

2017 National Safety Professional Award of Excellence

Application Tool



**DEADLINE FOR
SUBMISSION:
June 30, 2017**

2017 National Safety Professional Award of Excellence

Dear Company Official:

American Trucking Associations, the ATA Safety Management Council and its Safety Awards & Recognition Committee wish to recognize those dedicated and accomplished safety professionals who contribute greatly to the success of their motor carrier's safety programs and experience, but who do not hold the highest safety title within the company and therefore, in accordance with ATA award rules, are not eligible for the National Safety Director Award. Trucking has changed over the last 50+ years. Where once there may have been only one safety professional with both safety program design and execution responsibilities, there may now be more than one. It is time to honor – on a national, industry-wide scale – these significant contributors to safety.

The criteria for the award are set forth in the pages to follow. The winner of this award will be recognized at the ATA SMC Safety, Security & Human Resources National Conference & Exhibition in Memphis, TN, November 15, 2017 at the Peabody Hotel.

To help organize your submission, we are providing the following tool. Please don't hesitate to call me with questions at (703) 838-1931. The deadline for submission is **June 30, 2017**.

Warmest regards,



Jacob Pierce
Deputy Executive Director, SMC

2017 National Safety Professional Award of Excellence

GENERAL INSTRUCTIONS & INFORMATION

The Award criteria and entry form were approved by the ATA SMC Awards & Recognition Committee. All contestants will be evaluated based upon their years of service to motor carrier safety and the extent and effectiveness of their safety programs and individual contributions to those programs. The judges evaluating the submissions will be looking for the following criteria.

Who Is Eligible?

- Full-time motor carrier safety professionals with at least five consecutive years in that capacity
- Must be responsible for motor carrier safety program implementation, monitoring and/or training
- May also be responsible for safety program design but must not be the safety professional considered to be the ultimate safety program decision-maker (i.e., cannot be the highest ranking safety professional in the company)
- Must be an active member of a State Trucking Association Safety Council
- Must be an ATA and ATA Safety Management Council member
- Only one safety professional from any one motor carrier can be nominated per year. In the event a safety professional receives this award, other safety professionals within the same company may not be nominated for a period of 3 years.

Whether you are working for a small or large company, if your company is a member in good standing of the American Trucking Associations and you are a member of the ATA Safety Management Council, you meet the above membership criteria.

All information should be complete and truthful. *We ask that before sending the Award submission, a senior company official sign the authorization form as provided in this document.* This tells the Committee that the Company supports and authenticates the entry.

Preparing the Entry Form

1. Complete the Entry Form as thoroughly and accurately as possible. If more space is required, add rows/columns/pages as needed, however, the completed Entry Form should not exceed the width of a three ring binder, exclusive of forms, manuals, posters, newsletters, and similar supporting documents.
2. Supply all supporting documentation as requested. If your safety program includes resource materials supplied by ATA SMC or other safety organizations, be sure to indicate where applicable. Please do not send sample materials produced by vendors.
3. If your company uses commercially available services, please include sufficient information to permit evaluation of the scope, adequacy and effectiveness of the service.
4. **BE ORGANIZED:** Be sure to follow the application template and clearly tab or otherwise delineate the various sections. Complete all sections as thoroughly as possible. If information is not available for a particular section, please indicate such. Each tab should be followed by the related section's or subsection's application page(s) which you have filled out, followed by the related Appendixes placed directly behind that section's or subsection's application page(s). For example, the Verification Form and Application Summary Sheet will be placed before Tab 1; immediately behind Tab 1 will be Tab A which will have page 2 behind it and/or your resume; Tab B will follow with page 3 and Appendix 1 immediately behind page 3.
5. **BE SURE ALL INFORMATION IS UP TO DATE.** Almost all winners submit entries multiple times before winning, improving it each year. If you are in a similar situation, be sure to update all the information to the year prior to the contest year (i.e. Update this application to reflect all years up to and including 2016).
6. **BE CONCISE:** Be sure all the information contained in the application is pertinent and accurate. The completed information should fit neatly in one, three inch, three-ring binder that is not bulging to the point it doesn't close. If it does not, cull the least important information to aid the review processes. The easier it is for the contest judges to navigate your application, the greater your chances. DON'T include entire conference program(s), unless you were responsible for developing or implementing the entire program; DON'T include the entire publication(s) in which your article(s) appears unless the publication does not have headers and footers indicating publication name and date on the pages of your article.
7. Have senior company official endorse the Entry Form by signing the last page of the Entry Form as indicated.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

VERIFICATION FORM

**This Entry Form
Is Submitted on
Behalf of:**

Company

**This Entry Form
Is Submitted by:**

Signature

Name/Title: _____

Company/City, State: _____

Telephone/Fax: _____

E-mail: _____

**This Entry Form
Is Endorsed by:**

Signature

Name of Senior
Co. Official/Title: _____

Company/City, State: _____

Telephone/Fax: _____

E-mail: _____

The above named individuals attest that all information contained in this Award Submission is true and accurate or represents the best available data; and that all supporting documentation represents current materials.

