

# NSC Occupational Awards Program Order Form



Please return all completed order forms and addendums in enclosed postage paid envelope and mail to:

**National Safety Council  
Motivation & Recognition Dept.**  
P.O. Box 679  
Itasca, IL 60143-0679

or fax to:  
**(630) 775-2185**

For additional orders, please make a copy of this sheet.

Date Submitted: \_\_\_ / \_\_\_ / \_\_\_ Membership I.D.#: \_\_\_\_\_

Note: Each physical location must have its own separate Membership I.D. number that corresponds with your location address. If you do not know your Membership I.D. number, please contact the NSC Customer Relations Department at 800.621.7619.

Company: \_\_\_\_\_

Safety / Mgmt Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite/Unit: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**SHIPPING ADDRESS (If Different From Above)**

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## SIDE A Organization Awards

## Custom award information

Will appear exactly as printed below.

Company Name (Line 1):  
\_\_\_\_\_

Company 2 / Plant (Line 2 if required):  
\_\_\_\_\_

City and State (Line 3):  
\_\_\_\_\_

ITEM #	AWARD DESCRIPTION	UNIT PRICE	TOTAL QTY.	TOTAL PRICE	DATE RECORD STARTED	DATE RECORD REACHED	TOTAL EMPLOYEE HOURS	
03420-0000	<b>Safety Leadership:</b> Personalized Etched Crystal	\$149.95			___/___/___	___/___/___	N/A	
03411-0000	<b>Perfect Record:</b> Personalized Wood Plaque	\$74.95			___/___/___	___/___/___	_____ Hours	
03404-0000	<b>Perfect Record:</b> Framed Personalized Certificate	\$49.95			___/___/___	___/___/___	_____ Hours	
					DATE RECORD STARTED	DATE RECORD REACHED	TOTAL EMPLOYEE HOURS	
03413-0000	<b>Million Work Hours:</b> Personalized Wood Plaque	\$74.95			___/___/___	___/___/___	_____ Million	
03406-0000	<b>Million Work Hours:</b> Framed Personalized Certificate	\$49.95			___/___/___	___/___/___	_____ Million	
					DATE RECORD STARTED	DATE RECORD REACHED	TIME PERIOD FOR AWARD TO READ (35 days, 3 months, total employee hours, etc.)	
							TIME PERIOD	TOTAL EMPLOYEE HRS
03415-0000	<b>Milestone:</b> Personalized Wood Plaque	\$74.95			___/___/___	___/___/___	_____ Hours	
03409-0000	<b>Milestone:</b> Framed Personalized Certificate	\$49.95			___/___/___	___/___/___	_____ Hours	
<b>SIGNIFICANT IMPROVEMENT AWARDS</b>					NO. OF FATALITIES 2011	NO. OF FATALITIES 2010	NO. OF INJURIES & ILLNESS CASES WITH DAYS AWAY FROM WORK - 2011	NO. OF INJURIES & ILLNESS CASES WITH DAYS AWAY FROM WORK - 2010
03412-0000	<b>Significant Improvement:</b> Personalized Wood Plaque	\$74.95						
03405-0000	<b>Significant Improvement:</b> Framed Personalized Certificate	\$49.95						
<b>OCCUPATIONAL EXCELLENCE AWARDS</b>					NO. OF FATALITIES 2011	NO. OF WORK HOURS - 2011	NO. OF INJURIES & ILLNESS CASES WITH DAYS AWAY FROM WORK - 2011	NAICS CODE (6 DIGIT)
03410-0000	<b>Occupational Excellence Achievement:</b> Personalized Wood Plaque	\$74.95						
03403-0000	<b>Occupational Excellence Achievement:</b> Framed Personalized Certificate	\$49.95						

**FLIP TO SIDE B TO ORDER INDIVIDUAL AWARDS AND ENTER PAYMENT INFORMATION**



# NSC Occupational Awards Program Order Form

SIDE B

Individual Awards/  
Payment information

Indicate Safe Driver: Lapel Pin and/or Safe Driver: Shoulder Patch quantities here:

