



Occupational Awards Program 2016 SIGNIFICANT IMPROVEMENT AWARD

The National Safety Council's **Significant Improvement Award** recognizes companies, units and/or facilities that have a minimum 20% reduction in injuries and illnesses that involve days away from work and have maintained or reduced the number of fatalities.



Engraved Plaques are available for \$74.95 each



Framed Certificates are available for \$49.95 each

CRITERIA:

- In accordance with the OSHA record keeping requirements, a company, unit and/or facility must have a minimum 20% reduction in injuries and illnesses that involve days away from work (current calendar year from previous calendar year, January 1 through December 31).
- Maintenance or reduction in number of fatalities (current calendar year from previous calendar year, January 1 through December 31). In a situation where a fatality was not recorded in either the current calendar year or previous calendar year, a participant must demonstrate a minimum 20% reduction in injuries and illnesses that involve days away from work.
- The maximum allowable injuries or illnesses that involve days away from work and fatalities are determined at the discretion of the National Safety Council.
- Eligibility is determined based on self-reported data submitted by the participant, which must be submitted within 60 days from the date the total hours were reached.

RECOGNITION:

- Qualified companies, units and facilities can purchase a Significant Improvement Award to display their achievement at their organization.
- Pricing: Engraved Plaque \$74.95
Wood Frame \$49.95 or
(plus shipping, handling and applicable tax).

TO APPLY FOR THIS AWARD:

- Review your self-reported data to determine if you are eligible for consideration (based on program criteria).
- Complete Section A and B of the application and order form with desired payment.
- **Fax or Mail Completed Form To:**
National Safety Council, Attn: Motivation & Recognition Dept., PO Box 679
Itasca, IL 60143-0679
Fax: 630.775.2185

Your application will be evaluated shortly after receipt. If your company, unit or facility is deemed eligible based on your self-reported data, your award will be mailed within 4-6 weeks to the shipping address indicated on your order form.

The National Safety Council reserves the right to change, without notice, any statement in the Occupational Awards Program concerning, but not limited to, rules, policies, awards, delivery dates/methods, and fees.



Occupational Awards Program:
2016 SIGNIFICANT IMPROVEMENT AWARD APPLICATION

National Safety Council | Motivation & Recognition Department | P.O. Box 679, Itasca, IL 60143-0679
Ph: 800.621.7619 | Fax: 630.775.2185 | E-mail: awards@nsc.org | Web: www.nsc.org

SECTION A

Participant/Shipping/Award Information

PARTICIPANT / BILLING INFORMATION:

Date Submitted: ____/____/____ Membership ID# of location applying: _____

Note: Each physical location must have its own separate Membership I.D. Number. Your Membership I.D. Number must correspond 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 INFORMATION: Complete only if different than above.

NOTE: Please use a physical street address, do not use a PO Box as awards are normally shipped via UPS.

Company: _____ Contact: _____ Title: _____

Street Address: _____ City, State, Zip: _____

CUSTOM AWARD INFORMATION:

Print your information below. Your award will be produced using your engraving/printing information *exactly* as you've entered it, please check for accuracy.

Company Name (Line 1): _____

Company 2 / Plant (Line 2): _____
(not required)

City and State (Line 3): _____



Occupational Awards Program:
2015 SIGNIFICANT IMPROVEMENT AWARD ORDER FORM

SECTION B

Record/Order Information

RECORD INFORMATION:

Participants must have a minimum 20% reduction in injuries and illnesses that involve days away from work (current calendar year from previous calendar year) and maintenance or reduction in the number of fatalities (current calendar year from previous calendar year).

	Current Calendar Year Data (from 1/1/15 through 12/31/15)	Previous Calendar Year Data (from 1/1/14 through 12/31/14)	Office Use Only
Number of Fatalities			
Number of injuries and illnesses/cases that involved days away from work.			

ORDER INFORMATION:

PRODUCT NO.	DESCRIPTION	MEMBER UNIT PRICE	QTY. TO ORDER	TOTAL PRICE
03412-0000	Significant Improvement Award—Plaque	\$74.95		
03405-0000	Significant Improvement Award—Framed Certificate	\$49.95		

****Sales Tax:** Please add applicable sales tax in AL, CA, CT, FL, GA, IL, KY, MN, PA, TX, VA.

*****Shipping & Handling:** Rates do not apply for Canadian, US Territories, or international orders. Call for pricing.

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

Order Amount

Orders up to \$35.00
\$35.01 - \$50.00
\$50.01 - \$100.00
\$100.01 - \$150.00
\$150.01 - \$200.00
\$200.01 - \$300.00
\$300.01 - \$400.00
\$400.01 - \$500.00

Shipping Charge

\$6.95
\$8.20
\$9.45
\$10.60
\$11.80
\$13.00
\$14.20
\$15.45

Sub-Total

**Sales Tax

***Shipping / Handling

TOTAL

PAYMENT METHOD (Prepayment is required for orders under \$50.00 and all international orders)

Payment Enclosed

Make check or money order payable to National Safety Council

Payment by Credit Card

Send Invoice: PO# _____

Credit Card: Visa MasterCard Discover American Express

CC# _____

Expires: ____/____ CVV Number: _____

Signature (required): X _____

National Safety Council
 Motivation & Recognition Department
 P.O. Box 679
 Itasca, IL 60143-0679
 Fax: 630.775.2185

Thank you for your order!