

## NIA's Safety Excellence Award

### 2021 NIA Distributor/Fabricator Member Application

*A NIA Member-Only Program*

#### 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 1, 2021**, 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 Distributor and Fabricator members are eligible to use this form. Distributor and Fabricator 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](mailto: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 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](http://www.insulation.org).

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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 Distributor/Fabricator member.

- a)  Yes
- b)  No

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

- a)  Yes
- b)  No (Distributor and Fabricator 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](mailto:membership@insulation.org). Please note that no exceptions will be made to this requirement.)

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## Section 3: Company Safety Program

1. Describe your company's Lockout/Tagout (LOTO) Program. Include the job title of the person responsible for developing your LOTO procedures. Describe your company's procedure for identifying authorized and affected employees and the training and audit procedures for each.

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2. Please describe your onboarding process regarding safety for new employees and temporary employees, including training in hazard recognition. Also, describe how you continually educate your employees about safety.

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3. Please describe the steps your company takes to build a stronger safety culture. Answers should include examples of leadership commitment, employee involvement, safety and health communications, goal setting and measurement, and resources committed to the environment, health, and safety (EHS) program.

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4. Please describe your Machine Guarding program, including types of guarding, inspections, training, and evaluation of new equipment or machinery.

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5. What steps does your company take to ensure employees report to work free from the influence of illegal drugs and alcohol and remain free from such influence during the workday? Answers may include testing policies, Employee Assistance Programs, training and education programs, as well as any other remedial actions you may take.

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6. Describe your Emergency Action Plan. Describe the elements of your company's emergency preparedness procedures to protect workers, facilities, and the public in the event of an emergency.

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7. Describe any risk assessment policies or procedures your company uses to identify potential hazards. Answers should include Job Safety Analyses, Standard Operating Procedures, Management of Change reviews and/or Pre-shift Meetings.

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

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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](mailto:adoyle@insulation.org). All completed applications and appropriate fees (make checks out to “National Insulation Association”) must be received no later than September 1, 2021, 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 66<sup>th</sup> Annual Convention, March 30–April 1, 2022, at the JW Marriott San Antonio Hill Country Resort & Spa, in San Antonio, Texas. 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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