



The Theodore H. Brodie Distinguished Safety Award

2017 NIA Contractor Member Application Form

A NIA Member-Only Program

Instructions:

Please complete this application and submit it with a check for the \$250 application processing fee. (Note: The NIA Board of Directors has kept the application cost down as a benefit to NIA members. NIA underwrites a portion of this program to help keep the application fees low.) This form must be received no later than **January 31, 2018**, at the address below. Companies applying for the first time receive a discount of 50% and should send a check for \$125. **Please make checks payable to "National Insulation Association."**

Auman, Mahan & Furry
Attn: Gary Auman, NIA Legal Counsel
110 North Main Street, Suite 1000
Dayton, OH 45402-1738

Please do not attach your safety program to this application. Instead, please answer each question in your own words based on what is included in your safety program. **UNLESS ATTACHMENTS OR COPIES OF YOUR PROGRAM ARE REQUESTED, THEY WILL NOT BE GRADED.** Only NIA Contractor members are eligible to use this form. Contractor members must be members in good standing for this application to be considered (i.e., your company's 2018 NIA membership dues must be paid in full by the time applications are judged). To check your company's membership status, please email membership@insulation.org. Please note that no exceptions will be made to this requirement.

Please complete all information. (Incomplete applications and those without appropriate payment will not be considered.)

Section 1: General Information

This safety recognition program is intended only to evaluate components of the applicant's safety program for best practices. We do not consider injury rates or Occupational Safety and Health Administration (OSHA) citations in our evaluation. Even a company with the best safety program can run afoul of OSHA if it does not implement and enforce the requirements, policies, and procedures in its safety program. NIA urges all applicants in our safety recognition program to consistently and fairly enforce the requirements and policies set out in the safety programs they submit for evaluation.

To download additional copies of this application, please visit www.insulation.org.

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Contact for Report Verification _____

Phone _____ Email _____

Who is responsible for safety in your company?

Name _____

Phone _____ Email _____

1. Does your company have a formal written safety program? ___ Yes ___ No

If yes, how long has it been in place? _____

Confidentiality: The information in Section 1, and any reference in any part of this application to a specific company, will not be included with the application when the submissions are judged. This information will be kept in strict confidence. NIA reserves the right to publish any innovative safety ideas from the entries for the good of the industry. However, any company-specific information regarding accident or injury statistics, or any other information identified by the applicant as proprietary, will be kept in confidence within NIA and the Health and Safety Committee as it applies to the specific company.

Section 2: Category

1. Please check one (for your insulation business—this must also correspond to your current NIA dues category):

- a) ___ Small Company (fewer than 100,000 man hours)
- b) ___ Medium Company (100,001 to 500,000 man hours)
- c) ___ Large Company (more than 500,001 man hours)

2. I confirm that my company is a NIA Contractor member of NIA. (Please check one.)

- a) ___ Yes
- b) ___ No

3. I confirm that my company is a NIA member in good standing (2018 NIA membership dues have been paid).

- a) ___ Yes
- b) ___ No (Contractor members must be members in good standing for this application to be considered, meaning your company's 2018 NIA membership dues must be paid in full by the time applications are judged. To check your company's membership status, please email membership@insulation.org. Please note that no exceptions will be made to this requirement.)

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Section 3: Company Safety Program

1. Please describe your company's distracted driving/working policy.

2. How do you guarantee that you have Competent Persons on each job site with the expertise and credentials to satisfy OSHA requirements for Competent Persons? Please also describe how you train your employees to qualify them as Competent Persons. How do you monitor the actions of your Competent Persons to be sure they are satisfying the OSHA requirements for Competent Persons on each jobsite?

3. Do you train your employees in hazard recognition? ___ Yes ___ No

If so, please describe in detail your training program for hazard recognition training.

4. Please describe the program and work rules you use to ensure scaffold and aerial-lift safety. Aerial-lift safety includes, but is not limited to, scissors lifts, boom lifts, and bucket trucks.

5. How do you ensure safety knowledge and compliance on the job site on a daily basis?

6. Please describe your procedure for accident investigation. Please identify the person or persons in your company authorized to perform accident investigation. Please attach a copy of your accident investigation form.

7. Please describe your policy for construction-industry confined space. Do you take advantage of the alternate procedures for confined spaces? Describe your protocol for the entry of permit confined spaces. Describe your training program for entry supervisors as well as entry attendants.

8. Does your company have a formal policy for fall protection and equipment inspection? ___ Yes ___ No
If so, please explain the program and the role of a Competent Person.

9. Please describe your hazard communication program. Include a description of how you address employee training, labeling, and the maintenance and availability of Safety Data Sheets.

10. Please describe your policy to protect your employees from respirable crystalline silica.

Section 4: Submission Information

Please indicate to whom you would like the safety program improvement feedback sent and the correct email address.

Name _____ Email _____

Questions regarding the application process may be submitted to Aimee Doyle at adoyle@insulation.org. All completed applications and appropriate fees (make checks out to “National Insulation Association”) must be received no later than January 31, 2018, and mailed to:

Auman, Mahan & Furry
Attn: Gary Auman, NIA Legal Counsel
110 North Main Street, Suite 1000
Dayton, OH 45402-1738

Winners of the Theodore H. Brodie Distinguished Safety Award will be chosen on the basis of their safety program, means of communication and training, and company safety policy. Safety programs are not judged against other safety programs—only against an “ideal” program. Winners will be announced and recognized during NIA’s 63rd Annual Convention, April 18–20, 2018, at the Hyatt Regency Grand Cypress, in Orlando, Florida. (See www.insulation.org/convention2018 for details.) Photographs will be taken of winners present and made available to award recipients upon request. The photos may also be used in NIA publications and marketing materials.

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