTC Safety Awards will be presented at the 2013 ISTC Annual Safety Awards Banquet to be held on May 09, 2013. Shortly before this banquet, we will notify each individual company representative receiving an award to make final arrangements for the presentation ceremony.

Basically, each contract company receiving an award will be announced along with its accomplishments. Representative(s) from each respective company will proceed to the stage where they will receive the award from the ISTC Chairman of the Board and pose for a quick photograph to be used in the press coverage as described below. Recipients will then proceed off stage where they will pick up a box for their plaque and/or any other awards they may have received.

## **PRESS COVERAGE**

As an additional service, ISTC will prepare a press release and photograph of the award presentation and send them to the award recipients for distribution.

In order to help publicize the event and the award recipients, local news media will be on hand to cover the event.

## **HARD HAT DECALS - SAFETY ACHIEVEMENT AWARDS (HOURS & YEARS)**

ISTC hard hat decals recognizing the Safety Awards presented to companies will be available to companies receiving awards for 1+ million hours and 1+ years worked, without a lost workday case involving days away from work, free of charge. Please indicate the number of decals needed on the application form when applying for the respective award. Requests made after the award application deadline cannot be accommodated.

## ISTC Safety Achievement Award -Incidence Rate

The ISTC Safety Achievement Award is presented to those contractor companies that achieve a 25% or greater reduction in the total recordable incidence rate with no fatalities during the 2012 calendar year as compared to the average total recordable incidence rate for the three previous calendar years. ISTC Safety Awards are based on records kept for employees in accordance with OSHA recordkeeping requirements as defined by law and entered on your OSHA 200/300 log for work done in the Gulf Coast area of Southeast Texas.

### EXAMPLE CALCULATION: SAFETY ACHIEVEMENT AWARD - INCIDENCE RATE

2011 Total Recordable Incidence Rate (OSHA Statistics)	1.4
2010 Total Recordable Incidence Rate (OSHA Statistics)	+1.9
2009 Total Recordable Incidence Rate (OSHA Statistics)	<u>+2.7</u>
	6.0

3 Year Average Total Recordable Incidence Rate (2008-2010)  $\frac{6.0}{3} = 2.0$

2012 Total Recordable Incidence Rate (OSHA Statistics) = 1.2

% Reduction =  $\frac{3 \text{ Year Average Rate} - 2012 \text{ Rate}}{3 \text{ Year Average Rate}} \times 100 = \frac{2.0 - 1.2}{2.0} \times 100 = 40\%$

This Company is eligible for the ISTC Safety Achievement Award - Incidence Rate

### APPLICATION FORM - SAFETY ACHIEVEMENT AWARD – INCIDENCE RATE

Requirements: Achieve a 25% or greater reduction in the total recordable incidence rate with no fatalities during the 2012 calendar year as compared to the average total recordable incidence rate for the three previous calendar years.

COMPANY:

\_\_\_\_\_  
(Complete formal name for award certificates)

COMPANY ADDRESS:

\_\_\_\_\_  
(P.O. Box or physical address, city, state, zip)

SUBMITTED BY:

\_\_\_\_\_  
(Name & Title)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

COMPANY REPRESENTATIVE:

\_\_\_\_\_  
(Person accepting award)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

2012 Total Recordable Incidence Rate: \_\_\_\_\_

2011 Total Recordable Incidence Rate: \_\_\_\_\_

% Reduction \_\_\_\_\_

2010 Total Recordable Incidence Rate: \_\_\_\_\_

2009 Total Recordable Incidence Rate: \_\_\_\_\_

**\*\*The occupational injury and illness OSHA 200/300 logs or summary MUST be included with application\*\***

**\*\*The GTBR Safety Survey MUST be included with application\*\***

**Return to: ISTC Safety Awards, 324 Hwy 69, Nederland, TX 77627 or FAX (409) 724-2017**

**APPLICATION DEADLINE: April 5, 2013**

## **ISTC Safety Achievement Award – Sustained Performance**

The SAFETY ACHIEVEMENT AWARD – SUSTAINED PERFORMANCE is awarded to those contractor companies that have sustained a “zero” recordable incidence rate for three consecutive years. ISTC Safety Awards are based on records kept for employees in accordance with OSHA recordkeeping requirements as defined by law and entered on your OSHA log for work done in the Gulf Coast area of Southeast Texas.

