



# AWEA INDUSTRIAL SAFETY AWARD

## Nomination Form

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To be considered for the AWEA Industrial Safety Award, please answer the questions listed below. All responses and supporting documentation should be sent to [info@awea-ar.org](mailto:info@awea-ar.org).

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### Organization Information

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Employees: \_\_\_\_\_

### Submitter's Contact Information

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

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

### Safety Information Questionnaire

1. Explain how your Safety Process is transmitted to the employees at the facility. If you have a formal policy statement, please attach copy.
2. List Safety and Health Training provided to your employees for the year (include dates).
3. Tell us how you conduct employee safety meetings.
4. Describe your Safety/Health inspections.
5. Describe the structure of your Safety Committee/Team.
6. Describe employee Health Programs that have been put in place at your facility (include dates) (i.e. Hepatitis B vaccinations, Pulmonary Function Testing, Fitness Programs, etc.)
7. Describe your facilities Incident/Accident reporting procedures: (please provide a copy of your program).
8. Do you conduct drug and/or alcohol testing? If yes, what type of testing?
9. Please tell us about your year's accident record (lost time cases and medical attention cases).
10. Briefly explain why this organization should be considered for the Safety Award