

# 2024

## OAIMA SAFETY AWARD ENTRY FORM

### OHIO AGGREGATES & INDUSTRIAL MINERALS ASSOCIATION

746 Morrison Rd., Gahanna, OH 43230

# 2024

*Entries must be received at the OAIMA office by September 1, 2025*

Signed OAIMA Safety Pledge \*

*Please indicate the criteria in each column for which your operation qualifies and total the points for each column.*

<b>1 Point Each</b>	<b>2 Points Each</b>	<b>5 Points Each</b>
<input type="checkbox"/> Compliance with approved training plan *	<input type="checkbox"/> Written Safety & Health policy *	<input type="checkbox"/> Conducted a comprehensive safety & health inspection in 2024 (Non-MSHA) *
<input type="checkbox"/> Provide safety equipment for employees *	<input type="checkbox"/> Active employee involvement (committees, inspections, etc.) *	<input type="checkbox"/> Performed (in-house) safety and health system review(s) in 2024*
<input type="checkbox"/> Procedure for pre-shift inspection follow-up on mobile equipment *	<input type="checkbox"/> Systematic investigation of all work injury and property damage incidents *	<input type="checkbox"/> No MSHA reportable or OSHA recordable injuries or illnesses in 2024 *
<input type="checkbox"/> Daily work area inspections *	<input type="checkbox"/> Written contractor safety policy *	<input type="checkbox"/> No final S & S citations (or OSHA equivalent) or VPID less than national average in 2024*
<input type="checkbox"/> Hearing conservation program *	<input type="checkbox"/> Conduct personal exposure sampling for respirable dust (silica) and noise *	
<input type="checkbox"/> Written substance abuse policy *	<input type="checkbox"/> Written emergency procedures and management plan *	
<input type="checkbox"/> Near miss reporting *	<input type="checkbox"/> Regularly scheduled safety meetings *	
<input type="checkbox"/> Hazard Communication Program *		
<input type="checkbox"/> Total Points (maximum 8 points) <i>(7 points required for Rock Solid)</i>	<input type="checkbox"/> Total Points (maximum 14 points)	<input type="checkbox"/> Total Points (maximum of 15 points used)

\* Requires attached documentation. See Instruction packet.

Point Total Summary	
<input style="width: 80%;" type="text"/>	One-Point Category Total
+	
<input style="width: 80%;" type="text"/>	Two-Point Category Total
+	
<input style="width: 80%;" type="text"/>	Five-Point Category Total <i>(maximum of 15 points)</i>
<input style="width: 80%;" type="text"/>	<b>Total Points</b>
<b>Bronze</b> 14 points or more <b>Silver</b> 22 points or more <b>Gold</b> 30 points or more	<i>If your total equals 30 points or more, answer the questions to the right in order to determine qualification for Platinum Designation.</i>

FOR PLATINUM DESIGNATION	
<b>Y N</b>	Did you achieve the Gold level of points?
<b>Y N</b>	Did you attain at least 7 points in the 1-point category?
<b>Y N</b>	Did you experience zero MSHA reportable or OSHA recordable injuries or illnesses in calendar year 2024.
<b>Y N</b>	Did you experience zero final MSHA S&S citations (or OSHA citations for a Serious violation) or VPID less than national average?
<b>Y N</b>	Did you attain 15 points in the 5-point category?
<b>Qualification requires an affirmative answer to all five questions.</b>	

**I certify that the information submitted on this worksheet is correct and I have supplied requested documentation for verification.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
printed

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ name of operation

\_\_\_\_\_ type of operation: Surface, Underground, Facility, OSHA

\_\_\_\_\_ name of company

MSHA or OSHA ID: \_\_\_\_\_