

2020 GWSA Application Fields

- Company/Business Name
- Mailing Street Address
- City
- State
- Five-Digit Zip Code
- Industry
- Six-Digit NAICS Code
- Number of Employees On-Site
- Contact Prefix
- Contact First Name
- Contact Last Name
- Contact Suffix
- Contact Title
- Contact Phone
- Contact E-mail
- Describe your business. What service(s) or product(s) does your business provide? Please describe the processes, equipment or machinery used by employees.
- 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?
- Describe the leading and/or lagging indicators are used to measure the effectiveness of the occupational safety and health management system in your business?
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- How are employees involved in your workplace safety and health management program?

Form 300A

- 2018 Column G - Total Number of Deaths
- 2018 Column H - Total Cases with Days Away from Work
- 2018 Column I - Total Cases with Job Transfer or Restriction
- 2018 Column J - Total Number of Other Recordable Cases
- 2018 Column K - Total Number of Days Away From Work
- 2018 Column L - Total Number of Days of Job Transfer or Restriction
- 2018 Column M1 - Total Number of Injuries
- 2018 Column M2 - Total Number of Skin Disorders
- 2018 Column M3 - Total Number of Respiratory Conditions
- 2018 Column M4 - Total Number of Poisonings
- 2018 Column M5 - Total Number of Hearing Losses
- 2018 Column M6 - Total Number of Other Illnesses
- 2019 Column G - Total Number of Deaths
- 2019 Column H - Total Cases with Days Away from Work

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- Please enter your occupational safety and health commitment statement and/or policy.
- What are your business' workplace safety and health goals?
- What safety and health training do you provide to employees, supervisors and/or management?

Innovations - recognizes companies or worksites that implement new or unique approaches and strategies aimed at enhancing employee safety and health.

- Describe the new or unique health and safety approach; training program, procedure or device that your business implemented.
- What prompted your business to implement the action indicated above?
- Describe how employees participated in the development of the new or unique health and safety approach.
- Describe any barriers your business had to overcome in developing and/or implementing the innovation.

Education & Outreach: Internal - recognizes companies or worksites who have demonstrated excellence in development and sharing of safety best practices within the organization. External - recognizes companies or worksites that implement incident prevention educational activities to an outside group or party.

- Describe the safety activity, practice or educational initiative developed, implemented or shared.
- Provide a description of the group that benefited from the above-mentioned activities.
- How was the activity shared or implemented?
- What benefits did your business gain by adopting the activity?
- How were your employees involved?

Partnerships - recognizes companies or worksites that emphasize activities in which the organization has joined with another external group to promote injury and illness prevention.

- For this initiative, did you partner with an internal group within your business or an external organization outside your business?
- With whom did you partner?
- Describe the safety practice or activity that was implemented by the partnership and what prompted the activity.
- Outline your business' role in developing and promoting the activity, and describe how your business' employees were involved in the partnership.
- Describe the partnering company's role in developing and promoting the activity.
- Describe the target audience of the activity, their level of participation and benefits to be gained by the audience.

Rising Star - highlights organizations that have positively impacted employee safety and health or demonstrated proactive measures to improving the workplace safety and health culture.

- What prompted your business to develop, re-design or enhance your safety and health management system?
- Describe the action(s) that your business took to develop, re-design or enhance your safety and health management system.
- Describe the roles your stakeholders (e.g. management and employees) played in this new process.
- Describe any barriers or challenges your business encountered along the way in the process, emphasizing or developing its safety and health management system.
- 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.