



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.

APPLICATION

The application for the "Award of Excellence" is printed on the reverse side. The recipients of these awards will be eligible to later apply for one of ten awards presented in specific categories at the annual Georgia Safety, Health and Environmental Conference. Eligibility for one of the ten conference awards requires this application for the "Award of Excellence" be received in Safety Engineering prior to August 1st. You will be mailed an application to be completed and submitted for consideration in selecting the winners of the conference awards. Specific award categories and titles will be published in that mailing. Keep in mind, we present at least one award each year to an employee, not the employer, who has been a great influence on the safety performance of the workforce.

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

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.

REQUIREMENTS

Complete and return this application and certification as soon as possible. DO NOT attach or include any supporting documentation such as OSHA logs, policy manuals, etc. The certification you complete will stand alone as evidence of eligibility. Should the need arise, we reserve the right to request supporting documentation.

DELIVERY OF AWARD

The award will be mailed to the address you provide, unless otherwise requested.

COMMISSIONER
MICHAEL L. THURMOND
SAFETY ENGINEERING DIVISION
GEORGIA DEPARTMENT OF LABOR



AWARD OF EXCELLENCE

APPLICATION

Name of Contact Person _____

Title _____

Mailing Address _____

Phone No. _____ Fax No. _____

E-mail Address _____

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

For what previous years has this group received the Award of Excellence? _____, _____, _____, _____, _____

Number of employees at this 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 _____

Employer

experienced _____
250 days minimum workdays with no employee losing a day from work due to a workplace injury, illness or fatality. (The 250 days do not have to be consecutive.)

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 _____