



## Occupational Awards Program **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 \$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 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 throughout their organization.
- Pricing: Significant Improvement Award Plaque \$75.00 or Significant Improvement 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/signimprovement](http://www.nsc.org/signimprovement)

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

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:  
**SIGNIFICANT IMPROVEMENT 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 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 1/1/08 through 12/31/08)	Previous Calendar Year Data (from 1/1/07 through 12/31/07)	Office Use Only
Number of Fatalities			
Number of injuries and illnesses/cases that involved days away from work.			

**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 973-625-5626 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	MEMBER UNIT PRICE	QTY. TO ORDER	TOTAL PRICE
03412-0000	Significant Improvement Award—Plaque	\$75.00		
03405-0000	Significant Improvement 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.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Order Amount</th> <th style="text-align: left;">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></td></tr> <tr><td style="text-align: right;">**Sales Tax</td><td></td></tr> <tr><td style="text-align: right;">***Shipping / Handling</td><td></td></tr> <tr><td style="text-align: right;"><b>TOTAL</b></td><td></td></tr> </table>	Sub-Total		**Sales Tax		***Shipping / Handling		<b>TOTAL</b>	
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																											
Sub-Total																												
**Sales Tax																												
***Shipping / Handling																												
<b>TOTAL</b>																												

**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!*