YEARS	PIN	PATCH	YEARS	PIN	PATCH
1 year			24 years		
2 years			25 years		
3 years			26 years		
4 years			27 years		
5 years			28 years		
6 years			29 years		
7 years			30 years		
8 years			31 years		
9 years			32 years		
10 years			33 years		
11 years			34 years		
12 years			35 years		
13 years			36 years		
14 years			37 years		
15 years			38 years		
16 years			39 years		
17 years			40 years		
18 years			41 years		
19 years			42 years		
20 years			43 years		
21 years			44 years		
22 years			45 years		
23 years					

ITEM #	AWARD DESCRIPTION	UNIT PRICE	TOTAL QTY.	TOTAL PRICE
29351-0000	<b>Safe Driver:</b> Lapel Pins Indicate exact pin quantities at right:	\$4.95		
29350-0001	<b>Safe Driver:</b> Wallet Cards (sheet of 6)	\$6.00		
29802-0000	<b>Safe Driver:</b> Shoulder Patches Indicate exact patch quantities at right:	\$2.95		
29806-0000	<b>Million Mile:</b> Personalized Wood Plaque List employee name(s) and check MM 1 or MM+	\$74.95		
29804-0000	<b>Expert Driver:</b> Personalized Certificate in Wood Frame List employee name(s) and check ED	\$39.95		
03439-0000	<b>Expert Driver:</b> Personalized Certificate in Leatherette Frame List employee name(s) and check ED	\$24.95		
03436-0000	<b>Perfect Record:</b> Personalized Certificate in Wood Frame List employee name(s) and check PR	\$49.95		
03430-0000	<b>Perfect Record:</b> Personalized Certificate in Leatherette Frame List employee name(s) and check PR	\$24.95		
03445-0000	<b>Significant Work Hours:</b> Personalized Certificate in Wood Frame List employee name(s) and check SWH	\$49.95		
03443-0000	<b>Significant Work Hours:</b> Personalized Certificate in Leatherette Frame List employee name(s) and check SWH	\$24.95		
03438-0000	<b>Milestone:</b> Personalized Certificate in Wood Frame List employee name(s) and check MS	\$49.95		
03440-0000	<b>Milestone:</b> Personalized Certificate in Leatherette Frame List employee name(s) and check MS	\$24.95		
03437-0000	<b>Certificate of Merit:</b> Personalized Certificate in Wood Frame Provide desired inscription on next page, side B	\$49.95		
03429-0000	<b>Certificate of Merit:</b> Personalized Certificate in Leatherette Frame Provide desired inscription on next page, side B	\$24.95		
03435-0000	<b>Safety Service:</b> Personalized Certificate in Wood Frame List employee name(s) and check SS	\$49.95		
03433-0000	<b>Safety Service:</b> Personalized Certificate in Leatherette Frame List employee name(s) and check SS	\$24.95		
03428-0000	<b>Safety Leadership:</b> Personalized Etched Crystal Designate number of years : _____	\$149.95		

**ORDER AMOUNT SUBTOTAL:**

**SALES TAX:**

Please add applicable tax\*

**SHIPPING/HANDLING:**

Please add shipping and handling charges from below

**TOTAL:**

Thank you for your order

Please list employee name(s) and award information on accompanying sheet and check letter code for individual award ordered. Awards will be personalized exactly as printed.

For additional orders, please make a copy of this sheet.

## SHIPPING/HANDLING CHARGES

Rates apply within the 48 contiguous states. Please call for pricing for Alaska, Hawaii, Canada or international orders.

Order amount	Charge	Order amount	Charge
Up to \$35.00	\$5.95	150.01 - 200.00	\$10.80
35.01 - 50.00	7.20	200.01 - 300.00	12.00
50.01 - 100.00	8.45	300.01 - 400.00	13.20
100.01 - 150.00	9.60	400.01 - 500.00	14.45

**EXPRESS DELIVERY SERVICE** — Overnight, second-day or Saturday delivery available for an additional fee. Call for rates. For orders that are not prepaid, there will be a handling fee of \$5.00 with standard shipping and \$10.00 with expedited shipping.

