

For your convenience, this is the printed version of the online entry form for the Best Workplaces in the Americas awards program. However, all entries must be completed and submitted online. Thank you!

Contact Information		
Please verify the following information:		
*Last Name:	<input type="text"/>	
*First Name:	<input type="text"/>	
*Company Name:	<input type="text"/>	
*Email Address:	<input type="text"/>	
Your Title:	<input type="text"/>	
*Work Phone:	<input type="text"/>	
Work Address 1:	<input type="text"/>	
Work Address 2:	<input type="text"/>	
Work City:	<input type="text"/>	
Work State/Province:	<input type="text"/>	
Work ZIP/Postal Code:	<input type="text"/>	
Work Country:	<input type="text"/>	
Member Status:	<input type="radio"/> Member	
	<input type="radio"/> Non-member	

<p>If a member, what affiliate do you belong to?:</p>	<input type="radio"/> Ontario Printing & Imaging Association <input type="radio"/> BCPIA - for the Printing Industry in Western Canada <input type="radio"/> Manitoba Print Industry Association <input type="radio"/> Graphic Arts Association <input type="radio"/> Pacific Printing Industries Association <input type="radio"/> PINE <input type="radio"/> Printing & Graphics Association of MidAtlantic <input type="radio"/> Printing & Imaging Association of Georgia, Inc. <input type="radio"/> Printing & Imaging Association of MidAmerica <input type="radio"/> Printing Association of Florida <input type="radio"/> Printing Industries Alliance <input type="radio"/> Printing Industries Association Inc. of Southern California <input type="radio"/> Printing Industries Association of San Diego, Inc. <input type="radio"/> Western States Printing Alliance <input type="radio"/> Printing Industries of Michigan <input type="radio"/> Printing Industries of Ohio * N. Kentucky <input type="radio"/> Print Media Association <input type="radio"/> Printing Industries of the Gulf Coast <input type="radio"/> Printing Industries of the Midlands, Inc. <input type="radio"/> Printing Industries of Utah <input type="radio"/> Printing Industries of Virginia, Inc. <input type="radio"/> Great Lakes Graphics Association <input type="radio"/> Printing Industry Midwest <input type="radio"/> Printing Industry Association of the South Inc. <input type="radio"/> The Printing Industry of the Carolinas, Inc. <input type="radio"/> Visual Media Alliance	
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	<input type="radio"/> Not Applicable	
<i>All fields with an asterisk (*) are required.</i>		

Company & Contact Information
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1. How many total employees (including full & part time) work for the company?	
<i>Select one.</i>	
<input type="radio"/>	1-50
<input type="radio"/>	51-100
<input type="radio"/>	101-250
<input type="radio"/>	251 or more

2. Does the company have more than one facility?			
<i>Select between 1 and 1 choices.</i>			
<input type="checkbox"/>	Yes		<i>(Answer question number 2.1, 2.2, 2.3.)</i>
<input type="checkbox"/>	No		

2.1 Please provide the names and locations of each facility, the number of full-time and part-time employees at each location, and the work performed at that location.
Example: Glenwood: 100 FT, 20 PT. Offset, bindery Aspen: 20 FT, 0 PT. Digital

2.2 Is the company entering the BWAs under the multi-plant facility category?

Select all that apply.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2.3 For consideration of multiple company locations, the company must be entered under the Multi-Plant Category. Please use supporting documentation from each of the facilities with different policies & procedures for a particular question. Questions? Contact Adriane Harrison: aharrison@printing.org.

Select at least 1 choices.

<input type="checkbox"/>	Yes, we are submitting under the multi-plant category
<input type="checkbox"/>	No, we are NOT submitting under the multi-plant category

3. Is the company seeking Safety Shield designation in addition to the Best Workplaces in the America awards? Please be aware that to enter the Safety Shield program, an additional flat fee of \$150 USD is required. Responding yes will unveil the Safety Shield questions at the end of the BWA questions.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Communications & Culture

4. Does the company acknowledge the employees' non-work milestones? Check all that apply:

Select all that apply.

<input type="checkbox"/>	Birthdays
<input type="checkbox"/>	Birth / Adoption of children
<input type="checkbox"/>	Death in the family
<input type="checkbox"/>	Other: <input type="text"/>
<input type="checkbox"/>	N/A

5. Does the company acknowledge the employees' work milestones? Check all that apply:

Select all that apply.

<input type="checkbox"/>	Anniversaries
<input type="checkbox"/>	Meeting sales goals
<input type="checkbox"/>	Meeting production goals
<input type="checkbox"/>	Time without customer complaints
<input type="checkbox"/>	Retirements
<input type="checkbox"/>	Other: <input type="text"/>
<input type="checkbox"/>	N/A

6. Does the company have a peer recognition program?

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 6.1.)
<input type="checkbox"/>	No	

6.1 Please describe the peer recognition program:

7. Does the company create opportunities for employees to do charitable work in the community and/or sponsor any programs or activities for employees that occur outside of the company? For instance, volunteer time for local charities, sponsoring a team for a charitable 5K, sponsoring an activity or event, etc.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 7.1.)
<input type="checkbox"/> No	

7.1 Please describe the community activity/activities:

8. Does the company host any special events for employees during the year? For example, parties, special lunches, etc.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 8.1.)
<input type="checkbox"/> No	

8.1 Please describe the special events:

9. Please describe any other employee recognition or honor that has not be elicited by previous questions.

10. Does the company have a mission and/or value statement?

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 10.1, 10.2.)
<input type="checkbox"/>	No	

10.1 What is the value and/or mission statement(s)?

10.2 Who participated in deciding what the value and/or mission statement should be?
Please indicate by job title of those participating.

11. Does senior management meet with production employees?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 11.1.)
<input type="checkbox"/> No	

11.1 Please describe the occasions, in both formal and casual settings, when senior management meets with production employees.

12. Does the company have any project-based teams or committees?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 12.1.)
<input type="checkbox"/> No	

12.1 Please describe all project-based teams and committees, and the composition of those committees.

13. Does the company have job descriptions for each position in each facility?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 13.1.)
<input type="checkbox"/> No	

*13.1 How often are the job descriptions updated?(*Required)	
<i>Select all that apply.</i>	
<input type="checkbox"/>	Annually
<input type="checkbox"/>	Every two years
<input type="checkbox"/>	Every three years
<input type="checkbox"/>	Less frequently than every three years

14. Does the company have a performance management system?		
<i>Select between 1 and 1 choices.</i>		
<input type="checkbox"/>	Yes	(Answer question number 14.1.)
<input type="checkbox"/>	No	(Answer question number 14.2.)

14.1 Please explain all the methods that the company uses to provide employees with feedback about maximizing their performance as well as other matter, and how frequently these forms of feedback are given.

14.2 Please explain the decision to not use a performance management system.

15. Does the company conduct training for supervisors and managers?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 15.1.)
<input type="checkbox"/> No	

15.1 Please indicate the training provided and how often it is given. Check all that apply:

Select all that apply.

	<i>Annually</i>	<i>Every Two Years</i>	<i>Every Three Years</i>	<i>Every Four or More Years</i>
Anti-harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR Awareness (i.e.: ADA/ADEA/MLA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Anti-harassment:	<input type="text"/>
Anti-discrimination:	<input type="text"/>
Business Ethics:	<input type="text"/>
Communication Skills:	<input type="text"/>
Conflict	<input type="text"/>

Resolution:	
Crisis Management :	
Emergency Response:	
HR Awareness (i.e.: ADA/ADEA/FMLA):	
Managing People:	
Team Building:	
Other:	

16. Does the company provide workplace training to employees on the following topics? Please check all boxes that apply.

Select all that apply.

