

# 2019 Safety Award of Achievement

## Rules, Requirements and Application



### AWARD PURPOSE

STI/SPFA sponsors the Safety Awards Program to acknowledge safe and healthy workplaces among its Member companies, and to recognize the employees who have worked to make this a reality.

### QUALIFICATIONS AND DEFINITIONS

The **Safety Award of Achievement** is presented to any **FABRICATOR OR AFFILIATE MEMBER EMPLOYER** who has experienced a minimum 10% reduction in the OSHA Total Recordable Incident Rate, with no fatalities, during the 2019 calendar year, as compared with the average Total Recordable Incident Rate for the three previous years. (See sample calculation below.)

The following definitions apply:

- **CALENDAR YEAR:** January 1-December 31, 2019.
- **MEMBER EMPLOYER:** A company, organization, or institution as a whole or any geographically and organizationally distinct operation thereof. The operation/facility *must be a Member* of STI/SPFA.

### ENTRY RULES AND REQUIREMENTS

1. Deadline for applications is **March 13, 2020, 5 pm Central**.
2. DO NOT attach or include any supporting documentation.
3. Award recipients will be recognized in a publication to the entire membership and on the STI/SPFA website.

### DELIVERY OF AWARD

1. Recipients can choose from two options for recognition:

- One plaque can be requested PER MEMBER EMPLOYER at a cost of \$100. Plaques requested for additional plant locations of the SAME EMPLOYER are invoiced at cost plus shipping;  
**OR**
- Request a complimentary framed certificate.

2. Plaque(s) and certificates are shipped to the address provided by the employer on page 2 of this Application. (NOTE: Plaques cannot be shipped to a PO Box.)
3. A MEMBER EMPLOYER that qualifies for BOTH the Award of Excellence and the Award of Achievement at the same plant location will be eligible to receive ONE plaque or ONE certificate representing the higher honor Excellence award.
4. The number of silver Safety Achievement hardhat decals requested is invoiced at cost (\$0.60 each) plus postage. Decals will be mailed to the address provided by the MEMBER EMPLOYER on the Application.

**Deadline for applications is March 13, 2020  
5 pm Central**

Complete, sign and return page 2 of this Application via email, fax or US Mail to:  
[ewhitney@steeltank.com](mailto:ewhitney@steeltank.com)

### CALCULATING INCIDENT RATE FOR SAFETY ACHIEVEMENT AWARD: EXAMPLE

2018 Total Recordable Incident Rate\* (OSHA Statistics) 1.7  
2017 Total Recordable Incident Rate\* (OSHA Statistics) +1.4  
2016 Total Recordable Incident Rate\* (OSHA Statistics) +2.9  
**Three-year total 6.0**

**3-Year Average** Total Recordable Incident Rate (2016-18) 6.0 (as above) ÷ 3 = **2.0**

2019 Total Recordable Incident Rate (OSHA Statistics) = **1.2**

**% Reduction =  $\frac{3 \text{ Year Average Rate} - 2019 \text{ Rate}}{3 \text{ Year Average Rate}} \times 100 = \frac{2.0 - 1.2}{2.0} \times 100 = 40\% \text{ reduction}$**

3 Year Average Rate 2.0

\* CALCULATING OSHA ANNUAL RECORDABLE INCIDENT RATE

To calculate the total case rate for all recordable incidents of injuries and illnesses, use the following formula:

*Total number of injuries and illnesses x 200,000\*\* ÷ Number of hours worked by all employees = Total Recordable Incident Rate*

\*\*The 200,000 multiplier in the sample formula represents hours worked by 100 employees, 40 hours per week, 50 weeks per year. It is the standard base for calculating incidents rates.

# 2019 Safety Award of Achievement APPLICATION FORM



I/We hereby certify that  
(MEMBER EMPLOYER): \_\_\_\_\_

has experienced a minimum 10% reduction in the OSHA Total Recordable Incident Rate, with no fatalities, during the 2019 calendar year, as compared with the average Total Recordable Incident Rate for the three previous years.

1. *Person responsible for maintaining records of workplace injuries and illnesses for MEMBER EMPLOYER, and to whom plaque and hardhat decals (see below) should be sent:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: *(Plaques cannot be shipped to a PO Box)*

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

2. *Person responsible for management of this MEMBER EMPLOYER facility:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

3. *Please circle (circle only one) the type of recognition you would like:*

Plaque (\$100 for first plaque)

Framed certificate (complimentary for the first certificate, each additional at cost plus shipping)

4. *Name of Member Company/Employer EXACTLY as it should appear on any recognition:*

\_\_\_\_\_

5. *Number of silver hardhat decals requested:* \_\_\_\_\_.

Decals are provided at a cost of \$0.60 ea. plus postage, and are invoiced at the time of shipment. Unless otherwise indicated, the plaque and hardhat decals will be shipped to the individual named above as recorder of workplace injuries and illnesses for the Member Employer facility.

**Deadline for applications is Friday, March 13, 2020, 5 pm Central**  
Complete, sign and return this Application via email, fax or US Mail to: