

Excellence in Safety Training

You are invited to apply for the **2011 Excellence in Safety Training Award** to recognize a company's achievement in the field of safety training for the calendar year January 1 to December 31, 2011. Awards will be presented during the Safety Awards Banquet on _____. Recipient must be able to be present to receive award. Mail in or fax the following application by _____ to be considered for the award and recognition. Please follow up to make sure your application has been received.

Company: _____

Number of full-time employees: _____

Number of part-time employees: _____

Name of Person submitting application: _____

Title: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Type of business: _____

Application completion date: _____

Please answer the following questions and submit required documentation for consideration for the **2011 Excellence in Safety Training Award**.

Attach any additional information you may have to support your application which will assist the committee in its evaluation.

1. Does your company have a written Safety Manual? ___ yes ___ no. If yes, please attach a copy of the Table of Contents along with a sample page.
2. Has your written Safety Manual been updated within the past 12 months? ___ yes ___ no. If yes, date of last update _____.
3. Does your company have a written plan that identifies what safety training is to take place in the year 2011? ___ yes ___ no. If yes, submit a sample page.
4. Does your company have regularly scheduled safety committee meetings? ___ yes ___ no. How often do they meet? _____ Date of last meeting _____ Date of next meeting _____ Number of members on the committee _____.



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5. Does your company have regularly scheduled safety classes? ____ yes ____no Date of last class_____. Number of attendee's _____. Type of class _____.
6. Types of training offered to employees: _____ Driver's safety ____ First Aid/CPR _____ Forklift/manlift ____ Trenching & Shoring _____ Scaffolding _____ Rapid Eye Check ____ Emergency Preparedness _____ Ergonomics ____ H2S _____ Electrical/Fire _____ Bloodbourne Pathogens _____ Hazwopper _____ Accident Investigation _____ Hazcom/Hazmat _____ Fall Protection _____ other, describe _____.
7. Does your company have new employee orientation and training including safety, job skills and potential hazards before employee begins working? ____ yes ____no. If yes, please submit sample job description and brief description of safety training offered for that job.
8. Does your company offer an incentive program that rewards positive /safe behavior ____yes ____no. If yes, please submit an example.
9. Does your company have a written policy that employees are responsible for their own safety? ____yes ____no. If yes, please submit an example.
10. Does your company have a ____ full-time ____ part time person in charge of safety and health issues? Name _____.
11. Briefly describe the policy on one item of PPE used at your workplace, include consequences of failure to use this item properly.
12. Briefly describe procedure for a company accident investigation.
13. Has any of your personnel received training in drug and alcohol use awareness? ____ yes ____no. If yes, attach a brief description.
14. Does your company provide on/off-the-job safety information for your employees to take home ____ yes ____no. If yes, please submit a sample.
15. Does your company use posters, paycheck stuffers or other visual aids to remind employees of the need for safety ____yes ____no. If yes, describe briefly.
16. Does your company use MSDS ____yes ____no. Briefly describe how/where they are kept, routine of updates, who is in charge of updates.
17. Did your company use any internet safety training in 2011 ____yes ____no. If yes, describe briefly, include number of employees participating.

Mail completed application and attachments to:

Wyoming-Montana Safety Council
4202 Ridge Road
Cheyenne WY 82001

Or fax applications and attachments to:

307.635.0940



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