<input type="checkbox"/>	Anti-harassment
<input type="checkbox"/>	Anti-discrimination
<input type="checkbox"/>	Communication
<input type="checkbox"/>	Team Culture / How to work with others successfully
<input type="checkbox"/>	Other:

17. Does the company have a mentoring program? This is a peer-to-peer system to help employees assimilate to the company or to have someone that will answer questions and offer help with their jobs. This is not the same as a form apprenticeship training program.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 17.1.)
<input type="checkbox"/>	No	

17.1 Please explain the mentoring program:

The judges understand the challenges of creating diversity in the workforce composition and answers to the questions are scored accordingly.

18. What is the gender composition of the company's workforce, reflected as a percentage

Male:	<input type="text"/>
Female:	<input type="text"/>
Total:	100

19. What is the age composition of your workforce, reflected as a percentage

18-25:	<input type="text"/>
25-35:	<input type="text"/>
35-55:	<input type="text"/>
55-65:	<input type="text"/>
65+:	<input type="text"/>
Total:	100

20. What was the involuntary turnover rate for the company across all facilities, reflected as a percentage of your total workforce:

2019, to entry date:	<input type="text"/>
2018:	<input type="text"/>
2017:	<input type="text"/>

21. Does the company offer post-employment resources to employees that are involuntarily terminated?

Select one.

<input type="radio"/> Yes	(Answer question number 21.1.)
<input type="radio"/> No	

21.1 Please describe:	

22. What was the voluntary turnover rate for the company across all facilities, reflected as a percentage of your total workforce:	
2019, to entry date:	<input type="text"/>
2018:	<input type="text"/>
2017:	<input type="text"/>

23. Has the company experienced a reduction in force with the past two years?	
<i>Select between 1 and 1 choices.</i>	
<input type="checkbox"/> Yes	(Answer question number 23.1.)
<input type="checkbox"/> No	

23.1 Please describe when the RIF(s) occurred and circumstances leading to that action:

24. When seeking to fill open positions, does the company post job openings internally before posting outside the company?

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Employee Resources & Benefits

25. Does the company benchmark wages and salaries for your employees?

Select between 1 and 1 choices.

<input type="checkbox"/>	No, we don't benchmark	
<input type="checkbox"/>	Annually	(Answer question number 25.1.)
<input type="checkbox"/>	Every two years	(Answer question number 25.1.)
<input type="checkbox"/>	Every three years	(Answer question number 25.1.)
<input type="checkbox"/>	Every four years	(Answer question number 25.1.)
<input type="checkbox"/>	Other: <input type="text"/>	(Answer question number 25.1.)

25.1 Please explain how the company benchmarks salaries and what data and/or information does the company use to make its analysis.

26. Does the company provide employees with other, non-salary, non-wage, monetary compensation? This would include bonuses, incentives, profit sharing, etc.? If yes, please explain and if you have flyers or other materials, please provide those in the supporting documentation.

27. Does the company offer paid holidays, and if so, how many?

Select between 1 and 1 choices.

<input type="checkbox"/>	No, we do not offer paid holiday leave
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4
<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11
<input type="checkbox"/>	12
<input type="checkbox"/>	More than 12

28. Does the company offer paid time off (PTO) with no sick/vacation distinction? For instance, the company has the typical paid time off for vacation and sick in one "bucket" that the employee can use without stating a reason for the leave.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 28.1, 28.2, 28.3.)
<input type="checkbox"/>	No	

28.1 Please explain the amount, if it is accrued or given as a lump sum, and how it can be used.

28.2 Does the company allow accrued, unused, time to carry over from year-to-year? Please explain:

28.3 Does the company offer a cash buyout to the employee for accrued and unused PTO? Please answer yes or no. You may explain your answer (optional).