### **APPLICATION FORM -SAFETY ACHIEVEMENT AWARD – SUSTAINED PERFORMANCE**

Requirements: “Zero” recordable incidence rate for three consecutive years.

COMPANY: \_\_\_\_\_  
(Complete formal name for award certificate)

COMPANY ADDRESS: \_\_\_\_\_  
(P.O. Box number or physical address, city, state, zip)

SUBMITTED BY: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name & Title)  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

COMPANY REPRESENTATIVE: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Person accepting award)  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of decals needed \_\_\_\_\_

2012 Total Recordable Incidence Rate: \_\_\_\_\_  
2011 Total Recordable Incidence Rate: \_\_\_\_\_  
2010 Total Recordable Incidence Rate: \_\_\_\_\_

**\*\*The occupational injury and illness OSHA 200/300 logs or summary MUST be included with application\*\***

**\*\*The GTBR Safety Survey MUST be included with application\*\***

**Return to: ISTC Safety Awards, 324 Hwy 69, Nederland, TX 77627 Fax 409-724-2017**

**APPLICATION DEADLINE: April 5, 2013**

## ISTC Safety Achievement Award - Hours Worked

The SAFETY ACHIEVEMENT AWARD - HOURS WORKED is awarded to those contractor companies that worked one million or more employee-hours without a lost workday case involving days away from work or a fatality during the evaluation period. There is no limit on the length of time that the million hours were achieved. ISTC Safety Awards are based on records kept for employees in accordance with OSHA recordkeeping requirements as defined by law and entered on your OSHA log for work done in the Gulf Coast area of Southeast Texas.

### APPLICATION FORM -SAFETY ACHIEVEMENT AWARD - HOURS WORKED

Requirements: operate one million or more employee hours without a lost workday case involving days away from work or a fatality.

Number of hours worked: \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date) (date)

COMPANY: \_\_\_\_\_  
(Complete formal name for award certificate)

COMPANY ADDRESS: \_\_\_\_\_  
(P.O. Box number or physical address, city, state, zip)

SUBMITTED BY: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name & Title)  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

COMPANY REPRESENTATIVE: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Person accepting award)  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of decals needed \_\_\_\_\_

**\*\*The occupational injury and illness OSHA 200/300 logs or summary MUST be included with application\*\***

**\*\*The GTBR Safety Survey MUST be included with application\*\***

**Return to: ISTC Safety Awards, 324 Hwy 69, Nederland, TX 77627 Fax 409-724-2017**

**APPLICATION DEADLINE: April 5, 2013**

## ISTC Safety Achievement Award - Years Worked

The SAFETY ACHIEVEMENT AWARD - YEARS WORKED is awarded to those contractor companies that worked one or more years without a lost workday case involving days away from work or a fatality during the evaluation period. The time period for this award does not have to encompass an exact calendar year. For example an award may be presented for 1 year without a lost workday case from October 2, 2011 to October 2, 2012, etc. ISTC Safety Awards are based on records kept for employees in accordance with OSHA recordkeeping requirements as defined by law and entered on your OSHA log for work performed in the Gulf Coast area of Southeast Texas.

### APPLICATION FORM - SAFETY ACHIEVEMENT AWARD - YEARS WORKED

Requirements: Work one or more years without a lost workday case involving days away from work or a fatality.

Number of years worked: \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(date) (date)

COMPANY: \_\_\_\_\_  
(Complete formal name for award certificate)

COMPANY ADDRESS: \_\_\_\_\_  
(P.O. Box number or physical address, city, state, zip)

SUBMITTED BY: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name & Title)  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

COMPANY REPRESENTATIVE: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Person accepting award)  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of decals needed \_\_\_\_\_

**\*\*The occupational injury and illness OSHA 200/300 logs or summary MUST be included with application\*\***

**\*\*The GTBR Safety Survey MUST be included with application\*\***

**Return to: ISTC Safety Awards, 324 Hwy 69, Nederland, TX 77627 Fax 409-724-2017**

**APPLICATION DEADLINE: April 5, 2013**

## The Roy Comeaux “Safety Excellence Through Training” Award

ISTC’s most prestigious award is The Roy Comeaux Safety Excellence Through Training Award. This award is presented to one contract company each year that demonstrates consistent safety performance and a commitment to safety training of their employees.

