

# Wyoming-Montana Safety Council Safety Award Application

## Safe Driving Award

You are invited to apply for the **2008 Safe Driving Award** for a company with an exceptional driver safety program and record for the calendar year January 1 to December 31, 2008. **To be considered ALL questions must be answered.**

Company name EXACTLY AS DESIRED ON AWARD (print) \_\_\_\_\_

Type of industry \_\_\_\_\_

Name of person submitting application \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Award is for \_\_\_ entire company \_\_\_ one location: name of location \_\_\_\_\_

Type (s) of vehicles \_\_\_\_\_ Number of vehicles \_\_\_\_\_

Number of employees that operate these motor vehicles on the job \_\_\_\_\_

Does any of your company's driving operations require a CDL? Yes No If yes, percentage of drivers with a CDL \_\_\_\_\_

Does your company written have a driver's safety program? Yes No

Number of driver's safety classes a year \_\_\_\_\_ Number of employees trained in driver's safety in 2008 \_\_\_\_\_

Program (s) your company uses for drivers' training (check all that apply)

\_\_\_\_ National Safety Council 4-hour

\_\_\_\_ National Safety Council 8/6-hour

\_\_\_\_ Other purchased program Name of program \_\_\_\_\_

\_\_\_\_ In-house Who developed your in-house program \_\_\_\_\_

\_\_\_\_ Internet Name of program \_\_\_\_\_

Why did you choose the program you use?

\_\_\_\_\_

Does your driving safety include hands-on evaluation? Yes No Our company has a mandatory seat belt use policy Yes No

Were any tickets issued to your drivers for on the job driving infractions at award location in 2007?

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\_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_ # of offenses

If yes, what did the offenses involve (check all that apply) : \_\_\_\_ Speeding    \_\_\_\_ Running red lights    \_\_\_\_ Seat belt use    \_\_\_\_ Stop signs    \_\_\_\_ Other(describe) \_\_\_\_\_

How does the company handle problem drivers?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of consecutive vehicle miles all vehicles driven without an incident\* \_\_\_\_\_

Can this be verified in driving logs ? Yes No If no, how did you arrive at this number

\_\_\_\_\_

Did your company have a fatality involving a motor vehicle in 2008? Yes No

\*Reportable Vehicle Incident: any occurrence involving a motor vehicle which results in death, injury or property damage, regardless of preventability of the incident, extent of property damage or who was responsible for the incident, unless said motor vehicle is properly parked.

**In 150 typewritten words or more describe what it is that has made your driver safety efforts a success.**

*I hereby certify that the information included in this application form is factual and accurate.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Awards will be presented during the Conference Awards Banquet on Tuesday May 19, 2008 at the Hilton Garden Inn in Laramie WY. Application deadline is Monday April 6, 2009.

**Recipients must be able to be present to receive award.** Please attached any other information, press releases, newspaper articles, testimonials, etc you may have to support your nominee which will assist the committee in its evaluation. Please call (307) 635-4592 and follow up to make sure your application has been received.

Mail completed application and attachments to Wyoming-Montana Safety Council  
1502 Logan Ave Cheyenne WY 82001

Or fax completed application to (307) 635-0940.