CHEMICAL MANUFACTURERS ASSOCIATION

February 12, 1985

To: Occupational Safety and Health Contacts
Occupational Injury and Illness Report Signers

Subject: Application for Certificates of Achievement and Honor

I am enclosing an application form and cover sheet for CMA Certificates of Achievement and Honor. The accuracy in submission of the application form is essential. What you enter on this form will be copied on the finished Certificate. Please enter the name of the installation on the first line, followed by the Division, and the Company precisely as it should appear on the Certificate. Directions for completing your application are on the back of the application form.

Please call me (202/887-1275) or Melissa Winter (202/887-1283) if there are any questions. If you are no longer responsible for such matters, please forward this correspondence to the appropriate person as soon as possible.

Your cooperation in forwarding the application and cover sheet to CMA by March 15, 1985, will be greatly appreciated. I will attempt to process and return the Certificates to you as soon as possible.

Sincerely,

Milton Freifeld

Milton Freifeld
Associate Director
Health, Safety and
Chemical Regulations

MF:mw

cc: Safety Standards Task Group
Safety Statistics Work Group

CHEMICAL MANUFACTURERS ASSOCIATION

Cover Sheet

CERTIFICATES OF HONOR/ACHIEVEMENT

_____ (Date)

TO: CHEMICAL MANUFACTURERS ASSOCIATION
Attn: Milton Freifeld
2501 M Street, NW
Washington, DC 20037

FROM: _____ (Name of Organization)

_____ (Person Submitting Report)

_____ (Street or POB Mailing Address)

_____ (City, State and Zip Code)

( ) _____ (Area Code, Phone Number, and Extension)

Attached is a list (in triplicate) of our facilities which merit either a CMA Certificate of Honor or Certificate of Achievement for the previous calendar year.

We have submitted the previous calendar-year's injury and illness statistics to CMA by separate mail in accordance with eligibility requirements. In addition, each of the facilities listed on the attached form(s) worked a minimum of 20,000 employee hours during the year. Units such as company office, sales office, and others not directly associated with an operating plant or laboratory were **not** included. Parts or divisions of a plant or sections of a laboratory also were **not** included.

Those facilities meriting the Certificate of **Honor** had zero deaths and zero lost workday cases (away from work or restricted activity) according to current OSHA guidelines. The Certificates of **Achievement** are for those facilities with zero deaths and zero lost workday cases involving days away from work.

The attached forms were prepared in triplicate according to the instructions on the reverse side of the application form. I understand that incorrect applications will be returned without further action.

The listing is true and correct to the best of my knowledge.

Attachment(s)

_____ (Signature)

MUST BE RECEIVED AT
CMA BY March 15, 1984

BOR 007677

2/85 (rev)

SUBMIT IN TRIPLICATE

CHEMICAL MANUFACTURERS ASSOCIATION

APPLICATION FOR FACILITY
CERTIFICATES OF HONOR/ACHIEVEMENT

Page ____ of ____.

_____
(Company Name)

_____
(Date)

Full Facility Identification to Appear on Certificate	City & State	TYPE OF CERTIFICATE (Check One Only)	
		Honor	Achievement

CHEMICAL MANUFACTURERS ASSOCIATION

APPLICATION FOR FACILITY
CERTIFICATES OF HONOR/ACHIEVEMENT

INSTRUCTIONS

Form is to be submitted in triplicate. First copy is used to prepare certificate. Second copy is used for national publicity. The final copy is retained for reference purposes.

First Column: Enter the full identification of the facility EXACTLY AS IT IS TO APPEAR ON CERTIFICATE. The identification should be limited to 3 lines.

One copy of the application will be used for preparation of the certificates. Therefore, PLEASE BE SURE THAT SPELLING, PUNCTUATION, AND FORM ARE CORRECT. ERRORS WILL BE REFLECTED IN THE FINISHED CERTIFICATES.

Examples:
Brownwood Laboratories
Industrial Chemicals Division
XYZ Industries, Inc.

Jonesboro Plant
Smith-Frank Chemical Company
A Division of The Smith-Frank Company

Second Column: Enter the location of the facility by city and state. This will be used to prepare a press release for each state.

Third Column: Indicate the type of certificate earned by the facility (Honor or Achievement).