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**The Society of the  
Plastics Industry, Inc.**



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1275 K Street, N.W., Suite 400  
Washington, D.C. 20005  
(202) 371-5240  
FAX (202) 371-1022

**Robert W. Sherman**  
Vice President  
Divisions, Regions  
and Membership

February 1, 1992

Dear 1990 Safety Award Participant:

I am pleased to invite you to participate in the 1991 SPI Safety Statistics and Awards Program.

Last year, 728 SPI members participated in the program, and 287 received one of our three awards- a significant increase over the previous year. Member companies, via participation in this program, have in the past indicated sizable financial benefits to their companies, principally through the reduction of annual premiums for worker's compensation insurance. Whether you will gain similar results will depend upon your particular situation, but the information obtained will prove valuable in evaluating your plant's safety record.

To participate in the program, complete the attached form, providing 1991 occupational illness and injury data for each manufacturing location of your company. For your convenience, SPI has inserted the data you filed for 1990. Should any of this data be incorrect, "X" it out and write in the correct data. Please submit a separate form for each manufacturing site, supplying its mailing address and the name and phone number of the individual preparing the form. The requested material should be returned to Richard LaLumondier at SPI by March 15, 1992.

The requested occupational illness and injury data is the annual summary of your OSHA 200 log, which you post in the workplace during February. The hours/employees data is not on the OSHA 200 log; it should be available from personnel or payroll files.

All data submitted will be handled confidentially. Company names will be disclosed only as Safety Award recipients.

In return for your participation, SPI will provide the individual completing the form with a recap of the data submitted for his/her manufacturing site, together with a summary report for all participants. The data collected also will be sorted by types of plants to enable you to compare your plant's performance with your segment of the plastics industry, as well as to the industry as a whole.

Should you have any questions pertaining to the survey, please do not hesitate to contact Richard H. LaLumondier, Associate Technical Director, Compliance and Regulatory Assistance, at 202-371-5223.

On a related OSHA matter, SPI is developing positions on OSHA reform and on Ergonomics. For more information on either subject, contact Marily Langill at 202-371-5358.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Robert Sherman', is written over a horizontal line.  
Robert Sherman  
Vice President, Divisions  
& Membership

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# 1991



# 1991

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## SAFETY AWARDS PROGRAM FOR THE PLASTICS INDUSTRY

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### TYPES OF AWARDS

- |                  |                |          |
|------------------|----------------|----------|
| 1. Distinguished | 2. Achievement | 3. Merit |
|------------------|----------------|----------|

### ELIGIBILITY TO PARTICIPATE

Any member of The Society of the Plastics Industry, Inc., in good standing in accordance with the SPI 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 Incident Rate (LWDI) better than the national average and that have demonstrated a 20 percent (or greater) reduction in the LWDI 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 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 below:

1. *Recordable Cases*—Those cases that are OSHA recordable, including every occupational death, every non-fatal occupational illness and those non-fatal occupational injuries that 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*—Those recordable cases involving days away from work or days of restricted work activity, or both.
3. *Lost Workday Incidence (LWDI) Rate*—The number of lost workday cases per 200,000 employee hours of exposure.  
$$\text{LWDI Rate} = \frac{\text{Totals from columns 2 and 9}}{200,000} \div \text{employee hours of exposures}$$
4. *Employee Hours of Exposures*—The total number of hours worked by all employees at the work establishment during the calendar year. This figure preferably should be 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 GUIDELINES

1. Please fill out the form in full.
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 March 15 to: Richard H. LaLumondier • SPI • 1275 K Street, N.W., #400, Washington, DC 20005.
5. Winners will be announced after May 1. Presentations will follow.
6. Identifier information will be held confidential.

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# Summary—Occupational Injuries & Illnesses

Return to SPI before March 15, 1992.

| COMPANY INFORMATION                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| CERTA19482/022600-02<br>Rodney A Bollich<br>CertainTeed/Vinyl Bldg.Prod.Grp.<br>P.O. Box 253<br>Sulphur, LA 70664 |  |
| CORRECTED INFORMATION                                                                                             |  |
|                                                                                                                   |  |

| PLANT INFORMATION                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------|--|
| CERTA19482/022600-02<br>Rodney A Bollich<br>CertainTeed/Vinyl Bldg.Prod.Grp.<br>P.O. Box 253<br>Sulphur, LA 70664 |  |
| CORRECTED INFORMATION                                                                                             |  |
|                                                                                                                   |  |

PRINT CLEARLY. LEAVE NO BLANKS, ENTER "0" IF NO ENTRY.

