

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"/>	
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	
Employee Count (Company):	<input type="text"/>	<i>Full-Time Equivalent Employees</i>
<i>All fields with an asterisk (*) are required.</i>		

Company & Contact Information

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	(Answer question number 2.1, 2.2.)
<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

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 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 or mission statement?

10.2 How was the value or mission statement chosen?

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 conduct performance evaluations?		
<i>Select between 1 and 1 choices.</i>		
<input type="checkbox"/>	Yes	(Answer question number 14.1, 14.2, 14.3.)
<input type="checkbox"/>	No	(Answer question number 14.4.)

14.1 How often are evaluations performed?

Select between 1 and 1 choices.

- | | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | More than once each year |
| <input type="checkbox"/> | Annually |
| <input type="checkbox"/> | Every two years |
| <input type="checkbox"/> | Less frequently than every two years |

14.2 Are the evaluations part of a performance management system?

Select all that apply.

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

14.3 Please explain the performance management system, if any, that the company uses.

14.4 Please explain the decision to not give performance evaluations to employees:

15. Are other methods used to provide feedback to employees?

Select between 1 and 1 choices.

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

15.1 Please explain all the methods that the company uses to provide employees with feedback about their performance and other matters related to maximizing their effectiveness in their position.

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

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 16.1.)
<input type="checkbox"/> No	

16.1 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:	

17. Does the company provide workplace training to employees on the following topics? Please check all boxes that apply.	
<i>Select all that apply.</i>	
<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:

18. Does the company have a mentoring program?	
<i>Select between 1 and 1 choices.</i>	
<input type="checkbox"/>	Yes (Answer question number 18.1.)
<input type="checkbox"/>	No

18.1 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.

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

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

20. 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

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

2018, to entry date:	<input type="text"/>
2017:	<input type="text"/>
2016:	<input type="text"/>

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

Select one.

<input type="radio"/> Yes	(Answer question number 22.1.)
<input type="radio"/> No	

22.1 Please describe:

23. Did the company experienced a reduction in force after 2015?

Select between 1 and 1 choices.

<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
<input type="checkbox"/>	Every two years
<input type="checkbox"/>	Every three years
<input type="checkbox"/>	Every four years
<input type="checkbox"/>	Other: <input type="text"/>

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?

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 28.1, 28.2.)
<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:

29. Does the company offer paid vacation leave (not part of PTO)?

Select between 1 and 1 choices.

<input type="checkbox"/> Yes	(Answer question number 29.1, 29.2.)
<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:

30. Does the company offer paid sick leave (not part of PTO)?

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?

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 Please describe the details of the leave, the circumstances when the leave may be used, the amount of leave for each type of use, and whether there are any caps of when it can be used.

*33. Does the company offer paid Jury Duty leave?(*Required)

Select between 1 and 1 choices.

<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 paid leave for military service?

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 through education or training?

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 one.

<input type="radio"/>	401(k)	(Answer question number 37.2.)
<input type="radio"/>	Simple IRA	(Answer question number 37.2.)
<input type="radio"/>	Pension	(Answer question number 37.2.)
<input type="radio"/>	Other	(Answer question number 37.1, 37.2.)
<input type="radio"/>	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 2017-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 employee health care plan(s)?

Select between 1 and 1 choices.

<input type="checkbox"/>	No, we do not offer any health care plans
<input type="checkbox"/>	One
<input type="checkbox"/>	Two
<input type="checkbox"/>	Three
<input type="checkbox"/>	Four
<input type="checkbox"/>	More than four plans offered

41. What percentage of the plan premium (if any) is paid by the company for the following categories:

	<i>Employee only</i>	<i>Employee + one</i>	<i>Employee + multiple</i>
Plan One	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan Two	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan Three	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan Four	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

42. What are the deductibles for the health plan?

	<i>Employee</i>	<i>Employee + one</i>	<i>Employee + multiple</i>
Plan One	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan Two	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan Three	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan Four	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

43. Does the company offer dental 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 dental insurance premium?

Enter a number.

%

44. Does the company offer vision insurance?

Select between 1 and 1 choices.

- | | | |
|--------------------------|-----|--------------------------------|
| <input type="checkbox"/> | Yes | (Answer question number 44.1.) |
| <input type="checkbox"/> | No | |

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

Enter a number.

<input type="text"/>	%
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45. 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 45.1.)
<input type="checkbox"/>	Health Savings Account (HSA)	(Answer question number 45.1.)

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

46. Does the company offer an Employee Assistance Plan (EAP)?	
<i>Select between 1 and 1 choices.</i>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

47. Does the company offer employee life insurance?		
<i>Select between 1 and 1 choices.</i>		
<input type="checkbox"/>	Yes	(Answer question number 47.1.)
<input type="checkbox"/>	No	

47.1 What percentage of the premium is paid (if any) by the company?	
<i>Enter a number (Minimum 0, Maximum 100).</i>	
<input type="text"/>	Percent

48. Does the company offer disability insurance?		
<i>Select between 1 and 1 choices.</i>		
<input type="checkbox"/>	Yes	(Answer question number 48.1.)
<input type="checkbox"/>	No	

48.1 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

49. Does the company have a break room or designated space for employees to gather to eat or rest?
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<i>Select between 1 and 1 choices.</i>
--

- | | |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 49.1.) |
| <input type="checkbox"/> No | |

49.1 What amenities are in the break room or designated space?
--

General / Program Management

50. Does the company have a safety committee with a designated person responsible for the overall program?
--

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

- | | |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 50.1.) |
| <input type="checkbox"/> No | |

50.1 Please provide the job titles of each person on the safety committee.

51. 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

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

Select between 1 and 1 choices.

Yes

(Answer question number 52.1.)

No

52.1 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

53. 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

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

mod rate

Injury & Illness

55. 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 55.1.)

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

Emergency Action

56. 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

57. 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 57.1.)
<input type="checkbox"/>	No	

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

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

Select all that apply.

Yes

(Answer question number 58.1.)

No

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

Personal Protective Equipment

59. 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

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

Select all that apply.

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

*60.1 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

61. 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

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

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 62.1.)
<input type="checkbox"/>	No	(Answer question number 62.2.)

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

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

First Aid

63. 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 63.1, 63.2.)
<input type="checkbox"/>	No	(Answer question number 63.2.)

63.1 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"/>

63.2 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

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

Select between 1 and 1 choices.

<input type="checkbox"/>	Yes	(Answer question number 64.1.)
<input type="checkbox"/>	No	

64.1 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

*65. 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