



## Occupational Awards Program **MILESTONE AWARD**

The National Safety Council's **Milestone Award** recognizes companies, units and/or facilities that have completed a period of at least 30 days without incurring an occupational injury or illness that resulted in days away from work or death.



Engraved Plaques are available for \$75.00 each



Framed Certificates are available for \$45.95 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 for a period of at least 30 days.
- Milestone recognition can be recorded by the number of days, weeks, months or years.
- 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 Milestone Award to display their achievement throughout their organization.
- Pricing: Milestone Award Plaque \$75.00 or Milestone Award Certificate \$45.95 (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
- **Apply online at [www.nsc.org/milestone](http://www.nsc.org/milestone)**

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:  
**MILESTONE 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: \_\_\_\_\_

CEO's Name: \_\_\_\_\_ Director of Safety's Name: \_\_\_\_\_

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 *exactly* as you would like it to appear on your award.

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

Company 2 / Plant (Line 2): \_\_\_\_\_  
(not required)

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



Occupational Awards Program:  
**MILESTONE AWARD ORDER FORM**

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 B**

*Record / Industry / Order Information*

**RECORD INFORMATION:**

Participants must have continued without the occurrence of an occupational injury or illness involving days away from work or death for a period of at least 30 days.

**Date Record Started:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date Record Reached:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Has record ended?**  Yes  No **Total Employee Hours:** \_\_\_\_\_

Time period as you would like it to read on award (ex. 35 days, 3 months, 48 weeks or 20 years, etc.): \_\_\_\_\_

**INDUSTRY INFORMATION:**

Provide the following information that best describes your North American Industry Classification.  
Example: Mining-surface bituminous coal, Paper-folding paper-board boxes, Utility-gas distribution, etc.

NAICS Code (6-digit): \_\_\_\_\_ (If you do not know your NAICS Code, call 801-545-9453 or log on to [www.naics.com/search.htm](http://www.naics.com/search.htm))

Industry: \_\_\_\_\_

Specific Product or Service: \_\_\_\_\_

**ORDER INFORMATION:**

PRODUCT NO.	DESCRIPTION	MEMBERUNIT PRICE	QTY. TO ORDER	TOTAL PRICE
03415-0000	Milestone Award—Plaque	\$75.00		
03409-0000	Milestone Award—Framed Certificate	\$45.95		

<b>**Sales Tax:</b> Please add applicable sales tax in AL, CA, CT, FL, GA, IL, KY, MN, PA, TX, VA. <b>***Shipping &amp; Handling:</b> Rates do not apply for Canadian 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.	<b>Order Amount</b> 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	<b>Shipping Charge</b> \$5.95 \$7.20 \$8.45 \$9.60 \$10.80 \$12.00 \$13.20 \$14.45	<b>Sub-Total</b>  <b>**Sales Tax</b>  <b>***Shipping / Handling</b>  <b>TOTAL</b>
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**PAYMENT METHOD (Prepayment is required for orders under \$50.00)**

**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 \_\_\_\_\_

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

*Thank you for your order!*