

## NIA's Safety Excellence Award

### 2024 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. 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 [bri@amfd Dayton.com](mailto:bri@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 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](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)

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 (2024 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](mailto:membership@insulation.org). Please note that no exceptions will be made to this requirement.)

## Section 3: Company Safety Program

1. Explain your company's policies and procedures for working safely at heights. Answers should include policies and procedures for ladders, lifts, and/or scaffolds, as applicable, and fall protection practices when employees are exposed to fall hazards.
2. Describe how your company keeps current with the latest safety and health regulations and industry best practices. Please include resources that assist you with this.
3. Safety communication within a company is critical for ensuring that all employees understand and adhere to safety policies and procedures. How is safety communicated to employees in the field; how are safety issues in the field communicated back to the office; and how do you, as a company, ensure that all of your safety rules and applicable OSHA standards are being followed/complied with in the field?
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. OSHA recently issued a proposed rule on Heat Illness Prevention this year. 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 visit <https://www.osha.gov/sites/default/files/Heat-NPRM-Final-Reg-Text.pdf>.)

## 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 payable 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 69<sup>th</sup> Annual Convention, April 28-30, 2025, at the Hyatt Regency Scottsdale Resort & Spa at Gainey Ranch in Scottsdale, Arizona.*

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