

SAFETY RECOGNITION AWARDS



The National Association of Landscape Professionals Safety Recognition Awards Program is designed to reward landscape industry professionals who consistently demonstrate their commitment to safety, and reflects the dedication of these individuals and their companies to creating and maintaining safe work environments.



Participation in the Safety Recognition Awards Program can...

- Result in reduced costly workers' compensation claims.
- Put your company head and shoulders above the competition.
- Set a benchmark for measuring continued safety improvement.
- Send the message to your employees and your clients that safety is a priority.

ENTRY FORM

ENTRY PROCEDURES Complete and mail the following (one entry form per company and/or branch):

- Safety Recognition Awards Program Entry Forms
- Administration Fee
- OSHA Form 300 A Summary of Work-Related Injuries and Illnesses Form
- Vehicle Loss Run Report/Vehicle Claims Summary Report

Administration fee payment information:

- Member \$79 Nonmember \$179
- Check made payable to NALP Visa Mastercard American Express Discover

Cardholder Name _____ Cardholder Signature _____
Credit Card Number _____ Expiration (Month/Year) _____ CSC _____

All forms must be completed and all attachments included or we cannot accept your entry.

COMPANY INFORMATION

Company Name (Exactly as it should appear on the certificate) _____
Contact _____
Address _____ City _____ State _____ ZIP _____
Phone _____ Fax _____ Email _____

We certify that the information contained in this form is true and correct.

Form completed by: Print name _____
Title _____
Signature _____ Date _____

Form continues on next page >

Mail or fax completed forms to: NALP • 12500 Fair Lakes Circle, Suite 200, Fairfax, VA 22033 Phone:
800-395-2522 | Fax: 703-322-2066 | Amy@landscapeprofessionals.org

Please fill in the requested information for the period of January 1, 2020 through December 31, 2020

SAFETY PROGRAM INFORMATION

1. What percentage of annual revenue is derived from the following categories?

Design/Build/Installation % _____ Landscape Management % _____ Lawn Care % _____
 Snow Removal % _____ Interior Plantscaping % _____ Tree Care % _____
 Irrigation & Water Management % _____

2. What is your Experience Modification Rate (EMR)? _____

3. Was your company involved in any work-related fatalities in 2020? Yes No

4. Which customer group provides the highest percentage of annual revenue? (Check one) Residential Commercial

If checked Commercial which of the following apply?

- HOA/Property Mgmt Retail/Restaurants Hotels/Resorts Office/Industrial Government/Municipality

SAFETY PERFORMANCE (indicate 0 if answer is none)

DESCRIPTION	TOTAL NUMBER
Total number of vehicles in your company fleet (<i>licensed vehicles only</i>).	
Total miles driven by fleet (<i>optional</i>)	
Total number of vehicle accidents that involved personal injury and/or vehicle damage in excess of \$500. Include even those accidents in which your vehicle was legally parked or the driver was not at fault.	
Total number of vehicle accidents reported above that occurred only while your vehicle was legally parked or the driver was not at fault.	
Total number of employees (refer to OSHA form 300A) Total number of hours worked by all employees for the period of January 1, 2020 through December 31, 2020. Include full-time, part-time, and seasonal employees. (<i>Round to nearest whole number</i>)	
Total number of injuries and illnesses—refer to lines G–J on your OSHA Form 300A. Do not include accidents only requiring first aid, as defined on the OSHA Form 300A.	
Total number of days of job transfer or restriction—refer to line L on your OSHA Form 300A.	
Total number of days away from work—refer to line K on your OSHA Form 300A. A fatal accident is to be recorded as 6,000 days away from work. (<i>Round to nearest whole number</i>)	

OVERALL SAFETY PERFORMANCE

Please check the items that you had in place or put into effect in your company for the period of January 1, 2020 through December 31, 2020. We may request additional verification of some or all of these items. The information you provide below is critical in determining the Overall Safety Achievement Awards.

- Our company is a member of the National Association of Landscape Professionals Safe Company Program.
- Our top management has a strong commitment to safety. We have an in-depth Company Safety Policy, which is updated on a regular basis and is communicated to all employees in a language and manner they understand.
- Our company has a formal written and hands-on fleet safety-training program that must be completed successfully. The Fleet Safety Officer must approve the driver before the individual is allowed to drive.
- Our company complies with applicable OSHA and other safety-related regulations, including, but not limited to, OSHA's Hazard Communication Standard and OSHA's posting, record keeping, and reporting rules.
- Our management provides the resources necessary for a safe workplace, including, but not limited to, providing personal protective equipment (PPE) and enabling employees time to be spent on safety meetings and safety training.
- Our company has a formal written reporting system in place for all work-related injuries, illnesses, and near-miss accidents. This reporting system includes prompt investigation and follow-up by management.
- Our company has a workplace policy that authorizes drug/alcohol testing in accordance with the law.
- Our company has a written return-to-work or modified-duty program, with job descriptions of potential modified-duty work.
- Our company posts the number of consecutive days without a lost-time injury or illness for all employees to track our progress.
- Our company conducts regular tailgate safety training with our crews. Sessions are conducted orally in a language the workers understand and attendance logs are kept of all tailgate sessions and safety meetings. Length of training sessions in minutes _____
 - Are sessions conducted in all languages? Yes No
 - Are visuals used? Yes No
 - Is training hands-on/interactive? Yes No

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