# Excellence in Mining Award Entry Form

### Safety Form

## Category: SAFETY Total Points Available = 14

| **Activities** | Points | **Yes****** | **No****** | **Documentation / Photo****Required** | **Bonus Point Available****(for judges only)** | **Points****(for judges only)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Do you have a designated Safety Director?

***( If yes, check all that apply below)*** \_\_\_\_ Company \_\_\_\_ Plant **Who and for how long?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| 1. Do you have a written safety policy? ***(Please submit only the cover sheet & Table of Contents for verification.)***

***( If yes, check all that apply below)*** \_\_\_\_ Company \_\_\_\_ Plant  |  |  |  | **required** |  |  |
| 1. Do you provide safety equipment for employees? If yes, please explain what is provided.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| 1. Do you have a Safety Committee? If yes, please explain who, how often they meet and what is done.

***( If yes, check all that apply below)*** \_\_\_\_ Company \_\_\_\_ Plant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| 1. Do you perform an internal safety audit? If yes, describe what is done and how often.

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| 1. Do you have safety incentive awards/events for employees? If yes, describe what.

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| 1. Do you conduct regular safety meetings? If yes, please explain.

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| 1. Did your plant have “0” MSHA reportable accidents during the previous calendar year?
 |  |  |  |  |  |  |
| 1. Does your company have a substance abuse policy that includes pre-employment & random testing? (***Attach a policy cover sheet only.)***
 |  |  |  | **required** |  |  |
| 1. Do you investigate all near miss / hit accident events? Please provide copy of reporting document.
 |  |  |  | **required** |  |  |
| 1. Do you verify contractor safety training compliance? If yes, please explain your verification process and provide location’s “site specific hazard” training form.

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