



2016 SCMA Safety Performance Recognition Application

Name of Person Completing Form _____

Company Name _____

Mailing Address _____

Phone _____ E-mail _____ City _____ State/ZIP Code _____

Plant Name (Print exactly as name should appear on award) _____

County Location _____

NAICS Code _____

I WILL ATTEND THE CONFERENCE TO ACCEPT MY PLAQUE:
*(NOTE: IN ORDER TO RECEIVE A PLAQUE A REPRESENTATIVE FROM EACH FACILITY
 MUST BE PRESENT OTHER WISE A CERTIFICATE WILL BE GIVEN)* _____

**I WILL NOT ATTEND THE CONFERENCE AND REQUEST A CERTIFICATE BE
 MAILED:** _____

2016 OSHA Form 300A must be used to complete this form.

Place total hours worked at facility during calendar year 2016 here _____

Hours

Place number from column H (total number of cases w/ days away from work) here _____

H

Place number from column I (total number of cases w/ job transfer or restriction) here _____

I

Formula for computing incidence rate:

$$\frac{\text{Total \# of Cases (H+I) X 200,000}}{\text{Total \# of Hours Worked during 2016}} = \underline{\hspace{2cm}}$$

Place *total hours worked at facility since last incident* requiring entry in columns H or I _____

Place *total years worked at facility since last incident* requiring entry in columns H or I _____

Incident rate table used http://www.scosha.llronline.com/BLS/injurvinlless/2014/2014_I&I_Table_6.pdf

Please complete and return by February 13, 2017

****Please note this is not a registration form to attend the conference, you must
 register on our website www.myscma.com****