Original forms 4-12-88

The Vinyl Institute

A Division of The Society of The Plastics Industry, Inc.

April 1, 1988

TO: Vinyl Institute Health, Safety and Environment Committee

Attached are multiple copies of the form being used for the Safety Awards Program that has been reinstituted by the SPI. These forms have been previously sent to that person who is identified as the SPI "Voting Representative" for your company. I have identified that individual below for your company. If you are interested in participating, these forms should be returned to SPI by April 15.

Meredith

Meredith N. Scheck

Bert/Keeny

CTL017730

Wayne Interchange Plaza II • 155 Route 46 West • Wayne, NJ 07470 • (201) 890-9299

PLEASE RETURN BY APRIL 15 TO:
Mr. R.H. LaLumondier
The Society of the Plastics Industry
1275 K Street, NW, Suite 400
Washington, D.C. 20005

SAFETY AWARDS PROGRAM FOR THE PLASTICS INDUSTRY

TYPES OF AWARDS

1. Distinguished
2. Achievement
3. Merit

ELIGIBILITY

Any member of The Society of the Plastics Industry, Inc., in good standing in accordance with The Society of the Plastics Industry, Inc. Bylaws.

CRITERIA OF AWARD

1. *Distinguished Safety Award*—Recognizes plants that have operated without an OSHA recordable injury or illness.
2. *Achievement Safety Award*—Recognizes plants that have operated without an injury or illness resulting in lost-time or restricted work activity.
3. *Merit Safety Award*—Recognizes plants that have a Lost Workday Case Incident Rate (LWCI) better than the national average and that have demonstrated a twenty percent (or greater) reduciton in the LWCI rate as compared to the previous year.

JUDGING OF AWARD RECIPIENT

All judgments concerning a participant's eligibility for the awards will be made by the SPI Technical and Regulatory Affairs Department.

All decisions of the judges will be final.

DEFINITIONS APPLICABLE TO AWARD ELIGIBILITY

All definitions of recordable occupational injuries and illnesses, lost workdays, lost workday cases, work environment, and other key terms used in judging award eligibility are similar to the definitions supplied on OSHA 200 which is the standard form used by employers. Some definitions of key terms are summarized.

1. *Recordable Cases*—Are those cases which are OSHA recordable including every occupational death, every non-fatal occupational illness, and those non-fatal occupational injuries which involve one or more of the following; loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid).

2. *Lost Workday Cases*—Are those recordable cases involving days away from work or days of restricted work activity, or both.

3. *Lost Workday Case Incidence Rate*—A lost workday case incidence rate is defined as the number of lost workday cases per 200,000 employee hours of exposure.

   Totals from columns 1, 2, 8, 9/200,000 employee exposure hours.

4. *Employee Hours of Exposures*—Hours of exposure shall be the total number of hours worked by all employees at the work establishment during the calendar year. This figure shall be preferably calculated from payroll records. If such records are not available, the hours of exposure should be estimated upon the basis of the average number of employees and the average number of hours worked by each employee during that period.

ADMINISTRATIVE FACTS

1. Please fill out the form in its entirety.
2. Use injury/illness information from OSHA 200 or equivalent.
3. Feel free to make copies for multiple establishments.
4. Return signed and completed forms by April 15th.
5. Winners will be announced after June 1. Presentations will follow.
6. Identifier information will be held confidential.

CTL017731

Summary—Occupational Injuries & Illnesses

Return to SPI before *April 15th, 1988*

COMPANY INFORMATION	PLANT INFORMATION

NEW INFORMATION

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

REPORTING YEAR: 1987/1986

CONFIDENTIAL

	Fatalities	Nonfatal Injuries					Type of Illness							Fatalities	Nonfatal Illnesses				
	Enter Total No of Death	Injuries With Lost Workdays				Injuries Without Lost Workdays	Enter Total No of Illnesses for Each Type							Illness Related	Illnesses With Lost Workdays				Illness Without Lost Workdays
		Enter Total No of injuries involving days away from work or days of restricted work activity or both	Enter Total No of injuries involving days away from work	Enter total number of DAYS away from work	Enter total number of DAYS of restricted work activity	Enter Total No. of CHECKS if no entry was made in columns 1 or 2 but the injury is recordable as defined above	Occupational skin diseases or disorders	Dust diseases of the lungs	Respiratory conditions due to toxic agents	Poisoning (systematic effects of toxic materials)	Disorders due to physical agents	Disorders associated with repeated trauma	All other occupational illnesses	Enter Total No Deaths	Enter Total No of illnesses involving days away from work or days of restricted work activity or both	Enter Total No. of illnesses involving days away from work	Enter Total number of DAYS of away from work	Enter Total number of DAYS of restricted work activity	Enter Total No. CHECKS if no entry was made in columns 8 or 9
	(1)	(2)	(3)	(4)	(5)	(6)	(7) (a)	(b)	(c)	(d)	(e)	(f)	(g)	(8)	(9)	(10)	(11)	(12)	(13)
1987																			
1986																			

Average Number of Employees _____ Total Hours Worked _____

To which segment of the plastics industry does this plant belong?

☐ Processor/Fabricator ☐ Resin/Material Supplier ☐ Machinery/Auxiliary Equipment ☐ Moldmaker

If you checked either the processor/fabricator or the moldmaker category above, please check the processes which are applicable to this plant.

☐ (A) Blow Molding
☐ (B) Calendering
☐ (C) Casting
☐ (D) Coating
☐ (E) Compression Molding
☐ (F) Extrusion
☐ (G) Foam Molding
☐ (H) Injection Molding
☐ (I) Laminating
☐ (J) Moldmakers
☐ (K) Reaction Injection Molding
☐ (L) Reinforced Plastics Processes
☐ (M) Rotational Molding
☐ (N) Structural Foam
☐ (O) Thermoforming
☐ (P) Thermoset Injection Molding
☐ (Q) Transfer Molding

Plant Manager _____

REPORTER PREPARER

Name _____

Title _____ Phone # _____

CTL017732