

DEADLINE: MAY 2, 2008

ENTRY PROCEDURES

1. Complete both pages of the entry form for the period of January 1, 2007 through December 31, 2007.
2. You must include a copy of your OSHA Form 300A Summary of Work-Related Injuries and Illnesses Form, and your year-end vehicle insurance claims summary report with your entry. We cannot accept your entry without them.
3. Return the completed entry form, year-end vehicle insurance claims summary report and OSHA Form 300A by **May 2, 2008** to:

Professional Landcare Network
Attn: Safety Awards
950 Herndon Parkway, Suite 450
Herndon, VA 20170
Fax: (703) 736-9668

Please type or print neatly:

Company Name _____
(Exactly as it should appear on the certificate.)

Safety Contact _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

E-mail _____

We certify that the information contained in this form is true and correct.

Form completed by:

(Print name and title) (Signature) (Date)

Form confirmed by company owner/president:

(Print name and title) (Signature) (Date)



Receive the many benefits of PLANET membership, including a FREE consultation from the PLANET safety specialist. For information, contact PLANET at (800) 395-2522, e-mail membership@landcarenetwork.org or visit LandcareNetwork.org.

DEADLINE FOR ENTRIES: MAY 2, 2008

Please fill in the requested information for the period of January 1, 2007 through December 31, 2007.

SAFETY PERFORMANCE

DESCRIPTION	TOTAL NUMBER
Total number of vehicles in your company fleet (cars and trucks only — not construction or other vehicles/equipment).	
Total number of vehicle accidents that involved personal injury and/or vehicle damage in excess of \$500. Include even those accidents in which your vehicle was legally parked or the driver was not at fault.	
Total number of vehicle accidents reported above that occurred <i>only</i> while your vehicle was legally parked.	
Total number of hours worked by all employees for the period of January 1, 2007 to December 31, 2007. Include full-time, part-time, and seasonal employees.	
Total number of injuries and illnesses — refer to lines G - J on your OSHA Form 300A. Do not include accidents only requiring first aid, as defined on the OSHA Form 300A.	
Total number of days of job transfer or restriction — refer to line L on your OSHA Form 300A.	
Total number of days away from work — refer to line K on your OSHA Form 300A. A fatal accident is to be recorded as 6,000 days away from work.	

SAFETY PROGRAM CHECKLIST

Please check the items that you had in place or put into effect in your company for the period of January 1, 2007 through December 31, 2007. We may request additional verification of some or all of these items.

- Our company is a member of the Professional Landcare Network’s STARS (Safety Training Achieves Remarkable Success) Safe Company Program.
- Our top management has a strong commitment to safety. We have an in-depth Company Safety Policy, which is updated on a regular basis and is communicated to all employees in a language and manner they understand.
- Our company has a formal written and hands-on fleet safety-training program that must be completed successfully. The Fleet Safety Officer must approve the driver before being allowed to drive.
- Our company complies with applicable OSHA and other safety-related regulations, including, but not limited to, OSHA’s Hazard Communication Standard and OSHA’s posting, record keeping, and reporting rules.
- Our management provides the resources that are necessary for a safe workplace, including, but not limited to, providing personal protective equipment (PPE), and enabling employee time to be spent on safety meetings and safety training.
- We have a formal written reporting system in place for all work-related injuries, illnesses, and “near miss” accidents. This reporting system includes prompt investigation and follow-up by management.
- Our company has a drug/alcohol free workplace policy, which authorizes drug/alcohol testing in accordance with the law.
- Our company has a written return-to-work or modified-duty program, with job descriptions of potential modified-duty work.
- Our company posts the number of consecutive days without a “lost-time” injury or illness for all employees to track our progress.
- We conduct regular tailgate safety training with our crews. Sessions are conducted orally in a language the workers understand and attendance logs are kept of all tailgate sessions and safety meetings.
- Our company did not have, or was not involved in, any work-related fatalities in 2007!**