

# MILESTONE AWARD APPLICATION FORM

**Award Applied For (Check One):**

Site Specific Operations

Statewide Operations

**Employee Hours Without a Loss Time or Restricted Duty Accident also known as a Zero DART (Days Away, Restricted and/or Transfer) Rate (Check One):**

Category 1  
Up to 25 Employees  
100,000 hours worked

Category 2  
26 to 99 employees  
500,000 hours worked

Category 3  
100 or more employees  
1,000,000 hours worked

Company Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Time Period This Award Covers: \_\_\_\_\_

Fax: \_\_\_\_\_

**Complete the following table for the last 3 consecutive calendar years:**

Year	Total number of injuries & Illnesses (Columns H & I)	X	Base for 100 full-time employees	÷	Total hours worked by all employees	=	Lost Workday Case Incidence Rate
		X		÷		=	
		X		÷		=	
		X		÷		=	

Preferred Date of Award Ceremony: \_\_\_\_\_

Time of Award Ceremony: \_\_\_\_\_

Location of award ceremony: \_\_\_\_\_

**Attach the Following Documentation to this Application:**

Copies of the last 3 completed OSHA 300 Logs (or OSHA 200 logs)  
Total number of employee hours worked in each calendar year

Mail to:

Oregon OSHA Employer Recognition Programs  
c/o Brenda Camacho-Ching  
1750 NW Naito Parkway, Suite 112  
Portland, OR 97209-2533

Or e-mail to [brenda.l.camacho-ching@state.or.us](mailto:brenda.l.camacho-ching@state.or.us)