

2025

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

\* Requires attached documentation. See Instruction packet.

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
printed

Address \_\_\_\_\_

Email \_\_\_\_\_

| FOR PLATINUM DESIGNATION  |  |
|---|--|
| <b>Y N</b>  | Did you achieve the Gold level of points?  |
| <b>Y N</b>  | Did you attain at least 7 points in the 1-point category?  |
| <b>Y N</b>  | Did you experience zero MSHA reportable or OSHA recordable injuries or illnesses in calendar year 2025.                          |
| <b>Y N</b>  | Did you experience zero final MSHA S&S citations (or OSHA citations for a Serious violation) or VPID less than national average? |
| <b>Y N</b>  | Did you attain 15 points in the 5-point category?  |
| Qualification requires an affirmative answer to all five questions. |  |

\_\_\_\_\_  
name of operation

\_\_\_\_\_  
type of operation: Surface, Underground, Facility, OSHA

\_\_\_\_\_  
name of company

MSHA or OSHA ID: \_\_\_\_\_