

## NIA's Safety Excellence Award

2024 NIA Associate (Manufacturer) Member

*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. To verify if you are a first-time applicant, please email [membership@insulation.org](mailto:membership@insulation.org). (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 **November 15, 2024**, 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@amfd Dayton.com](mailto:brl@amfd Dayton.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 Associate (Manufacturer) members are eligible to use this form. Associate 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.

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

To download additional copies of this application, please visit [insulation.org/membership/safety-award/](https://insulation.org/membership/safety-award/)

## 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.

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)

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2. I confirm that my company is a NIA Associate member.

a)  Yes

b)  No

3. I confirm that my company is a NIA member in good standing (2024 NIA membership dues are paid).

a)  Yes

b)  No (Associate 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.)

## Section 3: Company Safety Program

1. Describe the risk assessment procedure you use in your locations in each workplace. Include information as to how you engage your employees in this process and train them on hazard recognition. Include in your response items such as job site analyses (JSAs), standard operating procedures, pre-shift inspections and meetings, and management of change.
2. OSHA recently issued a proposed rule on Heat Illness Prevention this year; it is anticipated that a final rule will be issued before the end of 2024. Heat exposure can occur indoors or outdoors and during any season and result in serious illness or even death. Describe the procedures your company follows to protect your workers from the effects of heat.  
For more information on this rule, please follow this link:  
<https://www.osha.gov/sites/default/files/Heat-NPRM-Final-Reg-Text.pdf>
3. Please describe your procedures for complying with the requirements of the OSHA Hazard Communication Standard/Globally Harmonized System (GHS). Explain your policies and procedures for labeling, handling, using, and storing hazardous materials and how your company complies with OSHA's Hazard Communication Standard. Include how you identify secondary containers.
4. Please describe your drug- and alcohol-free workplace program including return to duty, if applicable. If applicable, how does your company address the legal use of medical or recreational marijuana?
5. Describe your company's policies and procedures on machine guarding to ensure worker safety and to comply with applicable OSHA regulations and industry best practices.

## 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](mailto:rgleeson@insulation.org). All completed applications and appropriate fees (make checks out to “National Insulation Association”) must be received no later than November 15, 2024, 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 69th Annual Convention, April 28-30, 2025, at the Hyatt Regency Scottsdale Resort & Spa at Gainey Ranch in Scottsdale, Arizona.*

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