

# Governor's Workplace Safety Award Application

Thank you for your interest in the 2024 Governor's Workplace Safety Awards. Presented each year at the Indiana Safety and Health Conference and Expo, these awards allow the Indiana Chamber of Commerce, the Indiana Department of Labor, and our conference partners to honor Hoosier businesses that are truly going above and beyond in occupational safety and health.

Awards are offered in the following categories:

- Innovations
- Education and Outreach—Internal and External
- Partnerships—Internal and External
- Rising Star

The elements required to complete this form include:

- Your contact information
- NAICS and industry information for the business
- Information about the nature of the business
- Your company's OSHA 300A Summary information (2022, 2023 and 2024)
- Safety and health goals for the business
- Descriptions of the business' safety and health excellence

Please complete all of the fields in the application to the best of your ability. Review of your application will be based on the narratives provided. You are also welcome to submit applications for more than one award, if you feel your successes may extend into multiple categories.

Awards will be presented at the Governor's Workplace Safety Award Luncheon held during the annual Indiana Safety and Health Conference & Expo on Wednesday, February 28, 2024. The annual conference will be held February 26-February 28, 2024 at the Indiana Convention Center in downtown Indianapolis. We encourage you to visit [www.INSafetyconf.com](http://www.INSafetyconf.com) for more information or to register for the conference.

This year, we are accepting applications through 11:59 PM on January 12, 2024. Applications may be submitted at any time during this period. *Submissions received after the deadline will not be accepted or reviewed.* To ensure there were no significant incidents that would otherwise remove a company from contention, we will request the 300A information for the remainder of the year when selecting award recipients.

For questions about the application or the application process, please contact the Indiana Department of Labor's INSafe division at (317) 232-2688 or by e-mail at [insafe@dol.in.gov](mailto:insafe@dol.in.gov).

Submission should be sent via e-mail or postal mail to:

Indiana Chamber of Commerce  
Governor's Workplace Safety Awards  
115 W. Washington St. #850s  
Indianapolis, IN 46204  
[rramsey@indianachamber.com](mailto:rramsey@indianachamber.com)

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<b>Company Name (as it would appear on the award):</b>		<b>Mailing Address:</b>	
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Contact Name:</b>		<b>Title:</b>	
<b>Contact Phone:</b>		<b>Contact E-mail:</b>	
<b>Industry:</b>		<b>Six-Digit NAICS Code:</b>	
<b>Number of Employees:</b>		<b>On-Site:</b>	<b>Company-Wide:</b>
<b>Select an Award Category:</b>			

Form 300A Information							
	Col. G	Col. H	Col. I	Col. J	Col. K	Col. L	Tot. Hours
	Total Deaths	Cases w/ DAFW	Cases w/ DJTR	Other Recordables	Total DAFW	Total DJTR	Worked
<b>2023</b>							
<b>2022</b>							
<b>2021</b>							

<p><b>Describe your business. What service(s) or product(s) does your business provide? Please describe the processes, equipment or machinery used by employees.</b></p>	
<p><b>How is workplace safety and health information communicated in your business? How does workplace safety and health information flow from management to front-line employees and back?:</b></p>	
<p><b>Describe the leading and/or lagging indicators used to measure the effectiveness of the occupational safety and health management system in your business?:</b></p>	
<p><b>How are employees involved in your workplace safety and health management program?:</b></p>	
<p><b>What are your business' workplace safety and health goals?:</b></p>	
<p><b>What safety and health training do you provide to employees, supervisors and/or management?:</b></p>	

**Describe the safety activity, practice or educational initiative developed, implemented or shared.:**

**What prompted your business to implement the action indicated above?:**

**What benefits did your business gain by adopting the activity?:**

**How were your employees involved?:**

**Describe any barriers or challenges your business encountered along the way in the process, emphasizing or developing its safety and health management system.:**

**Describe the roles your stakeholders (e.g. management and employees) played in this new process.:**

**Describe the target audience of the activity, their level of participation and benefits to be gained by the audience.:**

**If you're applying for a Partnership award, with whom did you partner?:**

**How was the impact of the occupational safety and health effort(s) measured?:**

**Describe how your business will sustain or continuously improve the effort(s) described.:**

**Please attach or provide your company's occupational safety and health commitment statement and/or policy.**

**Please attach or provide a list of safety and health training provided to your company's employees, supervisors and/or management.:**