

South Carolina Department of Labor, Licensing and Regulation

Henry D. McMaster Governor

110 Centerview Drive Post Office Box 11329 Columbia, SC 29211-1329 Phone: (803) 896-4300

Emily H. Farr Director

2025 Safety Achievement Award Application For Public Sector

This application should be submitted by May 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 of | on award): | | |
|--------------------|--------------------------------|------------------------|--------------|--|
| Address: | | | County: | |
| City: | State: | Zip Code: | Phone: | |
| Management Offici | al / Title: | | | |
| Email Address: | | | | |
| Company's Standar | d Industrial Classification | n (NAICS Code)* or Ind | lustry Type: | |
| l. Please describe | your scope of work: | | | |
| | | | | |
| | | | | |
| | | | | |

| 2. | Did your com | pany have 100 or more full-time employe | ees during 2023 a | and 2024? | □ YES | ⊔ NO |
|----|-----------------|---|---|---|----------------------------|--------|
| | If no, prod | ceed to Question 6. | | | | |
| 3. | | Durs (Please attach OSHA 300 and 300A logs): age number of employees: | | 2023 | <u>2024</u> | |
| | | number of employee hours worked: nay multiply 4a. by the average number of hours w | EH: corked by employees | during the yo | ear to get the EH.) | |
| 4. | Incidence Ra | te (Please attach OSHA 300 and 300A logs): | | | | |
| | a. Total | TC: _ | | | | |
| | | ply TC by 200,000 and divide by EH d your company's incident rate (IR): | IR: _ | | | |
| 5. | Award Catego | Dry (Check all statements which apply): | | | | |
| | <u>Palmetto</u> | Shining Star | | | | |
| | | No fatalities or recordables during calendary | dar year 2024 (T | C = 0 | | |
| | | A reduction of at least 20 percent in an e | mployer's incide | ence rate be | etween 2023 an | d 2024 |
| | | Employer's incidence rate during calend South Carolina incidence rate for the app See column three entitled "Total Record • Totals include rate for industries • To obtain Incidence Rates for In • If NAICS is unknown, call 803- | olicable State or able cases" in the not shown separadustries or NAIC | Local gove e Table <u>her</u> ately | rnment NAICS <u>e</u> : | |
| | Rising Sta | <u>ar</u> | | | | |
| | | Company's incidence rate during calend incidence rate for the applicable State of "total recordable cases" in the Table here | r Local governm | | | |
| | <u>Gleaming</u> | Star | | | | |
| | | Less than 100 employees | | | | |
| *R | esponses to the | e following must be provided by all emplo | oyers, regardless | of Award | category sougl | nt* |
| 6. | | ou done <u>within the last year,</u> culturally wi orting documentation to verify <u>MUST</u> be attac | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 7. | How MUS | w have you encouraged safety in the community within the last year? (Supporting documentation to verify UST be attached. May include additional sheets for explanation.) | | |
|-----|----------------|--|---|--|
| | - - - | | | |
| 8. | relat put i | ted to workplace violence and heat-related hazards, or | Focused on preventing workplace injuries and/or deaths describe the safety precautions, programs and processes lace violence and heat-related hazards at your worksite. include additional sheets for explanation.) | |
| | - - - | | | |
| I | Final C | OSHA Summary 2023 and 2024 Supporting documentation for safety culture with Supporting documentation for safety in the comm | in the company (Question 6) nunity (Question 7) ms, and/or processes related to workplace violence and | |
| You | ır sign | TURE OF MANAGEMENT OFFICIAL: nature certifies that the information and attached verifica but is not limited to disqualification for this year's and ne | • • • • | |
| Pri | nt Naı | ame and Title | | |
| Sig | natur | re | Date | |