



South Carolina  
Department of Labor, Licensing and Regulation

Division of Labor

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January 23, 2017

Dear South Carolina Employer,

Happy New Year! The 2017 Division of Labor Safety Awards season has now begun. The Division hopes your company will be able to celebrate its safety accomplishments with the South Carolina Department of Labor, Licensing and Regulation this year. The Safety Awards Program is the Division's way of rewarding you for the success of your safety and health programs. Last year, 18 employers were recognized. The Division believes all employers, large or small, should be rewarded for the success of their safety and health programs.

Please take a few minutes to complete the enclosed application by entering the requested data for calendar year 2017. Applications are due by **February 27, 2017**, at midnight. The Safety Awards application can also be accessed and printed from the SCOSHA website at:

[http://www.scosha.llronline.com/forms/Safety\\_Application\\_2017.pdf](http://www.scosha.llronline.com/forms/Safety_Application_2017.pdf).

Awards will be presented in three categories:

- *Palmetto Shining Star Award* (must qualify in at least one of the following)
  - No recordable injuries or illnesses during calendar year 2016;
  - A reduction of at least 40 percent in an employer's incidence rate between 2015 and 2016;
  - A difference of at least 75 percent in an employer's 2016 incidence rate and the 2015 South Carolina average rate for that industry; OR
  - Worked one million or more safe work hours without a lost-time injury or illness.
- *Rising Star Award*
  - A difference of at least 75 percent in an employer's 2016 incidence rate and the 2015 national average rate for that industry
- *Gleaming Star Award*
  - Less than 100 employees and demonstrates a culture of safety and health both on site and in the community

By **April 2017**, the Division of Labor will announce the Safety Award winners. Companies that are selected will be contacted with the information provided on the application. Award Recipients will be honored with a certificate at the Safety Awards Reception.

If you have any questions or need assistance completing the application, call the Division of Labor at 803-896-9695 or send an email to [division.labor@llr.sc.gov](mailto:division.labor@llr.sc.gov).

The Division appreciates your participation in the Division of Labor Safety Awards program and your commitment to employee safety in the great state of South Carolina. This program is one of many ways the Division fulfills its mission to promote the healthy, safety and economic well-being of the public through regulation, licensing, enforcement, training and education.

Sincerely,

Emily H. Farr, Esquire  
Director

Kristina Baker, Esquire  
Chief of Labor



**Division of Labor**

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<http://llronline.com/labor/>



**2017 Safety Achievement Award Application**

This application should be submitted by February 27, 2017 to the Division of Labor by email or address listed above. All information submitted should pertain to calendar years 2015 and 2016. Contact Felicia Busby at (803) 896-7673 with questions regarding your company NAICS code. Submission of this application is voluntary.

**Submit with your application:**

- OSHA Form 300 and OSHA Form 300A for calendar years 2015 and 2016.
- Supporting documentation of how the company encouraged a safe environment culturally and in the community. Including but not limited to:
  - Company Policy/Procedures
  - Pictures
  - Programs
  - PowerPoint Slides

**COMPANY INFORMATION**

**Name of Company** (List as you want to appear on award): \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Management Official / Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company's Standard Industrial Classification (NAICS Code) or Industry Type: \_\_\_\_\_

**Name of Parent Company** (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Please describe your scope of work:

2. Did your company have 100 or more full-time employees during 2015 and 2016?  
**If no**, proceed to Question 6. YES      NO

3. **Employee Hours** (Please attach OSHA 300 and 300A logs): 2015      2016

a. Average number of employees: \_\_\_\_\_

b. Total number of employee hours worked: **EH:** \_\_\_\_\_  
 (You may multiply 4a. by the average number of hours worked by employees during the year to get the EH.)

4. **Incidence Rate** (Please attach OSHA 300 and 300A logs):

a. Total recordable cases: **TC:** \_\_\_\_\_

b. Multiply TC by 200,000 and divide by EH to find your company's incident rate (IR):  
**IR:** \_\_\_\_\_

5. Award Category (Check all statements which apply):

*Palmetto Shining Star*

No fatalities or recordable injuries or illnesses during calendar year 2016 (TC = 0)

A reduction of at least 40 percent in an employer's incidence rate between 2015 and 2016

Company's incidence rate during calendar year 2016 was at least 75% below the 2015 South Carolina incidence rate for company's NAICS. See column three entitled "Total recordable cases" in the Table here: [http://www.scosha.llronline.com/BLS/injuryinlless/2015/2015\\_I&I\\_Table\\_6.pdf](http://www.scosha.llronline.com/BLS/injuryinlless/2015/2015_I&I_Table_6.pdf)

- Totals include rate for industries not shown separately
- North American Industry Classification System Manual, 2012 Edition.
- To obtain Incidence Rates for Industries or NAICs not listed, call 803-896-7673
- If NAICs is unknown, call 803-896-7673

Worked 1 million or more safe work hours without a lost time injury or illness.

Number of hours achieved: \_\_\_\_\_ Time frame hours were achieved: \_\_\_\_\_

*Rising Star*

Company's incidence rate during calendar year 2016 was at least 75% below the 2015 national incidence rate for company's NAICS. See column three entitled "Total recordable cases" in the Table here: <https://www.bls.gov/iif/oshwc/osh/os/ostb4732.pdf>.

*Gleaming Star*

6. What have you done, culturally within your company to encourage an environment of safety? (Attach supporting documentation to verify.)

7. How have you encouraged safety in the community? (Attach supporting documentation to verify.)

**SIGNATURE OF MANAGEMENT OFFICIAL:**

*Your signature certifies that the information and attached verification documents are true. Penalty for false information includes but is not limited to disqualification for this year's and next year's award.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date