



2016 SAFETY AWARDS REPORTING FORM FOR NON US FACILITIES

FACILITY INFORMATION

Company Name: _____ Facility Name: _____

Facility Street Address: _____
(no PO Box)

City: _____ State/Province: _____ Country: _____

_____ Total Number of recordable work-related injuries or illnesses in 2016

_____ Total Number of recordable lost-time work related injuries or illnesses in 2016

_____ Average number of employees in 2016

_____ Total hours worked by all employees in 2016

I CERTIFY TO THE BEST OF MY KNOWLEDGE THE ENTRIES ABOVE ARE TRUE, ACCURATE, AND COMPLETE.

Signature: _____ Print Name: _____

Title: _____ Date: _____

RECORDABLE INJURY OR ILLNESS IS DEFINED AS:

- Any work-related fatality.
- Any work-related injury or illness that results in loss of consciousness, days away from work, restricted work, or transfer to another job.
- Any work-related injury or illness requiring medical treatment beyond first aid.
- Any work-related diagnosed case of cancer, chronic irreversible diseases, fractured or cracked bones or teeth, and punctured eardrums.
- There are also special recording criteria for work-related cases involving: needlesticks and sharps injuries; medical removal; hearing loss; and tuberculosis.
- per US Occupational Safety and Health Administration

APPLICATION (INCLUDING PAYMENT) MUST BE RECEIVED BY JANUARY 10, 2017

Mail: GEAPS Safety Awards Program, 4800 Olson Memorial Hwy, Suite 150, Golden Valley, MN 55422

Fax: 763-710-5328 Email: safetyaward@geaps.com