By signing above, the above-named individuals grant complete and full authority to the ATA Safety Management Council to investigate the records of the company's safety operation for the sole purpose of validating the information provided. The results of such investigation shall be held in confidence.

It is further agreed that the individual, if selected for the Award, will attend the 2016 Safety, Security & Human Resources National Conference & Exhibition of the ATA Safety Management Council.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

APPLICATION SUMMARY SHEET

Please provide the following information on the professional being considered for the Safety Professional Award of Excellence. Please feel free to submit your resume in addition to providing the following information being sure to add any information not covered in the resume on this Sheet. What is important is that you clearly show your safety role in your various safety positions and the span of time you were in those positions.

Your Name:				
Title/Position:			# of Yrs. in Position:	
Company:				
Co. Address:				
Parent Corp.*:				
Telephone #:			Fax #:	
Previous Employment: (in reverse chronological order)	Company	Title	City, State	Dates of Employment
	1.			
	2.			
	3.			
Military Record:	Branch of Service:			Dates:
	Campaigns:			Citations:

* Is your company a division of a larger organization or a “stand alone” company? If a division, indicate corporate parent.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

Note to Candidates: Please include responses to each section behind the corresponding numbered Tab with the related back up immediately behind the section responses. For example, this page (Section 1) would be placed immediately behind Tab 1 and the recommendation letters requested below would be placed immediately behind this page.

SECTION I – QUALIFICATIONS (TAB 1)

Please feel free to submit your resume in lieu of the following requested information in A-F, adding any information not covered in the resume but requested on this Form.

A. Professional Experience (TAB A): Provide the following information for each employer for which you performed Safety-related work. Employment should be listed in reverse chronological order (current employer first). For Job Description include title/position held, requirements, duties and length of position. Judges will be looking for the requisite five consecutive years (or more) as a full-time motor carrier safety professional with responsibilities including motor carrier safety program implementation, monitoring and training.

Employer Name/Address	Type of Business	Dates of Employ
1.		
Job Description:		
2.		
Job Description:		
3.		
Job Description:		
4.		
Job Description:		

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

B. Formal Education/Curriculum (TAB B): Provide the following information on your education including courses and subjects within the course that contributed to your knowledge of the safety field. Although education is not a formalized requirement it does suggest to a degree the professional’s career-long commitment to the field of safety.

High School(s) / Location(s)	Dates of Attendance	Date of Graduation	Honors?
College(s) or Technical Institute(s) or Academies/Location(s)	Dates of Attendance	Date of Graduation	Degree/ Honors
1.			
<i>Courses Taken/Subjects (Dates Taken/Subject Hours):</i>			
2.			
<i>Courses Taken/Subjects (Dates Taken/Subject Hours):</i>			
Certification(s) or Credential(s)/ Certifying/Credentialing Organization	Date of Certification/ Credential		
1.			
2.			
3.			

Appendix 1: Include verification of graduation/completion (e.g., diploma) following this page 3 behind Tab B - page 3 and this Appendix 1 will follow behind Tab B.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

C. Informal or In-Service Training (TAB C): Provide the following information for all safety-related training courses successfully completed, including apprenticeships, in-house training, classes, and association education sessions on safety topics. Indicate if a certificate of completion was offered and obtained. The judges will be looking for your commitment to continuing education in safety.

Company/Institution/ Sponsoring Organization	Dates of Training	Classroom Study Hours	On-the-Job Training Hours
1.			
Courses Taken/Subjects:			
2.			
Courses Taken/Subjects:			
3.			
Courses Taken/Subjects:			

Appendix 2: Evidence of Training – Attach copies of certificates or other evidence verifying your successful completion of the instruction or in-service training following this page 4 – page 4 and this Appendix 2 will follow behind Tab C.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

D. Affiliations (TAB D): List the State Trucking Association(s) and other associations/ organizations of which your company and/or you are a member as well as those association/organization programs, committees or events with which you are/were actively involved/attended.

Assn./ Org. Name:	
Leadership Role(s) (e.g., Chair):	
Committees/Role(s) on Cmtes:	
Programs:	
Conferences/Meetings/Events:	

Assn./ Org. Name:	
Leadership Role(s) (e.g., Chair):	
Committees/Role(s) on Cmtes:	
Programs:	
Conferences/Meetings/Events:	

Assn./ Org. Name:	
Leadership Role(s) (e.g., Chair):	
Committees/Role(s) on Cmtes:	
Programs:	
Conferences/Meetings/Events:	

Programs: Would include if you participated on an accident review service, competition, Road Check program, etc.

