State of Montana

Department of Labor & Industry

Brian Schweitzer, Governor

Employment Relations Division

Safety and Health Bureau

TO: Safety Director/Coordinator

FROM: Chris Catlett, Bureau Chief
Safety and Health Bureau
Department of Labor and Industry

RE: GOVERNOR'S SAFETY AWARD

Each year our Governor, with the assistance of this Bureau, honors several Montana employers with outstanding safety and health programs. I have enclosed a nomination form for the Governor's Award for Occupational Safety and Health. I encourage you to nominate those departments within your organization that are proactive in workplace safety and health and pride themselves in fostering a positive safety culture.

Please feel free to copy the form and instructions if you have more than one department that you'd like to nominate. Keep in mind that while your organization as a whole may qualify for the award – it doesn't have to be the entire city, town or county that applies. Applications may be submitted for individual departments.

This year's Governor's Conference will be held at the Big Sky Resort in Big Sky on October 3, 4, & 5, 2007. The awards will be presented to the winners in each of five categories: large and small private employers, large and small public employers, and mines and mine-related industries. Hopefully, you'll be among them! But, you won't have a chance unless you submit the application.

We look forward to hearing from you and would like to remind you that the application deadline is July 20, 2007. Meanwhile, if you have questions, I invite you to contact me at anytime. (406)-444-6401

Phone (406) 444-1605
TDD (406) 444-5549

Fax (406) 444-9396
"An Equal Opportunity Employer"

P.O. Box 1728
Helena, MT 59624-1728

GOVERNOR'S AWARD
FOR
SAFETY AND HEALTH
2007

PURPOSE

The Governor of Montana and the Montana Department of Labor and Industry annually recognize private and public employers that have made outstanding achievements in Workplace Safety and Health. The Governor's Awards for Safety and Health are the highest honor given by the State of Montana for recognition of an employer's commitment to excellence in Workplace Safety and Health.

It is the intent of the Governor and the Commissioner of Labor, through this recognition, to promote a greater awareness of Workplace Safety and Health throughout the State of Montana.

AWARDS

Awards will be presented at the 2007 Annual Conference on Workers' Compensation and Occupational Safety and Health. The conference will be at the Big Sky Resort on October 3rd, 4th, and 5th, 2007. Each award recipient is requested to attend the awards ceremony to receive an appropriately inscribed plaque.

AWARD CATEGORIES

- Large Private Employer
- Large Public Employer
- Small Private Employer
- Small Public Employer
- Mines and Sand & Gravel Operations (and activity related to mining)

Please direct any question you have about determining your organization's category to the Montana Occupational Safety and Health Bureau @ (406)-444-6401.

APPLICATION

As you develop the application please keep in mind that we are looking for employers who, with their employees, have demonstrate personal commitment to workplace safety and health by establishing programs, plans, procedures, and initiatives.

We are primarily interested in events that happened in recent years (05, 06, 07), but be sure to include relevant past achievements or events that lead and/or contributed to your current successes.

Construct your application as follows:

The application is broken down into 5 parts - A though E.

A. **Cover Sheet:** Fill out, print, and attach the cover sheet enclosed in this application packet. Be sure to sign and date the applicant's/nominee's statement.

B. **Occupational Injury and Illness Data:** Include Occupational Injury and Illness data from the past year (2006). Be sure to include the number of employees and employee hours worked for each year with the injury illness data.

C. **Questions:** Using separate sheets of paper answer the following questions. Please limit your response to 2-pages.

1) Tell us about your safety and health program.

What is it about your approach to safety and health management that sets you apart from others? What are your successes? Where do you exceed standards?

2) What is your approach to workplace hazard/safety analysis?

Is the process an on going effort aimed at hazard detection and sustained correction? How are hazards or jobs prioritized and what is done with the information once complete?

3) Are accidents investigated for root causes?

What is the procedure? Who is involved? What is done with the resulting information? How has it affected your injury and illness rates?

4) What does your organization do to ensure compliance with the Montana Safety Culture Act?

Providing information described in D, and E is optional, however, we encourage you to submit all information (A through E).

D. **Supplemental Information:** Tell us about awards or certifications you have received. In addition to a short narrative you may send copies of awards or certificates. You may also include other narrative or documentation for accomplishments not previously mentioned that you are particularly proud of. Please limit the amount of information you send.

APPLICATION

E. Endorsements: The limit is two (2) endorsements, with a maximum of one (1) page for each. Someone outside of your company that has a good working knowledge of your safety and health program should make endorsements, for example; safety professionals, industrial hygienists, representative from your workers' compensation insurer, representative from a union, etc.

Note: Applications are evaluated based on accepted safety and health principles as set forth by the state of Montana through the Montana Safety Culture Act, MSHA and OSHA.

Your application should look something like this:

Required Items

- *Cover Sheet w/ OSHA 300 Data (A and B)*
- *Questions (C, 1 through 4)*

Optional Items

- *Supplemental Information with attachments (D)*
- *Endorsements (E)*

APPLICATION COVER SHEET

Nominated Employers Name: _____
Address: _____
Phone Number: _____
Company Representative: _____

Describe your business and work activity: _____

_____
_____
_____

☐ General Industry ☐ Construction ☐ Mine ☐ Sand & Gravel

Category

Large Employer

☐ Private ☐ Public

Small Employer

☐ Private ☐ Public

☐ Mines and Sand & Gravel Operations and related activity

Nomination submitted by: _____
Affiliation to Nominee: _____
Address: _____
_____
Phone Number: _____

Occupational Injuries/Illnesses Data

Summary 300 Data Year 2006						Average # Full Time Employees:					
						Total Hours Worked:					
G	H	I	J	K	L	1	2	3	4	5	6

Private employers please provide your NAICS/SIC Code if known: _____

Mining and Sand & Gravel Companies please attach MSHA 7000-1 Forms for 2006.

APPLICANT/NOMINEE'S STATEMENT: All information and statements in this application/nomination are true and complete to the best of my knowledge.

_____ _____
Signature Date

GENERAL INSTRUCTIONS

Nomination Procedures

Interested individuals (employer, employee or other associated personnel) may submit a nomination for a business, agency or organization. Self-nominations are welcome and encouraged.

Please note that to keep things fair the Montana Occupational Safety and Health Bureau staff may encourage organizations to submit nominations, but are not allowed to nominate or endorse applicants.

Applications are evaluated and winners selected by a committee appointed by the Commissioner of Labor.

How to Submit an Application

1. Hard copies of the application packet may be faxed or delivered through regular mail to the Occupational Safety and Health Bureau.

2. Applications are also available in electronic format and can be submitted via e-mail. Obtain applications electronically at the Montana Occupational Safety and Health Bureau web page: www.montanasafety.com.

3. All applications must be post marked, or received via regular or electronic mail by July 20, 2007.

4. Please submit your applications to:

   Chris Catlett, Bureau Chief
   Montana Occupational Safety and Health Bureau
   Montana Department of Labor and Industry
   P.O. Box 1728
   Helena, MT 59620

   ccatlett@mt.gov

   FAX: (406)-444-9396

5. We request that applications be typed or printed legibly and that they follow the outlined format. Applications not in the requested format or in excess of that detailed are difficult to evaluate.

GOOD LUCK! WE LOOK FORWARD TO SEEING YOUR APPLICATION.