

25th Annual

WISCONSIN CORPORATE SAFETY Awards

This is a sample only. Official applications must be submitted online at www.wisafetycouncil.org

PHASE I — STATISTICAL DATA FORM

The information will only be used by the Wisconsin Safety Council and judges of the 2018 Wisconsin Corporate Safety Awards

Questions?

Contact Barb Deans
Email: bdeans@wisafetycouncil.org
Phone: 608.258.3400

Company _____
 Company (as you would like it to appear) _____
 Contact Person _____
 Title _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Fax Number _____
 E-mail _____
 Year Established _____
 Primary North American Industry Classification Code (NAICS) (see list online) _____
 Reporting as: Entire WI Organization Separate Division/Operations Unit (see eligibility section)

	<u>2016</u>	<u>2017</u>	<u>2018</u>
1. Worker fatalities in 2018 (see eligibility section)			(yes or no)
2. Average number of temporary/contract employees in 2018			
2a. Number of temporary/contract employee hours worked			
2b. Number of temporary/contract employee recordable cases			
3. Average number of employees on payroll			
4. Total number of hours worked			
<i>(Work Hours (WH) are the number of paid work hours for the calendar year (including office hours). PLEASE NOTE: WH are the actual payroll hours worked, excluding vacation and holidays. You must include all full-time, part-time, seasonal and temporary/contract employees that work under your organization's supervision.)</i>			
5. Total number of recordable cases (from OSHA form 300)			
5a. Column H (days away from work)			
5b. Column I (job transfer or restriction)			
5c. Column J (other recordable cases)			
5d. Total Column (H, I and J)			
6. If your answer to question #5a is zero, how far back does this record go?			
Date _____ Hours worked _____			
INCIDENCE RATE: Enter Line 5d (above) x 200,000 = Rate			
(RECORDABLE) Enter Line 4			
INCIDENCE RATE: Enter Line 5a (above) x 200,000 = Rate			
(LOST WORKDAY CASE) Enter Line 4			

I hereby certify that the information included in this application form is factual and accurate.

Completed by: _____
(Please print or type name and title)