



## 31<sup>st</sup> Annual Wisconsin Workplace Safety Award Program

### PHASE II: SUBJECTIVE REPORT

What Makes Your Safety Program Great?

Co-sponsored by:



**SUBMISSION DEADLINE: Fri., February 21, 2025, at Noon**

Awards presented during the 83<sup>rd</sup> Wisconsin Safety Council's Annual Conference  
April 15-16, 2025

## SUBJECTIVE REPORT INSTRUCTIONS

**Important:** Up to Five points of your overall score will be based on following the instructions below.

1. Read all questions before you begin. Some questions have changed from previous year.
2. **Include the bold font section heading in front of your answer to each section. Within each section, please show the number and question associated with each answer.**

Example:

### **A. GOALS AND SUCCESSES**

1. Describe your organization's most significant safety and health accomplishment in 2024.
  2. Explain your vision to improve your employees' safety and health.
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3. Report is limited to a Company Profile page and a maximum of ten single-sided pages, double-spaced, with a font size no smaller than 10 answering Sections A through D.  
*(We strongly advise nominees utilize the 10-page maximum to articulate, in depth, your answers to the specific questions.)*
  4. All questions must be answered. (Questions not answered receive 0 out of the available points.)
  5. Be sure to describe techniques and methods you think are particularly innovative and/or effective. For example, many companies have labor-management safety committees, but what makes yours unique?
  6. Only electronic subjective reports will be accepted. See below for submission information.
  7. Text only: no graphics, pictures, or graphs.
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**Submission Deadline:** Fri., February 21, 2025, at Noon

**Workplace Safety Award Contact:** Barb Deans, WSC Associate Director, [bdeans@wisafetycouncil.org](mailto:bdeans@wisafetycouncil.org) 608.661.6914

**View Listing of Previous Workplace Safety Award Winners:**

<https://www.wisafetycouncil.org/2019/06/24/wisconsin-corporate-safety-award-winner-archives/>

### **REPORT SUBMISSION INFORMATION:**

- Submit one (1) electronic copy in PDF format to [bdeans@wisafetycouncil.org](mailto:bdeans@wisafetycouncil.org)

For logos & pictures only, upload to google drive

<https://drive.google.com/drive/folders/1yUAY8ZjSfS4UW4MIRMdFsGTg7YiM9GK?usp=sharing>

## PHASE II: SUBJECTIVE QUESTIONS

### ORGANIZATION PROFILE (This is a separate page and does not count toward the 10-page limit.)

Start with your organization **legal name** (as appears on insurance application to workers compensation carrier), contact person/author(s), and contact information. Include a sentence or two on the types of work/service your organization provides, number of employees, and history of your organization. Please write a profile (few paragraphs) stating why your organization deserves to win the Workplace Safety Award. Be sure to include the person's name who wrote the report.

#### Questions to Consider:

- What puts your safety program head and shoulders above the others?
  - How does your company's program exceed industry safety standards?
  - What differentiates your safety program from other programs in the state and nation?
  - Highlight how you improved your safety culture last year and how you achieved safety excellence!
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- These paragraphs **are NOT included** in the ten-page requirements and are **not judged**.
  - This profile will be used to help judges become familiar with your organization. A version of it may also be used in the Workplace Safety Awards program, speeches, and other promotions.
  - For submissions from multiple divisions/operations of the same organization, each location's submittal shall reflect the unique aspects of that location's safety program. Multiple submittals will be reviewed for duplication and may be disqualified.

### A. GOALS AND SUCCESSES

1. Describe your organization's most significant safety and health accomplishment in 2024.
2. Explain your vision to improve your employees' safety and health.

### B. PARTICIPATION AND CULTURE

1. Describe **unique** aspects of your **employee** participation, accountability and responsibility in your organization's safety and health program. *(This could include how you react to increases or decreases in your workforce, acquisitions, or expansions.)*
2. Describe **unique** aspects of **management** participation, accountability and responsibility in your organization's safety and health program. *(This could include reaction to increases or decreases in your workforce, acquisitions, or expansions.)*
3. How do you help employees to feel their inclusion and empowerment in your safety culture?

### C. HEALTH AND SAFETY TRAINING

1. **Describe** any new and/or **unique** health and safety training provided within your organization over the last three years (2022, 2023, and 2024). *Include information on similarities & differences between permanent employee training and contract/temp employee training.*
2. What do you do to assure that the health and safety training you provide is retained and applied?

### D. SAFETY AND HEALTH PROGRAM

1. What **unique** challenges have you encountered with your changing workforce? *(ex. Hybrid employees, staffing, cultural barriers, workplace violence, substance abuse, mental health, etc.)*
2. What improvements have you made as a result of an internal inspection, audit or incident investigation?
3. **Describe** how you integrate ergonomics (strains, sprains, musculoskeletal) into your safety and health programs.
4. Provide examples showing how safety and health are included in job and/or production planning. Describe any safety/health program standards, guidelines, models incorporated into your H&S management system.
5. **Define** the primary risks to your employees, and how are those risks mitigated.