



**2019 SOUTHERN OREGON  
OCCUPATIONAL SAFETY &  
HEALTH CONFERENCE**  
ASSP Award Application

**Outstanding Safety & Health Program Award**  
**In Honor of ~ Randall M. Lundberg**

**Section 1 Company Information**

Company		Contact Person	
Address		Number of Employees	
		North American Industrial Classification System Code	
Phone		To Look Up NAICS Code:	<a href="https://www.naics.com/search/">https://www.naics.com/search/</a>
Email		Fax	

**Section 2 Injury and Illness Statistics**

Provide Injury and Illness statistics for each year:

Year	Total Number of Recordable Injuries & Illnesses on OSHA 300 A Summary	Number of regular and overtime hours for all employees for the year	Incident Rate: Equals Number of Recordables Times 200,000/Exposure hours
<b>2018</b>			
<b>2017</b>			
<b>2016</b>			

**Section 3 Application Checklist**

- Complete form Sections 1 & 2 by typing in each shaded field and printing
- Type written summary describing specific accomplishments (See pg. 2 for topics)
- Attach any Supporting Documentation relevant to an Outstanding Safety & Health Program.

**Send your packets to:**

ASSP – Southern Oregon Chapter  
P.O. Box 1481  
Medford, OR 97501-0110

**If you have questions or to arrange packet delivery:**

Michael Hill [michil@saif.com](mailto:michil@saif.com) (541) 857-4229  
David Hanson [davhan@saif.com](mailto:davhan@saif.com) (541)-857-4236

**Deadline:** Applications must be received by **August 30, 2019** at SAIF, Medford Office at 990 N. Phoenix Rd. Ste. 101, Medford, OR 97504.

**Incomplete Applications will not be accepted**

**Outstanding Safety & Health Program Award**  
**In Honor of ~ Randall M. Lundberg**

**The Outstanding Safety & Health Program Award** recognizes companies of all sizes that excel in addressing seven major elements of an effective occupational safety and health program along with an effective safety committee.

**The company must demonstrate** the effectiveness of their activities by showing how the company has systematically controlled hazards to reduce the risk of injury to employees. The company must not have experienced a fatality or catastrophic accident in the past twelve months prior to the award presentation.

**Please submit a summary** from one (1) to three (3) type written pages explaining the accomplishments of your company in addressing the elements of your safety and health program and fill out the information on the reverse side of the form and submit it to the Awards Selection Committee. The summary will be evaluated on your explanation and examples of success in these areas:

- Management Commitment
- Labor & Management Accountability
- Employee Involvement
- Hazard Identification and Effective Control
- Periodic Plan Evaluation
- Worker Training and Engagement
- Incident / Accident Analysis, including root causes and recommendations (Provide 3 of your most complete examples)
- Successful Safety Committee Activities

**If selected, a photo will be requested. Incomplete applications will not be accepted!**

*Awards Committee Notes:* \_\_\_\_\_

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**AMERICAN SOCIETY OF SAFETY PROFESSIONALS**  
Southern Oregon Chapter