REPORTING YEAR: 1990/1989

**CONFIDENTIAL**

|      | Fatalities<br><br>Enter Total No. of Deaths | Nonfatal Injuries                                                                                     |                                                           |                                           |                                                        |                                                                                          | Type of Illness                            |                            |                                            |                                                  |                                  |                                           |                                  |                                                                                                         | Fatalities<br><br>Enter Total No. Deaths | Nonfatal Illnesses                                         |                                           |                                                        |                                                                 |                               |
|------|---------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------|--------------------------------------------|--------------------------------------------------|----------------------------------|-------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|-------------------------------|
|      |                                             | Injuries With Lost Workdays                                                                           |                                                           |                                           |                                                        | Injuries Without Lost Workdays                                                           | Enter Total No. of Illnesses for Each Type |                            |                                            |                                                  |                                  |                                           |                                  |                                                                                                         |                                          | 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 column 1 or 2 but injury is recordable | Occupational skin diseases or disorders    | Dust diseases of the lungs | Respiratory conditions due to toxic agents | Poisoning (metabolic effects of toxic materials) | Disorders due to physical agents | Disorders associated with repeated trauma | All other occupational illnesses | Enter total No. of Injuries 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 away from work | Enter total number of DAYS of restricted work activity | Enter total No. of CHECKS if no entry was made in column 8 or 9 |                               |
|      |                                             |                                                                                                       |                                                           |                                           |                                                        |                                                                                          |                                            |                            |                                            |                                                  |                                  |                                           |                                  |                                                                                                         |                                          |                                                            |                                           |                                                        |                                                                 |                               |
|      |                                             |                                                                                                       |                                                           |                                           |                                                        |                                                                                          |                                            |                            |                                            |                                                  |                                  |                                           |                                  |                                                                                                         |                                          |                                                            |                                           |                                                        |                                                                 |                               |
|      | (1)                                         | (2)                                                                                                   | (3)                                                       | (4)                                       | (5)                                                    | (6)                                                                                      | (a)                                        | (b)                        | (c)                                        | (d)                                              | (e)                              | (f)                                       | (g)                              | (8)                                                                                                     | (9)                                      | (10)                                                       | (11)                                      | (12)                                                   | (13)                                                            |                               |
| 1991 | 0                                           | 0                                                                                                     | 0                                                         | 0                                         | 0                                                      | 0                                                                                        | 0                                          | 0                          | 0                                          | 0                                                | 0                                | 0                                         | 0                                | 0                                                                                                       | 0                                        | 0                                                          | 0                                         | 0                                                      | 0                                                               |                               |
| 1990 | 0                                           | 0                                                                                                     | 0                                                         | 0                                         | 0                                                      | 3                                                                                        | 0                                          | 0                          | 0                                          | 0                                                | 0                                | 0                                         | 0                                | 0                                                                                                       | 0                                        | 0                                                          | 0                                         | 0                                                      | 0                                                               |                               |

|                             |      |    |
|-----------------------------|------|----|
| Average Number of Employees | 1991 | 67 |
|                             | 1990 | 67 |

|                    |      |        |
|--------------------|------|--------|
| Total Hours Worked | 1991 | 144670 |
|                    | 1990 | 148740 |

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 that are applicable to this plant.

- |                                              |                                            |                                                        |                                                      |
|----------------------------------------------|--------------------------------------------|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Blow Molding        | <input type="checkbox"/> Extrusion         | <input type="checkbox"/> Reaction Injection Molding    | <input type="checkbox"/> Structural Foam             |
| <input type="checkbox"/> Calendering         | <input type="checkbox"/> Foam Molding      | <input type="checkbox"/> Reinforced Plastics Processes | <input type="checkbox"/> Thermoforming               |
| <input type="checkbox"/> Casting             | <input type="checkbox"/> Injection Molding | <input type="checkbox"/> Rotational Molding            | <input type="checkbox"/> Thermoset Injection Molding |
| <input type="checkbox"/> Coating             | <input type="checkbox"/> Laminating        | <input type="checkbox"/> Other _____                   | <input type="checkbox"/> Transfer Molding            |
| <input type="checkbox"/> Compression Molding | <input type="checkbox"/> Moldmakers        |                                                        |                                                      |

REPORT PREPARED BY:

Name ROD BOLlich *Rub*

Title PERSONNEL MANAGER Phone # 882-1441

Return Form To: Richard H. LaLumondier • SPI • 1275 K Street, N.W., #400 • Washington, DC 20005

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