

NIA's Safety Excellence Award

2023 NIA Contractor Member Application Form

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. Companies applying for the first time receive a discount of 50% and should send a check for \$125. (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, 2023**, at the address below. **All completed applications and appropriate fees (make checks out to "National Insulation Association") should be mailed to:**

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

You can also email your completed application to brl@amfdayton.com and call 703-464-6422, ext. 113 to pay the credit card rate (\$255 for repeat applicants/\$130 for first-time applicants) over the phone.

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. Please read each question carefully and be sure you respond to each part of any multi-part question. Please type your response to each question on a separate piece of paper.

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.

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

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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.

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.

- a) ___ Yes
- b) ___ No

3. I confirm that my company is a NIA member in good standing (2023 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.)

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Section 3: Company Safety Program

1. Explain the policies and procedures your company has in place to work safely at heights including walking/working surfaces, fall protection, and ladders.
2. Describe, in detail, your procedures for accident investigation including near misses and property damage. Include who initiates the accident investigation, team makeup, and what criteria are used to make these decisions. Factors may include the severity of injuries, or potential injuries, and damage to property or equipment. Detail the training of any personnel who may be assigned to perform an accident investigation. Please describe your procedures for conducting an accident investigation in detail. This may include, but not be limited to, the handling of witnesses, physical evidence, photographs, etc. If either the makeup of the investigation team or the procedure for conducting the investigation may change from incident to incident, please describe how and why this may occur. Also, discuss how you ensure that the root causes and recommendations drawn from the accident investigation are communicated and implemented after the investigation. Please attach a copy of your accident investigation forms.
3. Please describe your safety orientation/onboarding and ongoing training program for new employees and temporary employees. Describe how you ensure safety knowledge and compliance for your employees at all times. With regard to orientation, please list all topics covered in orientation and the method you use to determine the level of understanding your new employees have in your safety program before they are permitted to work on an active job site.
4. Please describe your drug- and alcohol-free workplace program including return to duty, if applicable.
5. Please describe the types of powered industrial equipment your employees may use and how you comply with the requirements for training employees in the use of powered industrial equipment of any kind (i.e., forklift, scissor lift, aerial lifts, mobile elevated work platforms [MEWPs], mobile cranes, etc.).

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 Rianna Gleeson at rgleeson@insulation.org. All completed applications and appropriate fees (make checks out to “National Insulation Association”) must be received no later than September 1, 2023, and mailed to:

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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 68th Annual Convention, April 17–19, 2024, at the Naples Grande Beach Resort in Naples, Florida.

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