In order to qualify for this award, a contract company must demonstrate consistent safety performance by having and providing the following information for review:

- A recordable incidence rate of 1.0 or better
- A copy of your company safety training program for all employees
- A sample of training documentation (including tests and rosters) for each training program
- A copy of your company OSHA 200/300 logs for work done in the Gulf Coast area of Southeast Texas during the past five years
- A letter from your insurance company verifying Experience Modifier Rate

### APPLICATION FORM – ROY COMEAUX AWARD

Requirements: MUST have a recordable incidence rate of 1.0 or less for all work performed in the Gulf Coast area of Southeast Texas in order to qualify for this award. Companies must show consistent safety performance for the past five years.

COMPANY: \_\_\_\_\_  
(Complete formal name for award certificate)

COMPANY ADDRESS: \_\_\_\_\_  
(P.O. Box number or physical address, city, state, zip)

SUBMITTED BY: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name & Title)  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

COMPANY REPRESENTATIVE: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Person accepting award)  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2012 recordable incidence rate _____	2012 man-hours worked _____
2011 recordable incidence rate _____	2011 man-hours worked _____
2010 recordable incidence rate _____	2010 man-hours worked _____
2009 recordable incidence rate _____	2009 man-hours worked _____
2008 recordable incidence rate _____	2008 man-hours worked _____

**\*\*The occupational injury and illness OSHA log 200/300 or summary MUST be included with application\*\***

**\*\*The GTBR Safety Survey MUST be included with application\*\***

**Return to: ISTC Safety Awards, 324 Hwy 69, Nederland, TX 77627 Fax 409-724-2017**

**APPLICATION DEADLINE: April 5, 2013**



## ISTC Safety Achievement Award – Safety Trainer of the Year Award

You are invited to nominate a Safety Trainer for the 2013 Safety Trainer of the Year Award. Your nominee can be an employee of your company, another company or an independent instructor in the field of safety training. Awards will be presented during the annual Safety Awards Banquet on May 09, 2013 at the Holiday Inn Beaumont Plaza. Application deadline is April 5, 2013.

Nominee's Name \_\_\_\_\_ Title \_\_\_\_\_

Nominee's Company Name \_\_\_\_\_

Company Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name/Title of Person submitting the application \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

How long have you known the nominee? \_\_\_\_\_ How long has nominee been an instructor? \_\_\_\_\_

How do you know this nominee? \_\_\_\_\_

List classes/programs taught \_\_\_\_\_  
\_\_\_\_\_

Does nominee teach any classes outside your company? Yes No If yes, where and how often \_\_\_\_\_  
\_\_\_\_\_

If nominee is an outside instructor, describe your reasons for subcontracting your training to them \_\_\_\_\_  
\_\_\_\_\_

Does nominee have any certifications in the safety field? Yes No In training field? Yes No

If yes, list certifications nominee holds \_\_\_\_\_

Is nominee a member of trade (training or other related) associations? Yes No If yes, list association names \_\_\_\_\_  
\_\_\_\_\_

Describe your reasons for nominating this instructor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What 5 words would you use to describe this nominee \_\_\_\_\_  
\_\_\_\_\_

Who else could we ask about he qualifications of this instructor? Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Please print nominee's name as it would appear on award \_\_\_\_\_

**\*\*Nominee Resume and Biography must be included with application\*\*Return to: ISTC Safety Awards, 324 Hwy 69, Nederland, TX 77627 Fax 409-724-2017**

**GTBR SAFETY SURVEY (Golden Triangle Area Only)**

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

SIC / NAICS Code: \_\_\_\_\_

**NOTE: Company name & address, SIC Code, EMR, and Golden Triangle Exposure Hours *must be provided for a valid response.***  
**\* Please see attached sheet for explanation of SIC Codes.**

1. EXPERIENCE MODIFIER RATE (EMR) \_\_\_\_\_

2. EXPOSURE HOURS \_\_\_\_\_  
(REPORT ONLY HOURS FOR PERSONNEL WORKING IN THE GOLDEN TRIANGLE)

3. STATISTICS FROM OSHA 300 LOG - Number of incidents involving:  
FATALITIES (G) \_\_\_\_\_ MEDICAL TRTMT (J) \_\_\_\_\_  
LOST TIME (H) \_\_\_\_\_ DAYS AWAY FROM WORK (K) \_\_\_\_\_  
RESTRICTED DUTY (I) \_\_\_\_\_ RESTRICTED WORK DAYS (L) \_\_\_\_\_

