



Occupational Awards Program **MILLION WORK HOURS AWARD**

The National Safety Council's **Million Work Hours Award** recognizes companies, units and/or facilities that have completed a period of at least 1 million work hours without incurring an occupational injury or illness that resulted in days away from work or death.



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 continued without the occurrence of an occupational injury or illness involving days away from work or death.
- Applicant must have accomplished 1, 2, 3, etc. million consecutive work hours over this period.
- 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. Any organization recording a fatality will be disqualified.

RECOGNITION:

- Qualified companies, units and facilities can purchase a Million Work Hours Award to display their achievement at their organization.
- Pricing: Million Work Hours Award Plaque \$74.95 or Million Work Hours Award Certificate \$49.95 (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.



Occupational Awards Program:
MILLION WORK HOURS 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:
MILLION WORK HOURS AWARD ORDER FORM

SECTION B

Record/Order Information

RECORD INFORMATION:

Participants must have continued without the occurrence of an occupational injury or illness involving days away from work or death.

RECORD INFORMATION:

| Date Record Started | Actual Date Reached | Has Record Ended? | Total Employee Work Hours |
|---------------------|---------------------|--|---------------------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1,000,000 |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2,000,000 |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3,000,000 |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | ____,000,000 |

ORDER INFORMATION:

| PRODUCT NO. | DESCRIPTION | MEMBER UNIT PRICE | QTY. TO ORDER | TOTAL PRICE |
|-------------|---|-------------------|---------------|-------------|
| 03413-0000 | Million Work Hours Award—Plaque | \$74.95 | | |
| 03406-0000 | Million Work Hours 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..

| <u>Order Amount</u> | <u>Shipping Charge</u> |
|----------------------|------------------------|
| Orders up to \$35.00 | \$5.95 |
| \$35.01 - \$50.00 | \$7.20 |
| \$50.01 - \$100.00 | \$8.45 |
| \$100.01 - \$150.00 | \$9.60 |
| \$150.01 - \$200.00 | \$10.80 |
| \$200.01 - \$300.00 | \$12.00 |
| \$300.01 - \$400.00 | \$13.20 |
| \$400.01 - \$500.00 | \$14.45 |

Sub-Total
****Sales Tax**
*****Shipping / Handling**
TOTAL

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

- Payment Enclosed** Make check or money order payable to National Safety Council Credit Card: Visa MasterCard Discover American Express
- Payment by Credit Card** CC# _____ Expires: ____/____
- Send Invoice:** PO# _____ Signature (required): X _____

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 Motivation & Recognition Department
 P.O. Box 679
 Itasca, IL 60143-0679
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Thank you for your order!