



## GEORGIA DEPARTMENT OF LABOR

# AWARD OF EXCELLENCE

### PURPOSE

The Safety Engineering Division of the Georgia Department of Labor sponsors the annual awards program to promote safe, healthy work environments in Georgia and recognize and honor the employers and employees who make them a reality.

### QUALIFICATION

The "Award of Excellence" will be given to any employer in the public or private sector who has experienced at least 250 workdays during the previous calendar year with no "days away from work" due to workplace injuries or illnesses.

### DEFINITIONS

#### **Calendar Year**

January 1 - December 31 (Previous year)

#### **Workday**

Eight hours of work performed by the workers of a company. Each 8-hour shift may count as a workday. Three 8-hour shifts or two 12-hour shifts count as 3 workdays.

#### **Day Away From Work**

A day in which an injured worker was not in attendance or providing a valuable service at a workplace designated by the employer.

#### **Employer**

A company, organization or institution as a whole or any geographically or organizationally distinct operation thereof. The operation/facility applying for the award must be located in the state of Georgia.

#### **Employee**

A person who works for an entity in return for financial or other compensation, regardless of whether the person is a salaried or hourly worker.

*The application for the award of excellence and conference awards can be found at [www.projectsafegeorgia.org](http://www.projectsafegeorgia.org) or [www.georgiaconference.org](http://www.georgiaconference.org).*

# AWARD OF EXCELLENCE



GEORGIA DEPARTMENT OF LABOR  
SAFETY ENGINEERING DIVISION  
MARK BUTLER  
COMMISSIONER

Equal Opportunity Employer/Program • Auxiliary Aids & Services Are Available Upon Request To Individuals With Disabilities

## APPLICATION

Name of the "Employer" as you want it to appear on the award \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

Number of employees at this Georgia location \_\_\_\_\_ Number of workdays per week (See definitions) \_\_\_\_\_

Is this a division of a larger entity?  Yes  No If so, please provide the name. \_\_\_\_\_

What product or service does this employer manufacture or provide? \_\_\_\_\_

## CERTIFICATION

We hereby certify that \_\_\_\_\_  
experienced \_\_\_\_\_ workdays with no employee losing a day from work due to a workplace injury, illness  
250 days minimum or fatality. (The 250 days do not have to be consecutive.) Employer

Person responsible for maintaining records of workplace injuries, illnesses and fatalities.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_

Person responsible for management of this "Employer" location.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_

This form may be reproduced for multiple applications. After completion, please mail to Jimmy Mize, Safety Engineering Division, Georgia Department of Labor, 1700 Century Circle, Atlanta, GA 30345 *or* fax to (404) 982-3405. **Questions?** Call toll free (888) 561-7737 (Project Safe Georgia) or E-mail your questions to [jimmy.mize@dol.state.ga.us](mailto:jimmy.mize@dol.state.ga.us).