

Company Name: \_\_\_\_\_

| <i>Workplace Safety Award Criteria</i>  | <i>Completed</i>         | <i>Points</i>                                  |
|---|--------------------------|--|
| <b><u>Safety Program (30%)</u></b>  |                          |  |
| • Formal written safety program that shows the company’s safety processes, procedures, and organizational accountability.       | <input type="checkbox"/> |  |
| • An appointed person who leads, organizes, and administers the safety program.   | <input type="checkbox"/> | _____ X (.30) = _____                          |
| • Most recent three months’ safety meeting minutes or documentations that evidence the meetings took place.                     | <input type="checkbox"/> | Section Total                      Point Total |
| • Documentation showing the safety training that took place in the last three months.   | <input type="checkbox"/> |  |
| • List of workplace safety topics discussed during new employee orientations.   | <input type="checkbox"/> |  |
| <b><u>Employment Practices (20%)</u></b>  |                          |  |
| • Procedures on how workplace accidents should be reviewed.   | <input type="checkbox"/> |  |
| • Drug testing policy and procedures, if any.   | <input type="checkbox"/> | _____ X (.20) = _____                          |
| • Light duty and return to work procedures, if any.   | <input type="checkbox"/> | Section Total                      Point Total |
| <b><u>Premises/ Equipment (20%) *</u></b>   |                          |  |
| • Most recent three months’ internal workplace safety inspection logs.  | <input type="checkbox"/> |  |
| • Most recent three months’ equipment inspection and maintenance logs.  | <input type="checkbox"/> | _____ X (.20) = _____                          |
|   |                          | Section Total                      Point Total |
| *The nominee’s workplace may be inspected by the DTRIC Risk Consulting Services team to validate satisfaction of criteria.      |                          |  |
| <b><u>Management of Workplace Incidents (30%)</u></b>   |                          |  |
| • Loss ratio should be at or below 45% for Workers’ Compensation in the prior two policy years.                                 | <input type="checkbox"/> | _____ X (.30) = _____                          |
| • Decreasing trend in loss frequency in the prior two policy years.   | <input type="checkbox"/> |  |
| • Be in good standing and has not been cited in the last three calendar years with violations against governmental regulations. | <input type="checkbox"/> |  |
|   |                          |  |
|   |                          | <b>Total Score</b>                             |