29. Does the company offer paid vacation leave that is accrued separately from paid sick leave? For instance, the vacation and sick leaves are in two "buckets" and the employee must identify for what purpose the requested leave is being used.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 29.1, 29.2, 29.3.)
<input type="checkbox"/> No	

29.1 Please explain the amount, if it is accrued or given as a lump sum, and how it can be used.

29.2 Does the company allow accrued, unused, time to carry over from year-to-year? Please explain:

29.3 Does the company offer a cash buyout to the employee for accrued and unused vacation time? Please answer yes or no. You may explain your answer (optional).

30. Does the company offer paid sick leave that is accrued separately from paid vacation leave? For instance, the vacation and sick leaves are in two "buckets" and the employee must identify for what purpose the requested leave is being used.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 30.1, 30.2.)
<input type="checkbox"/> No	

30.1 Please explain the amount, if it is accrued or given as a lump sum, and how it can be used.

30.2 Does the company allow accrued, unused, time to carry over from year-to-year? Please explain:

31. Does the company offer paid parental leave for the birth or adoption of children? This leave can run in conjunction with FMLA, but would be designated separately from other paid leave such as sick/vacation/PTO.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 31.1.)
<input type="checkbox"/> No	

31.1 Please describe the amount of parental leave offered, who may use it, the circumstances when it can be used, and any caps to how often it may be taken?

32. Does the company offer paid bereavement leave?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 32.1.)
<input type="checkbox"/> No	

32.1 How many days of paid bereavement leave are offered for the following:	
Immediate Family (spouse, parent, child, grandparent):	<input type="text"/>
Extended Family (aunt, uncle, cousin, etc.):	<input type="text"/>

33. Does the company offer paid Jury Duty leave?	
<i>Select between 1 and 1 choices.</i>	
<input type="checkbox"/> Yes	(Answer question number 33.1.)
<input type="checkbox"/> No	

33.1 Please explain the Jury Duty policy and whether there are any caps or restrictions.

34. Does the company offer a financial benefit to employees on military leave? For instance, an allowance provided for a period of time while an employee is serving.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 34.1.)
<input type="checkbox"/> No	

34.1 Please explain the military leave policy and whether there are any caps or restrictions.

35. Does the company offer any other paid leave?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 35.1.)
<input type="checkbox"/> No	

35.1 Please explain any other paid leave that is offered and the details of the program.

36. Does the company promote career development with education or training? E.G., would the company identify an employee for future management and create a mentoring and educational program to develop that skill? This question seeks information about something other than a tuition reimbursement program?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 36.1.)
<input type="checkbox"/> No	

36.1 Please explain the career development program(s).

37. Does the company offer retirement benefits? Check all that apply:

Select at least 1 choices.

<input type="checkbox"/>	401(k)	(Answer question number 37.2.)
<input type="checkbox"/>	Simple IRA	(Answer question number 37.2.)
<input type="checkbox"/>	Pension	(Answer question number 37.2.)
<input type="checkbox"/>	Other	(Answer question number 37.1, 37.2.)
<input type="checkbox"/>	No, we do not offer retirement benefits	

37.1 What is the other type of retirement benefit offered:

37.2 Please describe the contribution schedule, amounts, and other relevant information for the retirement benefits offered:

38. Does the company offer a tuition reimbursement program?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 38.1.)
<input type="checkbox"/> No	

38.1 Please explain the tuition reimbursement program, including when employees can qualify to use it, any restrictions on the type of courses eligible for reimbursement, any caps on the amount of tuition that is reimbursed, and any other relevant details.

39. Has the company offered any wellness programs in 2018-present?

Select all that apply.

<input type="checkbox"/> Yes	(Answer question number 39.1.)
<input type="checkbox"/> No	

39.1 Please describe the wellness programs offered.

40. Does the company offer any of the following to your employees? Check all that are offered.

Select all that apply.

<input type="checkbox"/>	Flexible Spending Account (FSA)	(Answer question number 40.1.)
<input type="checkbox"/>	Health Savings Account (HSA)	(Answer question number 40.1.)

