**CGA and GAWDA Distributor Safety Award**

**Occupational Injury and Illness Report – Year 2014-2018**

Instructions for completing this form are provided in the awards description Section 6, *Guidelines for Reporting*.

**Company:** Click here to enter text.

**Submitter Name:** Click here to enter text.

**Phone:** Click here to enter text.

**E-mail:** Click here to enter text.

**Yes  No** Identification of company name with submitted data may be disclosed to other CGA/GAWDA members (see awards description Section 8, *Reports*, for details).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **A** | **B** | **C** | **D** | **E** | **F** |
|  | **Recordable Case Breakdown** | |  | **Incidence Rates** | |
| **Total Recordable Cases** | **Deaths** | **Cases Involving Days Away From Work** | **Hours of Exposure** | **Total Recordable Case Rate\*** | **Lost Workday Case Away from Work\*\*** |
| **2018** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **2017** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **2016** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **2015** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **2014** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

\*Total Recordable Case Rate (Column E) = Total Recordable Cases (Column A) x 200,000

Hours of Exposure (Column D)

\*\*Lost Workday Case Away From Cases Involving Days Away From Work (Cols. B + C) x 200,000  
Work Rate (Column F) = Hours of Exposure (Column D)

**If your company wishes to participate in the CGA publication subscription program, but has less than 10 employees and does not wish to track safety data, please check here:**

I certify that my company has less than 10 employees and does not track OSHA 300A safety information.

**To submit data, email completed form to** [**GAWDASUBSCRIPTION@CGANET.COM**](mailto:GAWDASUBSCRIPTION@CGANET.COM)

**Renewal Submissions due January 31, 2019**

**New Submissions for Award Consideration due May 1, 2019**

Questions? Contact:

Compressed Gas Association

Mike Federovich

(703) 788-2722