Appendix 3: Evidence of Membership and Active Participation – Include proof of membership and active participation. It may be a letter from the association/organization, receipt, conference attendance sheet, conference program where name is mentioned, etc. Appendix 3 materials should follow this page 5 behind Tab D.

Note: If there are more than three organizations for which you are actively involved, feel free to add more in the established format above.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

E. Safety Writings (TAB E): List all pertinent articles, manuals and other publications that you authored on the subject of safety and safety-related issues. Indicate the titles of all papers or publications written by you and the trade, industry or other publication, including ATA and SMC publications, in which it was published.

To Whom Paper / Article Was Submitted	Title of Paper or Article	Date Published
1.		
Why Written/Audience:		
2.		
Why Written/Audience:		
3.		
Why Written/Audience:		
If Manual or Other publications, for Whom Written/Published and to Whom Distributed	Title of Manual, Paper, Article or other Publication	Date Published
1.		
Why Written/Audience:		
2.		
Why Written/Audience:		

Appendix 4: Articles and Comments – Attach copies of the papers and articles written by you following this page 6 – page 6 and this Appendix 4 will follow behind Tab E.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

F. Teaching (TAB F): List all of your safety-related teaching/instruction experiences. Include courses/training classes taught by you which were a part of employer, industry and/or adult education programs.

Company/Organization for Which Course Was Taught	Name of Course/ Subject Taught	Teaching Dates	Hours Taught
1.			
Brief Summary/Outline of Course Taught:			
2.			
Brief Summary/Outline of Course Taught:			
3.			
Brief Summary/Outline of Course Taught:			

Appendix 5: Evidence of Teaching – Attach documentation that verifies the teaching experience such as copies of letters of appreciation, course promotion, course catalogue, etc., where name is indicated as instructor, trainer and/or presenter. Appendix 5 should follow this page 7 which is behind Tab F.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

G. Personal Recognition (TAB G): List all special recognitions/awards you have received for your involvement in safety activities including those received by you as an individual and/or by your safety department (while under your management) from the industry, state association(s), trade or business organizations, community groups, etc.

Company/Organization/Group Giving the Recognition/Award	Name/Type of Recognition/Award	Date Recognized
1.		
Reason for Recognition/Purpose of Award:		
2.		
Reason for Recognition/Purpose of Award:		
3.		
Reason for Recognition/Purpose of Award:		

Appendix 6: Evidence of Recognition – Attach documents as proof of recognition of award/recognition following this page 8 – page 8 and this Appendix 6 will follow behind Tab G.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

SECTION II – SCOPE OF SAFETY PROGRAM (TAB 2)

A. Description of Operation / Truck Fleet (TAB H): Provide information on the current size and type of operation which is covered under your safety program.

1. Operation:

Name of Operation(s) May be name of company and/or subsidiary(ies)	Type of Operation(s)	Extent of Operation(s) (national, regional, local)

2. Components:

# of Terminals	# of Vehicles in Fleet		
	Total # of Power Units	Owned	Leased
	Total # of Trailers		

Total # of Employees	# of Drivers				# of Dock Workers	# of Shop Workers
	Line-Haul*	Local	Employed	Contracted		

* To include Over the Road and Regional

3. Mileage:

Total Mileage of All Power Units in Fleet	Breakdown by City Mileage	Breakdown by Road Mileage

4. Safety History: Complete the information below. It may be copied from your 2012 National Truck and Industrial Safety Contest Form(s):

2016 Data	Fleet Vehicles Miles Traveled	Fleet Accidents		Frequency Rates	
		All Accidents	DOT Recordable Accidents	All Accidents	DOT Recordable Accidents

2015 Data	Fleet Vehicles Miles Traveled	Fleet Accidents		Frequency Rates	
		All Accidents	DOT Recordable Accidents	All Accidents	DOT Recordable Accidents

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

B. Job Analysis (TAB I): Describe your position in the organizational structure of the department and company, and other information requested below. Feel free to include an organizational chart as well immediately behind this page 11. In addition, indicate any unique safety challenges resulting from the geographical areas in which the company/fleet operates and what you did to resolve/manage/minimize such challenges.

1. Position/Report to:	
2. Size of Safety Department:	
3. # of Employees Supervised by You:	
4. Organization of Safety Department:	
5. Your Duties/Responsibilities/Authority:	
6. Problems in geographic areas & how handled by you:	

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

C. Safety Pre-Employment Practices (TAB J): Check each of the following pre-employment safety measures for which you are responsible (if any) and an * for which you assist in some way. Indicate whether you perform or oversee the activity with a “Y”; if another department within the company that performs the activity with a “D”; or if it is outsourced with an “O”. Feel free to further explain if you perform any of these functions under specific circumstances or any other responsibilities that are not listed.

√ / *		Y/D/O
	CDS/Endorsement Verification	
	Pre-Employment Medical Screening	
	Drug/Alcohol Screening	
	MVR Checks (Drivers)	
	Criminal Records Checked	
	Personality/Fit Assessments	
	Skills Tests	

√ / *		Y/D/O
	Other: (specify)	
	Other: (specify)	
	Other: (specify)	
	Other: (specify)	
	Other: (specify)	
	Other: (specify)	
	Other: (specify)	

Comments/Explanations:

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

D. Safety Programs/Responsibilities (TAB K): Indicate with a check (√) each of the following safety measures for which you are responsible; indicate with an asterix (*) if you assist with the responsibility as opposed to having total responsibility. Indicate if your responsibilities encompass highway/DOT safety (H) and/or workplace/OSHA safety (W).

√ / *		H	W
	Developing safety policies, procedures, plans, and programs		
	Implementing safety policies, procedures, plans and programs		
	Assessing the effectiveness of safety policies, procedures, plans, and programs		
	Employee Safety Communication		
	Managing Safety Meetings		
	Safety Training		
	Safety Recognition Programs		
	DOT Audits		
	OSHA Audits		

√ / *		H	W
	Pre-Implementation Review of Safety Systems		
	Implementation of Safety Systems		
	Assessment of safety gains achieved with Safety Systems		
	Pre-Implementation Review of Safety Technologies		
	Implementation of Safety Technologies		
	Assessment of safety gains achieved with Safety Technologies		
	Tracking carrier safety performance		
	Tracking driver performance		
	Accident Review Determinations		

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

E. Safety Termination Practices (TAB L): Describe your involvement in the termination of an employee.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

F. Safety Training (TAB M): Describe your involvement in training employees on highway and workplace safety issues, principles, laws, programs, etc.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

G. Safety Program Updates (TAB N): How often are policies and procedures updated? How often are they published/distributed/communicated? What methods of distribution/communication are used?

--

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

H. Other Safety Responsibilities (TAB O): Discuss how you interact with the various outside companies that provide services to the Safety Department?

SECTION III – SAFETY PROGRAM SUCCESS (TAB 3)

- A. Safety Successes (TAB P):** Describe your safety program successes, i.e., how a particular program, system or technology improved the carrier’s or drivers’ safety performance or health, saved a life, set an industry standard, or improved attitude and/or retention.

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

B. Successful Program (TAB Q): Describe a program you have implemented of which you are most proud?

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

- C. Other Measures of Success (TAB R):** Describe other measures of success (i.e., reduced freight claims, Workers' Comp claims, Disability Claims, law suits – or winning a law suit based on your established policies, programs, training).

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

D. Innovation (TAB S): What innovative policies or best practices were originated by you and how have they benefited the company?

2017 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

SECTION IV – COMMUNITY INVOLVEMENT / SUPPORT (TAB 4)

The judges will be looking for those activities that help to improve highway and/or workplace safety outside of your company responsibilities and in addition to safety programs already mentioned above under Section I, Subsection D – Affiliations. These may include speaking to local schools, church and civic groups, on safely driving around trucks; or joining law enforcement in their annual enforcement/education campaigns; or helping politically advance industry policy before state and federal legislative and regulatory bodies.

Name of Group	Event/Campaign	Dates

2016 NATIONAL SAFETY PROFESSIONAL AWARD OF EXCELLENCE

Note:

- * This prestigious award recognizes each year the individual who has dedicated his/her career to safety and has excelled in implementing safety policies, procedures, plans and programs; monitoring the progress of those policies, procedures, plans and programs; and managing safety training.
- * If you are the ultimate decision-maker for safety or if you hold the highest title in safety, you are not eligible for this award.
- * Competition is open to all ATA and/or SMC members in good standing.
- * Entry deadline is June 30, 2017.
- * Complete instructions are included in this Entry Form packet. Be sure to keep a copy of the completed Entry Form and supporting documentation before sending.
- * Return completed Entry Form Binder (marked “confidential”) to:

Jacob Pierce, Deputy Executive Director, SMC
ATA Safety Management Council
950 N. Glebe Road, Suite 210
Arlington, VA 22203

For electronic application forms and award program information,
visit our website at <http://smc.trucking.com>

For additional information, contact Jacob Pierce
(703) 838-1931 or JPierce@trucking.org.