40.1 What contribution (if any) does the company make toward these accounts?	
FSA:	<input type="text"/>
HSA:	<input type="text"/>

41. Does the company offer employee health care plan(s)?	
<i>Select between 1 and 1 choices.</i>	
<input type="checkbox"/>	No, we do not offer any health care plans
<input type="checkbox"/>	One (Answer question number 41.1.)
<input type="checkbox"/>	Two (Answer question number 41.1, 41.2.)
<input type="checkbox"/>	Three (Answer question number 41.1, 41.2, 41.3.)
<input type="checkbox"/>	Four (Answer question number 41.1, 41.2, 41.3, 41.4.)
<input type="checkbox"/>	More than four plans offered

41.1 Please answer the following questions about Plan One, in a PERCENTAGE of the total premium.			
	<i>Employee Only</i>	<i>Employee + One</i>	<i>Employee + Multiple</i>
Premium Contribution of Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium Contribution of Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductible paid by Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>

41.2 Please answer the following questions about Plan Two in a PERCENTAGE of the total premium.

	<i>Employee Only</i>	<i>Employee + One</i>	<i>Employee + Multiple</i>
Premium Contribution by Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium Contribution by Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductible Paid by Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>

41.3 Please answer the following questions about Plan Three in a PERCENTAGE of the total premium.

	<i>Employee Only</i>	<i>Employee + One</i>	<i>Employee + Multiple</i>
Premium Contribution Paid by Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium Contribution Paid by Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductible Paid by Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>

41.4 Please answer the following questions about Plan Four in a PERCENTAGE of the total premium.

	<i>Employee Only</i>	<i>Employee + One</i>	<i>Employee + Multiple</i>
Premium Contribution Paid by Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premium Contribution Paid by Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductible Paid by Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>

42. Does the company offer dental insurance?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 42.1.)
<input type="checkbox"/> No	

42.1 What percentage does the company pay of the dental insurance premium?

Enter a number.

<input type="text"/>	%
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43. Does the company offer vision insurance?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 43.1.)
<input type="checkbox"/> No	

43.1 What percentage does the company pay of the vision insurance premium?

Enter a number.

%

44. Does the company offer an Employee Assistance Plan (EAP)?

Select between 1 and 1 choices.

Yes

No

45. Does the company offer employee life insurance?

Select between 1 and 1 choices.

Yes

(Answer question number 45.1.)

No

45.1 What percentage of the premium is paid (if any) by the company?

Enter a number (Minimum 0, Maximum 100).

Percent

46. Does the company offer disability insurance?

Select between 1 and 1 choices.

Yes

(Answer question number 46.1.)

No

46.1 What type of disability insurance is offered and what, if any, is the company's contribution to the premium?

Select all that apply.

	<i>None of premium</i>	<i>Part of premium</i>	<i>All of premium</i>
Short-term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Short-term Disability:	<input style="width: 100%;" type="text"/>		
Long-term Disability:	<input style="width: 100%;" type="text"/>		

Safety & Work Environment

Work Environment

47. Does the company have a break room or designated space for employees to gather to eat or rest?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 47.1.)
<input type="checkbox"/> No	

47.1 What amenities are in the break room or designated space?

General / Program Management

48. Does the company have a designated safety committee that conducts regular meetings about company environmental, health, and safety programs and issues.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 48.1.)
<input type="checkbox"/> No	

48.1 Please provide the job titles of each person on the safety committee and how often the safety committee meets.

49. Does the company have a general safety policy? If yes, please provide a copy of the policy in the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

50. Has the company been inspected by OSHA in the past five years?

Select between 1 and 1 choices.

Yes

(Answer question number 50.1.)

No

50.1 Has the company been cited by OSHA for violations occurring in the past three years? If yes, please provide the first page of your citation in the supporting documentation.

Select all that apply.

Yes

No

51. Does the company have a dress code that addresses **safety** concerns? Please include the dress code policy with your supporting documentation.

Select between 1 and 1 choices.

