

NIA's Safety Excellence Award

2025 NIA Associate (Manufacturer) 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 \$275 application processing fee. Companies applying for the first time receive a discount and should send a check for \$175. To verify if you are a first-time applicant, please email rgleeson@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 **September 12, 2025**, 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 (\$285 for repeat applicants/\$180 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 (Manufacturer) 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 rgleeson@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/

Section 1: General Information

This safety recognition program is intended only to evaluate specific 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? _____

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 Associate (Manufacturer) member.

a) ____ Yes

b) ____ No

3. I confirm that my company is a NIA member in good standing (2025 NIA membership dues are paid).

a) ☐ Yes

b) ☐ No (Associate (Manufacturer) 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 rgleeson@insulation.org.

Please note that no exceptions will be made to this requirement.)

Section 3: Company Safety Program

1. Describe how your company trains and educates employees on safety policies, procedures, and practices. Include details on onboarding training, ongoing training, frequency and types of training, formats (e.g., in-person, online), and how you assess the understanding and effectiveness of the training you provide. Include the critical components of your program—do not attach your full policy.
2. Describe your company's on-road fleet safety program. Include how you manage driver qualifications, training, vehicle inspections, incident prevention, monitoring (e.g., telematics), and distracted driving. Also include how you address violations or incidents involving company vehicles. Include the critical components of your program, but do not attach your full policy.
3. Describe the risk assessment procedure you use in your locations in each workplace. Include information about how you engage your employees in this process and train them on hazard recognition. In your response, include items such as job site analyses (JSAs), standard operating procedures, pre-shift inspections and meetings, and management of change. Include the critical components of your program, but do not attach your full policy.
4. Describe your company's approach to safety audits and inspections. Include the frequency, who conducts them, what is evaluated, how findings are documented and corrected, and how trends or recurring issues are addressed. If a safety violation is observed while performing a safety audit or inspection, how is the situation handled? Include the critical components of your program, but do not attach your full policy.
5. Describe your company's process for reporting, investigating, and learning from safety incidents and near misses. Include how employees are encouraged to report, how investigations are conducted, who is involved, and how corrective actions and lessons learned are communicated and tracked. Include your process for including safety professionals and/or legal counsel after an accident/incident has been reported. Include the critical components of your program, but do not attach your full policy.

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 payable to “National Insulation Association”) must be received no later than September 12, 2025, 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 70th Annual Convention, March 24–26, 2026, El Conquistador Resort, Fajardo, Puerto Rico.

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