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## 2025 Safety Achievement Award Application For Private Sector

This application should be submitted by April 2, 2025, to the Division of OSHA by [email](#) or address listed above. All information submitted should pertain to calendar years 2023 and 2024. Submission of this application is voluntary.

### Submit with your application:

- OSHA Form 300 and OSHA Form 300A for calendar years 2023 and 2024.
- Supporting documentation of how the company encouraged a safe environment culturally and in the community. Including but not limited to:
  - Company Policy/Procedures
  - Pictures
  - Programs
  - PowerPoint Slides
- Supporting documentation of the company’s interactive, systematic approach to finding and fixing hazards before an injury, illness, new standard/regulation, or inspection occurs.

### COMPANY INFORMATION

Name of Company (List as you want to appear on award): \_\_\_\_\_

Local Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Management Official / Title: \_\_\_\_\_

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

Company's Standard Industrial Classification (NAICS Code)\* or Industry Type: \_\_\_\_\_

Name of Parent Company (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Please describe your scope of work:

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2. Did your company have 100 or more full-time employees during 2023 and 2024?  YES  NO

If no, proceed to Question 6.

3. **Employee Hours** (Please attach OSHA 300 and 300A logs):

	<u>2023</u>	<u>2024</u>
a. Average number of employees:	_____	_____
b. Total number of employee hours worked: <b>EH:</b>	_____	_____

(You may multiply 4a. by the average number of hours worked by employees during the year to get the EH.)

4. **Incidence Rate** (Please attach OSHA 300 and 300A logs):

a. Total recordable cases:	<b>TC:</b>	_____	_____
b. Multiply TC by 200,000 and divide by EH to find your company's incident rate (IR):	<b>IR:</b>	_____	_____

5. Award Category (Check all statements which apply):

**Palmetto Shining Star**

- No fatalities or recordables during calendar year 2024 (TC = 0)
- A reduction of at least 40 percent in an employer's incidence rate between 2023 and 2024
- Company's incidence rate during calendar year 2024 was at least 75% below the 2023 South Carolina incidence rate for company's NAICS. See column three entitled "Total recordable cases" in the Table [here](#).
  - Totals include rate for industries not shown separately
  - To obtain Incidence Rates for Industries or NAICS not listed, call 803-896-7673
  - If NAICS is unknown, call 803-896-7673
- Worked 1 million or more safe work hours without a lost time injury or illness ***in 2024***.  
Number of hours achieved: \_\_\_\_\_  
Time frame hours were achieved: \_\_\_\_\_

**Rising Star**

- Company's incidence rate during calendar year 2024 was at least 75% below the 2023 *national* incidence rate for company's NAICS. See column three entitled "Total recordable cases" in the Table [here](#).

**Gleaming Star**

- Less than 100 employees

***\*Responses to the following must be provided by all employers, regardless of Award category sought\****

6. What have you done ***within the last year***, culturally within your company to encourage an environment of safety? (Supporting documentation to verify ***MUST*** be attached. May include additional sheets for explanation.)

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7. How have you encouraged safety in the community ***within the last year***? (Supporting documentation to verify ***MUST*** be attached. May include additional sheets for explanation.)

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8. Describe how your company uses an interactive, systematic approach to finding and fixing hazards before an injury, illness, new standard/regulation, or inspection occurs. (Supporting documentation to verify ***MUST*** be attached. May include additional sheets for explanation.)

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**Final Checklist:**

- OSHA Logs 2023 and 2024
- OSHA Summary 2023 and 2024
- Supporting documentation for safety culture within the company (Question 6)
- Supporting documentation for safety in the community (Question 7)
- Supporting documentation of precautions, programs, and/or processes related to workplace violence and heat-related hazards (Question 8)

**SIGNATURE OF MANAGEMENT OFFICIAL:**

*Your signature certifies that the information and attached verification documents are true. Penalty for false information includes but is not limited to disqualification for this year's and next year's award.*

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date