Yes

No

52. What is the company's Experience Modification Rate? Please include a statement from the insurer in your supporting documentation.

mod rate

Injury & Illness

53. Does the company keep injury and illness records per OSHA requirements? If yes, please provide the most recent Form 300A summary with your supporting documentation.
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<i>Select between 1 and 1 choices.</i>
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<input type="checkbox"/>	Yes	
<input type="checkbox"/>	No	
<input type="checkbox"/>	N/A	(Answer question number 53.1.)

53.1 Please explain why you do not have Form 300A?

Emergency Action

54. Does the company have a written emergency action plan? If yes, please provide the written plan with your supporting documentation.

Select all that apply.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Powered Industrial Trucks

55. Do the employees operate powered industrial trucks, i.e.: pallet jacks, fork lifts, roll clamp trucks.

Select all that apply.

<input type="checkbox"/>	Yes	(Answer question number 55.1.)
<input type="checkbox"/>	No	

55.1 How often do these employees receive training? Please provide the training sign in sheet with the supporting documentation.

56. Are all powered industrial trucks (i.e.: forklifts, pallet jacks, roll clamp trucks) inspected?

Select all that apply.

Yes

(Answer question number 56.1.)

No

56.1 How frequently are powered industrial trucks inspected? Please provide a checklist with the supporting documentation.

Personal Protective Equipment

57. Are all of the employees who are engaged in material handling required to wear steel-toed safety shoes? If yes, please provide the policy that reflects this requirement in the supporting documentation.

Select all that apply.

Yes

No

58. Has a personal protective equipment (PPE) hazard assessment been conducted for the company?

Select all that apply.

<input type="checkbox"/> Yes	(Answer question number 58.1.)
<input type="checkbox"/> No	

*58.1 Does the hazard assessment identify proper personal protective equipment for the employees? Please provide your assessment with the supporting documentation. (*Required)

Select between 1 and 1 choices.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

59. Are employees trained on the proper use and management of personal protective equipment? Please provide your training documents with the supporting documentation.

Select all that apply.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Hearing Conservation

60. Is a hearing conservation program required at the facility?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 60.1.)
<input type="checkbox"/> No	(Answer question number 60.2.)

60.1 Please describe the program and provide any written details with the supporting documentation.

60.2 Please explain why the company does not require a hearing conservation program.

First Aid

61. Has the company determined the amount of time necessary for emergency responders to reach each facility?

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 61.1, 61.2.)
<input type="checkbox"/>	No	(Answer question number 61.2.)

61.1 What is the amount of time necessary for emergency responders to reach each facility? Please provide a Google Maps printout of your facility to the nearest emergency responder with the supporting documentation.

Select at least 1 choices.

<input type="checkbox"/>	Under three minutes
<input type="checkbox"/>	3-4 minutes
<input type="checkbox"/>	More than four minutes
<input type="checkbox"/>	Other: <input type="text"/>

61.2 Does the company have a formal first aid program? If yes, please provide the policy or training records with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Temporary Workers

62. Does the company use temporary workers on the production floor?

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 62.1.)
<input type="checkbox"/>	No	

62.1 Does the company train temporary workers on applicable safety requirements before they begin work? If yes, please provide training information with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

*63. Want to participate in the Safety Shield program? This is a virtual assessment tool for OSHA readiness. High scoring companies will get Safety Shield designation and will be recognized with a separate award. Also, please indicate "yes" to the Safety Shield question at the beginning of the entry form. Winners will be recognized at an awards ceremony to be held during the President's Conference on March 4, 2018 in Tempe, Arizona. (*Required)

Select one.

<input type="radio"/>	Yes
<input type="radio"/>	No

Safety Shield



SafetyShield

Injury & Illness

64. Has the company trained employees about how to report an injury? If yes, please provide the policy AND the training sign-in sheet in the supporting documentation.

Select between 1 and 1 choices.

Yes

No

65. Does the company have a safety incentive program? If yes, please provide a copy of the policy or program in the supporting documentation.

Select between 1 and 1 choices.

