## **FACILITY INFORMATION**

Facility Name			City	
Company			State/Prov	
Facility Contact (manager/supervisor)			GEAPS Member?	Yes No
Was this facility registered for the 2025 Safety Awards Program?	Street Addre	SS		
Yes — skip to applicant information  No — provide complete facility details —				
No — provide complete facility details —	ZII/I C		THORE	
SAFETY AWARDS PROGRAI	M CONTAC	T INFORMA	TION	
Safety Awards Program Contact Name			Email	
Mailing to Facility Above?	Street Addre	(no PO Box)		
Yes — skip to enrollment	City		State/Prov	
No — provide contact details —	7in/DC	Dhana	State/Prov	
	_ZIP/PC	Phone .		
ENROLLMENT				
— Option 1 - \$145  Facility being entered has a cur member. If this is not the abcontact, current GEAPS member facility is:	rent GEAPS ove facility r located at		<b>2 - \$195</b> ered does not have nember.	
Name				
Go Green Choosethis option to	o receive only a Saf	ety Awards certificate, no	ot the full plaque.	
Sign, enclose payment and send the application to 0 must complete the calendar year without a work-re GEAPS a copy of their completed 2026 OSHA 300A f hours worked at the facility during the calendar year. no lost-time injuries or illnesses and reporting the to	elated lost-time in form or complete For facilities outsi	ury or illness. To verify the online form for the f de the U.S., a signed lett	lost-time accident recor facility, along with the to er on company letterhea	ds, applicants must send otal number of personnel
Applicant Signature:			Date:	
PAYMENT	Paymen	must be received with a	oplication.	
Check (enclosed) Charge (complete	e info bolow)			
check (enclosed) charge (complete	e iiiio below)			
Account No. Circle one: Am Ex/Master/Visa	Exp. date	Print Cardholder's nam	ne Signature	

Applications (including payment) must be received by January 15, 2026.