**\*\*If answers to question three (3) are all zero "0" – stop here and return survey\*\***

**QUESTIONS 4-7: INDICATE NUMBER, EACH TYPE OSHA RECORDABLE**

**4. TYPE OF CONTACT**

- |                            |                            |                         |
|----------------------------|----------------------------|-------------------------|
| ____ Struck By/Against     | ____ Fire/Explosion        | ____ Welding Flash      |
| ____ Slip (Same Level)     | ____ Thermal Exposure      | ____ Radiation Exposure |
| ____ Fall (To Lower Level) | ____ Temp Exposure (other) | ____ Repetitive Motion  |
| ____ Caught By/Between     | ____ Chemical Exposure     | ____ Overexertion       |
| ____ Electrical Exposure   | ____ Noise Exposure        | ____ Other _____        |

**5. NATURE OF ILLNESS/INJURY**

- |                           |                        |                       |
|---------------------------|------------------------|-----------------------|
| ____ Death                | ____ Cut/Puncture      | ____ Electrical Shock |
| ____ Amputation           | ____ Bruise            | ____ Hernia           |
| ____ Thermal Burn         | ____ Fracture          | ____ Inhalation       |
| ____ Chemical Burn        | ____ Sprain/Strain     | ____ Poisoning        |
| ____ Irritation/Infection | ____ Joint Dislocation | ____ Heat Disorder    |
| ____ Crushed              | ____ Repeated Trauma   | ____ Other _____      |

**6. BODY PART INJURED**

- |                  |                |                  |
|------------------|----------------|------------------|
| ____ Shoulder    | ____ Hip       | ____ Eye         |
| ____ Elbow       | ____ Knee      | ____ Ear         |
| ____ Wrist       | ____ Foot/Toes | ____ Face/Head   |
| ____ Finger/Hand | ____ Ankle     | ____ Mouth       |
| ____ Arm         | ____ Leg       | ____ Internal    |
| ____ Chest/Ribs  | ____ Abdomen   | ____ Multiple    |
| ____ Back        | ____ Groin     | ____ Other _____ |

**7. POSSIBLE INCIDENT/ACCIDENT CAUSES**

- | <u>AT TIME OF ACCIDENT</u> | <u>PRE-EXISTING CAUSES</u> |                           |
|----------------------------|----------------------------|---------------------------|
| ____ Use of Guards         | ____ Physical Incapacity   | ____ Maintenance          |
| ____ Use of PPE            | ____ Knowledge (Skill)     | ____ Error Inducing       |
| ____ Tools/Equipment       | ____ Internal Factors      | ____ Organization Factors |
| ____ Workplace Hazards     | ____ Risk Taking           | ____ Training             |
| ____ Decision Making       | ____ Engineering/Design    | ____ Communication        |
| ____ Physical Act          | ____ Job Procedures        | ____ Other _____          |
| ____ Procedures            |                            |                           |
| ____ Management Systems    |                            |                           |

8. SEX (indicate number of incidents/accidents by sex)

\_\_\_\_\_ FEMALE \_\_\_\_\_ MALE

9. AGE (indicate number of incidents/accidents by age group)

\_\_\_\_\_ 18 – 25  
\_\_\_\_\_ 26 – 32  
\_\_\_\_\_ 33 – 40  
\_\_\_\_\_ 41 – 47  
\_\_\_\_\_ 48 – 55  
\_\_\_\_\_ 55 and Up

10. RACE (indicate number of incidents/accidents by race)

\_\_\_\_\_ AFRICAN AMERICAN  
\_\_\_\_\_ AMERICAN INDIAN  
\_\_\_\_\_ ASIAN  
\_\_\_\_\_ HISPANIC/LATINO  
\_\_\_\_\_ WHITE

11. CRAFT (indicate number of incidents/accidents by craft)

_____ BOILERMAKER	_____ IRON WORKER
_____ BRICK LAYER	_____ LABORER
_____ CARPENTER	_____ MILLWRIGHT
_____ CEMENT MASON	_____ PAINTER
_____ CRANE OPERATOR	_____ PIPEFITTER
_____ ELECTRICAL	_____ SCAFFOLD BUILDER
_____ EQUIPMENT OPERATOR	_____ SHEET METAL
_____ FIREWATCH	_____ TRUCK DRIVER
_____ INSTRUMENTATION	_____ WELDER
_____ INSULATOR	_____ OTHER _____

12. NUMBER OF YEARS IN CRAFT (indicate number of incidents/accidents by number of years)

\_\_\_\_\_ Less than 5  
\_\_\_\_\_ 5 – 10  
\_\_\_\_\_ 11 – 15  
\_\_\_\_\_ 16 – 20  
\_\_\_\_\_ 21 – 25  
\_\_\_\_\_ 25 or more

