

2025

AIMA SAFETY AWARD ENTRY FORM
OHIO AGGREGATES & INDUSTRIAL MINERALS ASSOCIATION

746 Morrison Rd., Gahanna, OH 43230

Entries must be received at the OAIMA office by September 1, 2026

2025

Signed OAIMA Safety Pledge *

Please indicate the criteria in each column for which your operation qualifies and total the points for each column.

1 Point Each	2 Points Each	5 Points Each
Compliance with approved training plan *	Written Safety & Health policy *	Conducted a comprehensive safety & health inspection in 2025 (Non-MSHA) *
Provide safety equipment for employees *	Active employee involvement (committees, inspections, etc.) *	Performed (in-house) safety and health system review(s) in 2025*
Procedure for pre-shift inspection follow-up on mobile equipment *	Systematic investigation of all work injury and property damage incidents *	No MSHA reportable or OSHA recordable injuries or illnesses in 2025 *
Daily work area inspections *	Written contractor safety policy *	No final S & S citations (or OSHA equivalent) or VPID less than national average in 2025*
Hearing conservation program *	Conduct personal exposure sampling for respirable dust (silica) and noise *	
Written substance abuse policy *	Written emergency procedures and management plan *	
Near miss reporting *	Regularly scheduled safety meetings *	
Hazard Communication Program *		
Total Points (maximum 8 points) (7 points required for Rock Solid)	Total Points (maximum 14 points)	Total Points (maximum of 15 points used)

* Requires attached documentation. See Instruction packet.

Point Total Summary		
	+	One-Point Category Total
	+	Two-Point Category Total
	+	Five-Point Category Total (maximum of 15 points)
		
Total Points <i>If your total equals 30 points or more, answer the questions to the right in order to determine qualification for Platinum Designation.</i>		
Bronze Silver Gold	14 points or more 22 points or more 30 points or more	

I certify that the information submitted on this worksheet is correct and I have supplied requested documentation for verification.

Signature _____

Date _____

Name _____
printed

Address _____

_____ name of operation

_____ type of operation: Surface, Underground, Facility, OSHA

_____ name of company

MSHA or OSHA ID: _____