\***SALES TAX** — Please add applicable sales tax in AL (4%), CA (7.25%), CT (6%), FL (6%), GA (4%), IL (6.25%), KY (6%), MN (6.875%), PA (6%), TX (6.25%), VA (5%).

## METHOD OF PAYMENT

For international orders or orders less than \$50, use credit card or check.

### CHECK ONE:

Payment enclosed. Make check payable to the National Safety Council or your local NSC Chapter.

Send invoice. P.O. # \_\_\_\_\_

Visa  MasterCard  American Express  Discover

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE OF CARDHOLDER REQUIRED

PRINT NAME AS IT APPEARS ON CARD

Thank you for your order!

# Addendum Individual Employee Award List / Side A

See Side B for Certificate of Merit, Safety Service and Safety Leadership Awards

**MM – MILLION MILE AWARDS**

EMPLOYEE NAME:	COMPANY NAME:	MILES DRIVEN:	CHECK AWARD TYPE
		How Many? _____ million	<input type="checkbox"/> MM1 <input type="checkbox"/> MM+
		How Many? _____ million	<input type="checkbox"/> MM1 <input type="checkbox"/> MM+
		How Many? _____ million	<input type="checkbox"/> MM1 <input type="checkbox"/> MM+
		How Many? _____ million	<input type="checkbox"/> MM1 <input type="checkbox"/> MM+

**ED – EXPERT DRIVER AWARD**

EMPLOYEE NAME:	COMPANY NAME:	INSCRIPTION ON AWARD:
		Date record started: __/__/__ Date record reached: __/__/__ _____ years without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ years without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ years without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ years without incident

**PR – PERFECT RECORD AWARD**

EMPLOYEE NAME:	COMPANY NAME:	INSCRIPTION ON AWARD:
		Date record started: __/__/__ Date record reached: __/__/__ _____ months without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ months without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ months without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ months without incident

**SWH – SIGNIFICANT WORK HOURS AWARD**

EMPLOYEE NAME:	COMPANY NAME:	INSCRIPTION ON AWARD:
		Date record started: __/__/__ Date record reached: __/__/__ _____ months without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ months without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ months without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ months without incident

**MS – MILESTONE AWARD**

EMPLOYEE NAME:	COMPANY NAME:	INSCRIPTION ON AWARD:
		Date record started: __/__/__ Date record reached: __/__/__ _____ days without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ days without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ days without incident
		Date record started: __/__/__ Date record reached: __/__/__ _____ days without incident

Please list employee name(s) and award information above, and check letter code for individual award ordered. Awards will be personalized exactly as printed.

For additional names, please make a copy of this sheet.

**FLIP TO SIDE B for Certificate of Merit,  
Safety Service and Safety Leadership Awards**



# Addendum Individual Employee Award List / Side B

## Certificate of Merit, Safety Service and Safety Leadership Awards

### CERTIFICATE OF MERIT AWARD AND SAFETY SERVICE AWARD

EMPLOYEE NAME:	COMPANY NAME:	INSCRIPTION ON AWARD (UP TO 50 WORDS):	CHECK AWARD TYPE
			<input type="checkbox"/> CM <input type="checkbox"/> SS
			<input type="checkbox"/> CM <input type="checkbox"/> SS
			<input type="checkbox"/> CM <input type="checkbox"/> SS
			<input type="checkbox"/> CM <input type="checkbox"/> SS
			<input type="checkbox"/> CM <input type="checkbox"/> SS
			<input type="checkbox"/> CM <input type="checkbox"/> SS

### SAFETY LEADERSHIP AWARD

EMPLOYEE NAME:	COMPANY NAME:	
		Date SL record <b>started:</b> ___/___/___ <b>reached:</b> ___/___/___
		Date SL record <b>started:</b> ___/___/___ <b>reached:</b> ___/___/___
		Date SL record <b>started:</b> ___/___/___ <b>reached:</b> ___/___/___

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