Yes

No

66. Does the company have a post-accident drug and alcohol testing policy? If yes, please provide the policy in the supporting documentation.

Select between 1 and 1 choices.

Yes

No

Lockout / Tagout

67. Does the company have a written lockout/tagout program?

<i>Select all that apply.</i>

<input type="checkbox"/> Yes	(Answer question number 67.1.)
<input type="checkbox"/> No	

67.1 Does the program have machine-specific procedures? If yes, please provide an example of a machine-specific procedure you have with your supporting documentation.

Select all that apply.

Yes

No

68. Have all employees in the company been trained on Lockout/Tagout? If yes, please provide the training sign-in sheet in the supporting documentation.

Select all that apply.

Yes

No

69. Does the company have a list of each authorized employee and the pieces of equipment that they are trained to lockout? If yes, please provide the list of each authorized employee with the supporting documentation.

Select all that apply.

Yes

No

70. How often are employees assessed on their knowledge of lockout procedures for each piece of equipment that they are expected to lockout? If such an assessment is performed, please provide a completed assessment form with the supporting documentation.

Select between 1 and 1 choices.

One year

Two years

Three years

Four years

Five years or more

Fire Prevention

71. Does the company expect employees to use fire extinguishers?
--

<i>Select between 1 and 1 choices.</i>
--

- | | |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 71.1.) |
| <input type="checkbox"/> No | |

71.1 Has the company trained employees on fire extinguisher use in the past 12 months? If yes, please provide training sign-in sheet with the supporting documentation.

<i>Select between 1 and 1 choices.</i>
--

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

72. Have the fire extinguishers in the facility been inspected? Please provide the most recent inspection with the supporting documentation.
--

<i>Select between 1 and 1 choices.</i>
--

- | |
|--|
| <input type="checkbox"/> No |
| <input type="checkbox"/> Annually |
| <input type="checkbox"/> Every two years |
| <input type="checkbox"/> Every three years or more |

73. Does the company have a fire suppression system (i.e.: a sprinkler system or something comparable). Please provide the most recent inspection with the supporting documentation.
--

<i>Select between 1 and 1 choices.</i>
--

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

Emergency Action

74. Does the company have a signal or alarm for different types of emergencies (i.e.: fire, tornado, power outage, etc.)

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 74.1.)
<input type="checkbox"/>	No	

74.1 Please describe the signal or alarm that is used for each particular type of emergency.

75. Have rally points been determined for employees in the event of an evacuation? If yes, please provide your evacuation map.

Select all that apply.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

76. Does the company perform evacuation drills?

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 76.1.)
<input type="checkbox"/>	No	

76.1 How often are evacuation drills performed? Please provide training records with the supporting documentation.

Hazard Communication

77. Has the company conducted Hazard Communication training for all employees handling chemicals since January 1, 2013? If yes, please provide the training materials with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

78. Does the company have an inventory of each chemical that is used at each facility? If yes, please provide the most current inventory form with the supporting documentation.

Select all that apply.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

79. Does the company keep safety data sheets in a central location accessible to employees for review?

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

80. Is the central location where the safety data sheets are accessible a computer terminal?

Select all that apply.

<input type="checkbox"/>	Yes	(Answer question number 80.1.)
<input type="checkbox"/>	No	

80.1 Does the company have a back-up system for employees to access safety data sheets in the event of a power outage?

Select all that apply.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

81. Does the company have a secondary container labeling system in place? If yes, please describe the system and provide a photograph or label with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Equipment Safety

82. Do employees perform a safety check of all equipment? If yes, please provide all policies, checklists, or training materials that establish this procedure with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 82.1, 82.2, 82.3.)
<input type="checkbox"/>	No	(Answer question number 82.1, 82.2, 82.3.)

