



Wednesday, January 15, 2025

Owner (Member) Awards Application Form

Welcome to this year's Safety Award Application. We are looking forward to receiving your application and seeing you at this year's Safety Awards Banquet.

Please read the application in its entirety before submitting your company information.

Reserve your tickets and sponsorship today at <https://nwibr.org/caf-nwibr-safety-awards-banquet/> or call 219-226-0300.

Instructions for Filing Application

All award applicants are required to complete the application in full to qualify, and have the application signed off by your Site/Plant Manager.

Deadline for Filing Application: Must be submitted before midnight February 14, 2025.

Questions: Direct any questions to Jim Arendas at (219) 764-2883.

The awards will be presented at the Annual Safety Awards Banquet at the Avalon Manor Banquet Center on **May 8, 2025**.

Criteria for Application Evaluation can be found at <https://nwibr.org/award-criteria/>

Owner Part 1

Owner Company Name

NAICS Category

Contact Person

Address

Phone Number

Fax Number

Email for Return Notification

OSHA & Safety Information

Has your organization had a fatality in the past year?

Has your organization received any OSHA violation that was "willful" or greater in the past year?

Information:

Enter your entire Contractor Community's OSHA injury/illness statistical data for the past 3 years in the table below:

(Total cumulative for Indiana counties including Lake, Porter, LaPorte, Newton, Jasper, Starke, and St. Joseph).

Total Number of Fatalities:

*NWI 2022	*NWI 2023	*NWI 2024

Total Number of Cases with DAFW:

*NWI 2022	*NWI 2023	*NWI 2024

Total Number of Cases with Job Transfers/Restrictions:

*NWI 2022	*NWI 2023	*NWI 2024

Total Number of Other Recordable Cases:

*NWI 2022	*NWI 2023	*NWI 2024

Total Number of Recordable Cases:

*NWI 2022	*NWI 2023	*NWI 2024

Total Hours Worked:

*NWI 2022	*NWI 2023	*NWI 2024

*NWI 2022	*NWI 2023	*NWI 2024

To Calculate Rates:

DAFW =

Number of Cases (Row 2) x 200,000 hours / Total Hours Worked (Row 6)

DART =

Number of Cases (Row 2 + Row 3) x 200,000 hours / Total Hours Worked (Row 6)

TRIR =

Number of Cases (Rows 1+2+3+4) x 200,000 hours / Total Hours Worked (Row 6)

Owner Part 2

Describe your industry (Industrial, Institutional or Health):

Nunc rhoncus dui vel sem.

Describe your company's Contractor Safety Management System including the following criteria (do not include safety manuals, booklets, etc.):

A. Describe your management accountability and commitment (attach policy below).

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Contractor Safety Policy:

B. How do you select contractors?

C. Do you review your contractor's Safety Manual?

D. Describe your initial and refresher site safety orientation for contractor employees and include how you determine the effectiveness of your orientation.

E. Do you hold contractor safety meetings, pre-job meetings? (Include frequency, duration, who conducts, attends, and how meetings are documented).

F. Does your organization ensure contractor conformance to safe work practices? (Include accountability for safe and unsafe behavior).

G. Describe incident reporting/investigation and how you use incident statistics to improve contractor safety performance.

H. How are unsafe conditions/behaviors to be reported and resolved?

I. What innovations to improve contractor safety have been implemented in the last year?

J. What future initiatives are planned to influence project safety?

Prepared by:

Title:

Date

Site/Plant Manager Name:

Site/Plant Manager Email Address:

CEO/President Signature: