Instructions:
Please complete this application and submit it with a check payable to “National Insulation Association” 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 September 3, 2019, 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 NIA membership dues must be paid in full by the time applications are judged and at the awards presentation). To check your company’s membership status, please email membership@insulation.org. Please note that no exceptions will be made to this requirement. You may use additional pages to provide a complete narrative response to each question.

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. (Please check one.)
   a) ___ Yes
   b) ___ No

3. I confirm that my company is a NIA member in good standing (NIA membership dues are paid).
   a) ___ Yes
   b) ___ No (Contractor members must be members in good standing for this application to be considered, meaning your company’s NIA membership dues must be paid in full by the time applications are judged and at the awards presentation. To check your company’s membership status, please email membership@insulation.org. Please note that no exceptions will be made to this requirement.)

To download additional copies of this application, please visit www.Insulation.org.
Section 3: Company Safety Program

1. Explain your process for selecting, training, and managing contractors, subcontractors, and/or temporary staffing agencies to ensure all employees follow safe work policies and procedures.

___________________________________________________________________________________________

___________________________________________________________________________________________

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2. How do you ensure that you have competent persons on each job site with the expertise and credentials to satisfy the OSHA requirements for competent persons? Also, describe how you train and certify your employees as competent persons.

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3. How do you train your employees in hazard recognition?

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4. Describe how you ensure your employees work safely at heights, including, but not limited to, their use of scaffolds, aerial lifts, and ladders.

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To download additional copies of this application, please visit www.Insulation.org.
5. Describe your process for onboarding employees and ensuring compliance with your safety and health policies and procedures on a daily basis. Include how you employ your safety enforcement program to accomplish this.

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

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7. Please describe your policy for construction industry confined space. If you take advantage of alternate procedures, please describe them. Describe your training program for entry supervisors and attendants.

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

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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 September 3, 2019, and mailed to:

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

Winners of NIA’s Safety Excellence 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 65th Annual Convention, April 15–17, 2020, at the JW Marriott Scottsdale Camelback Inn Resort & Spa, in Scottsdale, Arizona. (See www.insulation.org/convention2020 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.