



South Carolina
Department of Labor, Licensing and Regulation



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Henry D. McMaster
Governor

Emily H. Farr
Director

2021 Safety Achievement Award Application

This application should be submitted by May 14, 2021, to the Division of OSHA by email or address listed above. All information submitted should pertain to calendar years 2019 and 2020. Submission of this application is voluntary.

Submit with your application:

- OSHA Form 300 and OSHA Form 300A for calendar years 2019 and 2020.
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 response to the COVID-19 pandemic including pictures, company policy/procedures, programs, new products, etc.

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 2019 and 2020?  YES  NO

If no, proceed to Question 6.

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

	<u>2019</u>	<u>2020</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 2020 (TC = 0)
- A reduction of at least 40 percent in an employer's incidence rate between 2019 and 2020
- Company's incidence rate during calendar year 2020 was at least 75% below the 2019 South Carolina incidence rate for company's NAICS. See column three entitled "Total recordable cases" in the Table here:  
<http://www.scosha.llronline.com/BLS/injuryillness/2019/2019%20I&I%20Table%206.pdf>
  - 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.  
Number of hours achieved: \_\_\_\_\_  
Time frame hours were achieved: \_\_\_\_\_

**Rising Star**

- Company's incidence rate during calendar year 2020 was at least 75% below the 2019 *national* incidence rate for company's NAICS. See column three entitled "Total recordable cases" in the Table here: [https://www.bls.gov/web/osh/summ1\\_00.htm](https://www.bls.gov/web/osh/summ1_00.htm)

**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 the safety precautions, programs and processes put into place in direct response to the COVID-19 pandemic, including but not limited to, new policies, agency/office operations, and other improvements that addressed the needs of individuals and/or the community during the pandemic.

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**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