



## **2016 AFS METALCASTING SAFE YEAR AWARD APPLICATION**

This award recognizes Individual AFS Corporate Member facilities that achieved one year of consecutive calendar days without a lost time accident. To qualify for the award, the one-year milestone must be reached on **any day in 2016**. The one-year count begins on the day following the last lost time accident or in some cases the date the previous one-year milestone was reached and ends the day before the count started. See examples below:

Example No 1: Last lost time accident occurred Jan. 10, 2015. Starting counting on Jan. 11, 2015; if no lost time accident occurred through Jan. 10, 2016, the time frame meets qualifications and the award has been achieved.

Example No 2: Last lost time accident occurred Dec. 31, 2015. Start counting on Jan. 1, 2016, Award is achieved on Dec. 31, 2016, if no lost time accident occurred.

This entry must be submitted to AFS by Friday, **Jan. 20, 2017**. **ONLY AFS CORPORATE MEMBERS ARE ELIGIBLE.** The awards will be presented at AFS's annual Environmental Health and Safety Conference.

### **SECTION 1:** (Please print or type)

Organization name: (Name that will appear on award) \_\_\_\_\_

Type of product(s) made: \_\_\_\_\_

NAICS / SIC Code: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**Period for which award is being applied for: From: \_\_\_\_\_ to: \_\_\_\_\_, 2016**

### **SECTION 2: INFORMATION VERIFICATION** (Must be signed and dated by a company officer)

I certify the submitted information is correct and we are **AFS CORPORATE MEMBERS**:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_