The Georgia Department of Labor sponsors the annual awards program to promote safe, healthy work environments in Georgia and recognize and honor the employers and employees who make them a reality.

The “Award of Excellence” will be given to any employer in the public or private sector who has experienced at least 250 workdays during the previous calendar year with no “days away from work” due to workplace injuries or illnesses.

**Definitions**

**Calendar Year**
January 1 - December 31 (Previous year)

**Workday**
Eight hours of work performed by the workers of a company. Each 8-hour shift may count as a workday. Three 8-hour shifts or two 12-hour shifts count as 3 workdays.

**Day Away From Work**
A day in which an injured worker was not in attendance or providing a valuable service at a workplace designated by the employer.

**Employer**
A company, organization or institution as a whole or any geographically or organizationally distinct operation thereof. The operation/facility applying for the award must be located in the state of Georgia.

**Employee**
A person who works for an entity in return for financial or other compensation, regardless of whether the person is a salaried or hourly worker.

The application for the award of excellence can be found at [www.georgiaconference.org](http://www.georgiaconference.org).
AWARD OF EXCELLENCE

APPLICATION

Name of the “Employer” as you want it to appear on the award

Name of Contact Person
Title
Mailing Address
Phone No.  Fax No.
Email Address
Number of employees at this Georgia location
Number of workdays per week (See definitions)
Is this a division of a larger entity?  Yes  No  If so, please provide the name.
What product or service does this employer manufacture or provide?

CERTIFICATION

We hereby certify that experienced workdays with no employee losing a day from work due to a workplace injury, illness or fatality. (The 250 days do not have to be consecutive.)

Person responsible for maintaining records of workplace injuries, illnesses and fatalities.
Signature  Print Name
Title

Person responsible for management of this “Employer” location.
Signature  Print Name
Title

This form may be reproduced for multiple applications. Please email completed form to Jimmy Mize at jimmywmize@yahoo.com.