CSIA "Best Practices in Safety" Recognition Program Application



The Central States Insulation Association (CSIA) "Best Practices in Safety" Program Award recognizes CSIA member companies in good standing that have demonstrated a commitment to improving jobsite safety through development, implementation, and enforcement of a safety and risk management program.

<u> Eliaibility</u>:

Submissions must come from a CSIA member company in good standing with a documented safety/risk management program including a formal written safety program.

Confidentiality:

The information in Section 1 of this application, and any reference in any part of this application to a specific company, will not be included with the application when the submissions are judged. All information provided on this application will be kept in strict confidence. CSIA reserves the right to publish any innovative safety ideas from the submissions for the good of the industry. However, any company-specific information regarding accident or injury statistics, or any other information identified by the applicant as proprietary, will be kept in strict confidence.

Judaina:

Applications will be judged by nationally renowned OSHA / Workers Compensation Attorney, Gary Auman, of the Legal Firm Auman, Mahan and Furry.

Deadline:

Deadline for entries is **March 1. 2024**. Winners will be announced at the 2024 CSIA Spring Labor Conference April 29 - May 1, at the Marriott Griffin Gate - 1800 Newtown Pike - Lexington, KY 40511.

Entry Fee: There is a \$400 entry fee to have your safety plan reviewed by CSIA Legal Counsel. In return, you will receive a detailed, written critique of the information provided with your application. This evaluation letter is designed specifically to facilitate ongoing safety program improvement for every participating member. You can submit the payment via the attached form or by check. If applying online, there is also an option to pay via credit card at the end of your application submittal.

Entry Submission:

- Mail this completed application to: Auman, Mahan & Furry, Attn: Brenda Lightner 110 North Main St., Suite 1000 Dayton OH 45402
- 2. Email a scan of your completed application to Brenda Lightner at br/@amfdayton.com">br/@amfdayton.com

<u>More Information</u>:

Questions regarding the application may be directed to Gary Auman at gwa@amfdayton.com or by calling 937-223-6003.

Instructions

Please complete the following information about your company. Complete and accurate information will help the judging process and will likewise assist your company in receiving appropriate consideration. Feel free to attach additional paper if necessary, for longer answers. **DO NOT SEND A COPY OF YOUR ENTIRE SAFETY PROGRAM! DO NOT SEND SECTIONS OF YOUR SAFETY PROGRAM!** IT WILL NOT BE GRADED!

Section 1: General Information

Company Name			_						
Contact Name									
Address	City	State Zip	_						
Telephone	Email								
Please check one: Small Company (less than 100,000 man-hours) Medium Company (100,001 – 500,000 man hours) Large Company (more than 500,001 man-hours)									
Does your company have a formal written safety program? Yes No									
What is your: EMR Rate Lost Time Rate_	Total Recordable Injury Rate (TRIR)	Restricted Duty Rate							

Section 2: Company Safety Program

Please provide written answers to each question. **If more space is required, attach additional pages.**Please make your responses as complete as possible. All individual questions must be answered directly and

specifically. **DO NOT SEND A COPY OF YOUR SAFETY PROGRAM!**Doing so will result in point deduction and possible rejection of your application.

1.	Describe your Substance Abuse Prevention Program. If your company is located in or does work in a State that permits medicinal or recreational marijuana, explain how your company addresses this in your program.
2.	When do you conduct random job site inspections and safety audits? Who conducts these? How are they conducted? What do they cover? What is your company's follow-up actions?
3.	Describe your company's Hazard Recognition/PPE Hazzard Assessment Training, and/or Audit Program.
4.	Describe how your company complies with the OSHA requirement for competent persons at each job site as found in OSHA Standard 1926.20(b)(2).
5.	Describe all aspects of your Confined Space Program, including provisions for permit required confined spaces.

6.	6. Describe all aspects of your Ladder Safety Program.						
7.	Describe your company's S	Scaffold Use Progra	ım. Include y	our requiremer	nts for the use of I	Mobile Employee Work	
8.	Describe your company's l Violence.	Emergency Action F	Program and	include you're	your company ha	andles Workplace	
level.	plications will be graded, a Each applicant will be judg sel, Gary Auman. All partici Is will receive recognition at	jed anonymously a ipants will receive	and will rece certificates,	ive a letter crit	tiquing their pro	gram from CSIA Legal	
<u>Pleas</u>	e indicate to whom you wo	uld like the feedba	ck sent and	their email ad	<u>dress.</u>		
Name	,		Email	Email			
<u>Paym</u>	ent Information:						
С	heck for \$400 made payab	le to CSIA 🔲 🛝	/isa □	MasterCard	☐ AmExp □	Discover	
Name	on Card		Ca	rd Number			
Billing	g Zip Code	Expiration Da	te		ccv		
	All applications ar	nd appropriate fee	s must be re	eceived no lat	er than <u>March 1</u>	<u>, 2024.</u>	
For C	Office Use Only: DATE	F RECEIVED			FNTRY NO	1	