



EXECUTIVE SAFETY ADVISORY COMMITTEE (ESAC)
Safety Award Application

Cabinet/Department/Division: _____

Address: _____
Street City State Zip

Contact Person: _____

E-mail Address: _____

Phone: _____ Number of Employees as of January 1: _____

Hours worked without experiencing lost time: _____

Date of last lost time incident: _____

OSHA Form 300A summary attached: _____

Submitted by Title date

Submit complete application and attachments to:

Personnel Cabinet
State Safety Program
501 High Street, 3rd Floor
Frankfort, KY 40601