

2024 GEAPS Safety Awards Program

FACILITY INFORMATION

Facility Name		City
Company		State/Prov
Facility Contact (manager/supervisor)		GEAPS Member? Yes No
Nas this facility registered for he 2023 Safety Awards Program?	_	
Yes — skip to applicant information		no PO Box)
No — provide complete facility details -	ZIP/PC	Phone
SAFETY AWARDS PROGR	AM CONTACT	INFORMATION
Safety Awards Program Contact Name _		Email
Mailing to Facility Above?	Street Address (no	o PO Box)
Yes — skip to enrollment	City	State/Prov
No — provide contact details ————	Zip/PC	Phone
ENROLLMENT		
Option 1 - \$1 Facility being entered has a member. If this is not the contact, current GEAPS men facility is:	current GEAPS Fabove facility	Option 2 - \$195 Facility being entered does not have a current GEAPS member.
Name		
Go Gre		Awards certificate, not the full plaque.
must complete the calendar year without a wor GEAPS a copy of their completed 2024 OSHA 30	rk-related lost-time injury of OA form or complete the o year. For facilities outside th	cility in the Safety Awards Program. To receive an award, the facility or illness. To verify lost-time accident records, applicants must send online form for the facility, along with the total number of personnel ne U.S., a signed letter on company letterhead stating that there were worked will be accepted.
Applicant Signature:		Date:
PAYMENT	Payment mus	st be received with application.
	olete info below)	
Account No. Circle one: Am Ex/Master/Visa	Exp. date Pi	rint Cardholder's name Signature

Applications (including payment) must be received by January 15, 2024.

to: GEAPS Safety Awards Program, 4800 Olson Memorial Hwy, Suite 150, Golden Valley MN 55422. Credit card applications may be emailed to patsy@geaps.com.