82.1 Do employees verify all guards are properly in place?	
<i>Select between 1 and 1 choices.</i>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

82.2 Do employees verify that all safe stop buttons and interlocks are operating correctly?	
<i>Select between 1 and 1 choices.</i>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

82.3 How frequently are these checks performed?	

Walking & Working Surfaces

83. Does the company have employees <u>or contractors</u> that work on any of the following surfaces? Mark all that apply:		
<i>Select at least 1 choices.</i>		
<input type="checkbox"/>	Press deck	(Answer question number 83.1, 83.2, 83.3.)
<input type="checkbox"/>	Roof	(Answer question number 83.1, 83.2, 83.3.)
<input type="checkbox"/>	Loading dock	(Answer question number 83.1, 83.2, 83.3.)
<input type="checkbox"/>	Mezzanine	(Answer question number 83.1, 83.2, 83.3.)
<input type="checkbox"/>	Man lift / Scissor lift	(Answer question number 83.1, 83.2, 83.3.)

83.1 Which of these surfaces above four feet or higher? Mark all that apply:	
<i>Select all that apply.</i>	
<input type="checkbox"/>	Press deck
<input type="checkbox"/>	Roof
<input type="checkbox"/>	Loading dock
<input type="checkbox"/>	Mezzanine
<input type="checkbox"/>	Man lift / Scissor lift

83.2 Are employees who work on these elevated surfaces trained on the needs and uses of fall protection? If yes, please provide training sign-in sheets with the supporting documentation.	
<i>Select all that apply.</i>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

83.3 Do any of these elevated surfaces have guard rails? Mark all that apply:	
<i>Select all that apply.</i>	
<input type="checkbox"/>	Press deck
<input type="checkbox"/>	Roof
<input type="checkbox"/>	Loading dock
<input type="checkbox"/>	Mezzanine
<input type="checkbox"/>	Man lift / Scissor lift

84. Do employees use ladders?		
<i>Select all that apply.</i>		
<input type="checkbox"/>	Yes	(Answer question number 84.1, 84.2.)
<input type="checkbox"/>	No	

84.1 Are employees trained on the proper use of ladders? If yes, please provide training records and/or materials with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

84.2 Are ladders inspected before each use? If yes, please provide an inspection checklist with the supporting documentation.

Select all that apply.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

*85. Are all powered industrial trucks (i.e.: forklifts, pallet jacks, roll clamp trucks) inspected before each shift? If yes, please provide an inspection checklist that is used for this purpose and /or to train employees to operate this equipment, with the supporting documentation.(*Required)

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	N/A

Material Handling

86. Does the company have overhead material handling equipment (i.e.: hoists or cranes)?

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 86.1.)
<input type="checkbox"/>	No	

86.1 How often is material handling equipment inspected?

Electrical Safety

87. What is the minimum clearance area in front of all electrical panels? Please provide photographs or videos with the supporting documentation.

88. Does the company have a policy or instructions on proper extension cord use? If yes, please provide the policy or instructions with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Program Management

89. Does the company have procedures in place for addressing violations of an established safety rule?
--

<i>Select between 1 and 1 choices.</i>
--

- | | |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 89.1.) |
| <input type="checkbox"/> No | |

89.1 Please describe the procedures for addressing violations of an established safety rule. Please include any written policy or procedure with the supporting documentation.
--

90. Does the company assess employee comprehension of safety training?
--

<i>Select between 1 and 1 choices.</i>
--

- | | |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 90.1.) |
| <input type="checkbox"/> No | |

90.1 Please describe the company's method of assessing comprehension of safety training and provide a sample with the supporting documentation.

91. Does the company have a safety budget? If yes, please provide information indicating the budget with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

92. Does the company set safety goals each year? If yes, please provide examples with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/> Yes
<input type="checkbox"/> No

93. Does the company stay current with regulatory requirements and changes?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 93.1.)
<input type="checkbox"/> No	

93.1 Please describe the company's method of determining when employees need to be trained or retrained. If you have a written policy or procedure, please provide it with the supporting documentation.

94. Do managers and supervisors receive additional safety training related to their responsibilities? If yes, please provide an example with the supporting documentation.

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No