13. TYPE OF FACILITY OCCURRED AT (indicate number of incidents/accidents by type of facility)

\_\_\_\_\_ REFINING  
\_\_\_\_\_ CHEMICAL  
\_\_\_\_\_ POWER  
\_\_\_\_\_ PIPELINE  
\_\_\_\_\_ FORREST PRODUCTS  
\_\_\_\_\_ STEEL  
\_\_\_\_\_ MANUFACTURING

14. LENGTH OF TIME AT FACILITY OCCURRED AT (indicate number of incidents/accidents)

\_\_\_\_\_ LESS THAN 6 MONTHS  
\_\_\_\_\_ 6 MONTHS – 1 YEAR  
\_\_\_\_\_ 1 YEAR – 5 YEARS  
\_\_\_\_\_ 5 YEARS – 10 YEARS  
\_\_\_\_\_ 10 YEARS AND UP

## DEFINITIONS OF POSSIBLE CAUSES

### AT TIME OF ACCIDENT - Act/condition which immediately led to the incident

<u>Use of Guards</u>	Guards, alarms, etc., not used, not used properly, disabled, faulty, or inadequate, or equipment not properly secured or isolated
<u>Use of PPE</u>	PPE not used, not used properly, faulty or inadequate
<u>Tools/Equipment</u>	Wrong tool used, correct tool unavailable or failed during use
<u>Workplace Hazards</u>	Dangers in the work setting - poor lighting, walking or working surfaces, housekeeping clearances, ventilation, heights
<u>Decision Making</u>	Inappropriate decision - unaware of hazards, distraction, inattention, improper work speed, poor judgment, body position or overexertion
<u>Physical Act</u>	Activity inappropriate, horseplay, operating equipment without authority, improper mixing of chemicals, poor placement/loading of materials
<u>Procedures</u>	Written procedures available but not used (Safety Procedures, Operating Procedures, or Maintenance Practices)

### PRE-EXISTING CAUSES - Underlying factors contributing to the incident

<u>Physical Incapacity</u>	Permanent/temporary disability contributed (vision, hearing, injury, illness, drugs, alcohol, fatigue)
<u>Knowledge/Skills</u>	Lacked experience/training, misunderstood directions
<u>Risk Taking</u>	Actions taken without evaluation of consequences, actions could have been rewarded or not properly punished in the past, improper expectations from supervision
<u>Engineering/Design</u>	Improper/incomplete design/construction, field change orders not evaluated, released by operations before ready
<u>Job Procedures</u>	Task procedures not available/inadequate (standards, reference documents, hazard evaluation, etc.)
<u>Maintenance</u>	Improper/incomplete preventative/repairative maintenance (wear/corrosion, service life extension, etc.)
<u>Error Inducing</u>	Conditions conducive to errors (noise, repetitive tasks, physical demands, extreme concentration, O <sub>2</sub> deficiency, etc.)
<u>Organization Factors</u>	Management systems inadequate or otherwise contributed (poor follow-up on unsafe conditions, inspection programs, purchasing procedures, job placement, management of change, etc.)
<u>Training</u>	Training was inadequate, unavailable or ineffective
<u>Communication</u>	Instructions not given, incomplete, unclear, ineffective, etc. (horizontally, vertically, between different organizations)
<u>Other</u>	Cause other than one mentioned

**Safety Award Recipient  
Company Information**

We have received your application for the Industrial Safety Training Council's 2013 Safety Achievements Awards. We are pleased to inform you that your company will be honored at our Safety Awards Banquet on Thursday, May 09th at the Holiday Inn Beaumont Plaza.

Please fill out the information below and return to Patty Collins by **April 5, 2013**.

Company Name: \_\_\_\_\_

Office Location: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Number of employees in Gulf Coast Area: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Please supply a copy of your company logo electronically to [patty@istc.net](mailto:patty@istc.net) to be used during the awards presentation.

If you would like for us to use the information supplied last year please sign here:

\_\_\_\_\_

Please indicate who will be accepting the award for your company:

\_\_\_\_\_

Return this information to Patty Collins via email at [patty@istc.net](mailto:patty@istc.net) or fax to 409-724-2017. Information must be received by April 5, 2013 in order to be included in the awards presentation at the banquet. Thank you.

