



SAFETY AWARD APPLICATION 2025

Submit applications to
srogers@hruhca.com

www.hruhca.com

The HRUHCA annual safety award program encourages member firms to maintain, develop, and improve their safety program through public recognition of their outstanding safety efforts. By introducing competition among member firms, we create a safer working environment for our employees and the public. When we create a safer working environment, everyone is a winner.

THE CRITERIA REQUIRED TO BE CONSIDERED FOR AN AWARD ARE:

- Your firm must be a HRUHCA member firm.
- You must provide a written narrative explaining why you feel your efforts warrant your company receiving an award (you have a written safety program, designated safety director, drug free workplace program).
- Your company cannot have any fatalities for the year under consideration.
- Your DART rate must be lower than the most recently published Bureau of Labor Statistics (BLS) rates for your SIC or NAICS code.
- Your company has not received any OSHA violations with the year of consideration.
- The number of reportable accidents your company's vehicles have been involved in. We are considering "reportable accidents" as those that involved injuries to persons and/or exceeding \$1,000 in damages per number of vehicles where your driver was at fault.

Mail the completed application with any attachments to:

HRUHCA Safety Awards, 5911 Harbour View Blvd., Suite 220, Suffolk, VA 23435

You may also scan and email your application with any attachments to:

HRUHCA Executive Director Stephanie Rogers at: srogers@hruhca.com

The application deadline is close of business on Friday, February 21st, 2025.

Award winners will be notified by **Friday, February 28th**. Awards will be presented at the HRUHCA Safety Awards Meeting on **Wednesday, March 19th**. All winners will receive an awards plaque and company photo taken at the awards ceremony and we will announce all winners on our website and social media.

COMPANY INFORMATION:

Firm Name: _____

Submitted by: _____

Application on behalf of (Circle One): Whole Company or Location/ Local Representative

Location of corporate office: _____

Mailing address (if different from corporate office location): _____

Telephone: _____ Fax Number: _____

Contact E-Mail: _____

Name of safety director or key safety contact: _____

Average number of employees during 2024: _____ Total hours worked in 2024: _____

Number of company vehicles in your fleet: _____ Total miles driven in 2024: _____

BUSINESS CATEGORY

Your firm's NAICS code is: _____

Describe your firm's primary function in a brief sentence: _____

Describe your safety program in detail. Do you have training programs that are specific to your industry? What are these programs? How often do you hold these training programs? Who does your training? How do you document your training and who is responsible for documenting your training programs? **(Please Note: We encourage you to attach a separate sheet of paper for any question that you feel you need more room than is allowed on this application).** _____

Do you perform documented safety inspections? If so, explain the process.

Does someone perform documented incident investigations? If so, briefly explain.

Are you doing formalized safety training for your field personnel on a regular basis? Please provide a description of your program. If so, how often is this conducted?

Does your firm have an employee safety orientation program? If so, briefly describe.

Your total number of reportable injuries for 2024? If any, how many? What are you doing moving forward to mitigate future recurrences? Please submit your OSHA 300A Log.

Did your company have any workplace fatalities during 2024? _____

Did your company receive any OSHA violations during 2024? Please submit your establishment page. _____

Please calculate your company's DART rate _____

DART rate = (Total number of recordable incidents x 200,000) / Total employee hours worked

Does your firm have a written vehicle safety program? Please submit your vehicle safety program.

Total number of at-fault accidents that resulted in fatalities your company's vehicles were involved in during 2024?

Please provide any other supporting comments or information that you would want the committee to consider regarding your safety program?

Thank you for taking the time to participate in the HRUHCA safety awards program.