



Occupational Awards Program
INDIVIDUAL HAZARD RECOGNITION AWARD

The National Safety Council's **Individual Hazard Recognition Award** recognizes an individual that has contributed to the success of their employer's Hazard Recognition Program

CRITERIA:	RECOGNITION:
<ul style="list-style-type: none">• Achievement Award honors an individual who has contributed to the success of the hazard recognition program through having successfully recognized and reported current and potential hazards, serving on the hazard recognition committee, completing safety walks and assessments.• Outstanding Service Award recognizes an individual who has been instrumental in making a safer work environment through actively participation in the following:<ul style="list-style-type: none">○ Education of employees on recognizing hazards.○ Maintaining a system for employees to report hazards.○ Maintaining a system to acknowledge employee participation and engagement in the program.• Eligibility is determined based on self-reported data submitted by the participant. Any organization recording a fatality will be disqualified.• Application must be submitted by the individual's supervisor or corporate safety manager.	<ul style="list-style-type: none">• Qualified companies, units and facilities can purchase a Individual Hazard Recognition Award to display their achievement at their organization.• <u>Pricing:</u> Engraved Plaque \$74.95 Engraved Crystal \$149.95 (plus shipping, handling and applicable tax). <p>TO APPLY FOR THIS AWARD:</p> <ul style="list-style-type: none">• 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:
INDIVIDUAL HAZARD RECOGNITION 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.

Employee Name (Line 1): _____

Company Name (Line 2): _____

City and State (Line 3): _____



Occupational Awards Program:
INDIVIDUAL HAZARD RECOGNITION AWARD ORDER FORM

SECTION B
Record/Order Information

DESCRIPTION OF ACCOMPLISHMENT:
In 50 words or less, provide a detailed description of employees contribution(s) to the Corporate Hazard Recognition Program:

ORDER INFORMATION:																													
PRODUCT NO.	DESCRIPTION	MEMBER UNIT PRICE	QTY. TO ORDER	TOTAL PRICE																									
298814100	Achievement Award—Plaque	\$74.95																											
298814000	Outstanding Service Award—Crystal	\$149.95																											
Sales Tax: Please add applicable sales tax in AL, CA, CT, FL, GA, IL, KY, MN, PA, TX, VA. *Shipping & Handling: <u>Rates do not apply for Canadian, US Territories, or international orders.</u> 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.		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Order Amount</th> <th style="text-align: left; border-bottom: 1px solid black;">Shipping Charge</th> </tr> </thead> <tbody> <tr><td>Orders up to \$35.00</td><td>\$5.95</td></tr> <tr><td>\$35.01 - \$50.00</td><td>\$7.20</td></tr> <tr><td>\$50.01 - \$100.00</td><td>\$8.45</td></tr> <tr><td>\$100.01 - \$150.00</td><td>\$9.60</td></tr> <tr><td>\$150.01 - \$200.00</td><td>\$10.80</td></tr> <tr><td>\$200.01 - \$300.00</td><td>\$12.00</td></tr> <tr><td>\$300.01 - \$400.00</td><td>\$13.20</td></tr> <tr><td>\$400.01 - \$500.00</td><td>\$14.45</td></tr> </tbody> </table>	Order Amount	Shipping Charge	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	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Sub-Total</td><td style="border: 1px solid black;"> </td></tr> <tr><td style="text-align: right;">**Sales Tax</td><td style="border: 1px solid black;"> </td></tr> <tr><td style="text-align: right;">***Shipping / Handling</td><td style="border: 1px solid black;"> </td></tr> <tr><td style="text-align: right;">TOTAL</td><td style="border: 1px solid black;"> </td></tr> </table>	Sub-Total		**Sales Tax		***Shipping / Handling		TOTAL	
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PAYMENT METHOD (Prepayment is required for orders under \$50.00 and all international orders)

- | | |
|--|--|
| <input type="checkbox"/> Payment Enclosed
<small><i>Make check or money order payable to National Safety Council</i></small> | Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express |
| <input type="checkbox"/> Payment by Credit Card | CC# _____ Expires: ____/____ |
| <input type="checkbox"/> Send Invoice: PO# _____ | Signature (required): X _____ |

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