

2025 South Dakota Governor's Workplace Safety Awards Application

To be honored at the 2026 SD Safety & Health Conference

Please note: This file is for reference ONLY. The Governor's Workplace Safety Award application is to be completed via an online form, beginning June 1, 2026.

Establishment Name _____

Establishment Name for Award _____

As you would like it to appear on your certificate (if awarded)

Address _____

NAICS _____

Primary North American Industry Classification System (NAICS) Code for the establishment

PRIMARY CONTACT INFORMATION

First and Last Name _____

Title _____

Phone number _____

Email _____

WHO IS CERTIFYING THIS APPLICATION?

Highest Ranking Official

First and Last Name _____

Title _____

IS OUR ORGANIZATION ELIGIBLE?

I Certify That Our Organization...

Has had at least one establishment within the State of South Dakota during all of 2025. _____

Has been operating within the State of South Dakota during all of 2025. _____

Has had at least one employee working within the State of South Dakota during all of 2025. _____

IS OUR ORGANIZATION DISQUALIFIED?

I Certify That Our Organization...

Has NOT experienced any work-related fatality involving an employee. _____

During the 2023, 2024, 2025, and/or current calendar years

Has NOT experienced any work-related fatality involving any worker at any of our establishments, project-sites, work-sites or similar locations. _____

During the 2023, 2024, 2025, and/or current calendar years

(Including but not limited to an employee, temporary worker, seasonal worker, staffing-agency worker, subcontractor or independent contractor)

Has NOT received any willful, repeat, or failure-to-abate citations from either Federal OSHA or SD OSHA. _____

During the 2023, 2024, 2025, and/or current calendar years

DOES OUR ORGANIZATION MAINTAIN THE MINIMUM REQUIRED ELEMENTS OF A SAFETY/HEALTH MANAGEMENT PROGRAM?

I Certify That Our Organization Has...

Established a policy that prohibits discrimination, retaliation and any adverse treatment toward any employee for exercising their rights under OSHA.

(Under the Occupational Safety and Health Act, SD Occupational Safety and Health Act, and related laws)

Developed and implemented a written safety/health management program.

(Including the elements of a written AWAIR program)

Established and maintained a Safety Committee that meets South Dakota requirements.

Developed and implemented a written Hazard Communication and/or Employee Right-To-Know program.

(Including the elements under 29 CFR 1910.1200 ("Hazard Communication"))

Implemented a process for *employees to promptly report* injuries, illnesses, near-misses and incidents.

Implemented a process to *record and track* work-related injuries, illnesses, near-misses and incidents.

Implemented a process to investigate work-related injuries, illnesses, near-misses, and incidents.

(Investigating for causal and contributing factors, plus identifying and implementing corrective action to minimize recurrence.)

2023 CALENDAR YEAR ONLY

Our establishment's injury/illness information:

Enter your average number of employees for the ENTIRE ORGANIZATION in South Dakota during the 2023 calendar year:

Enter your total productive work-hours for the ENTIRE ORGANIZATION in South Dakota during the 2023 calendar year:

Enter your average number of employees for THIS ESTABLISHMENT during the 2023 calendar year:

(As provided on the establishment's OSHA 300A Summary Form for 2023)

Enter your total productive work-hours for THIS ESTABLISHMENT during the 2023 calendar year:

(As provided on the establishment's OSHA 300A Summary Form for 2023)

Enter the total number of FATALITIES for THIS ESTABLISHMENT during the 2023 calendar year:

NOTE: See Column G of the OSHA 300 Log or Field G of the OSHA 300A Summary Form for 2023

Enter the total number of DAYS-AWAY injuries/illnesses for THIS ESTABLISHMENT during the 2023 calendar year:

NOTE: See Column H of the OSHA 300 Log or Field H of the OSHA 300A Summary Form for 2023

Enter the total number of TRANSFER/RESTRICTED injuries/illnesses for THIS ESTABLISHMENT during the 2023 calendar year:

NOTE: See Column I of the OSHA 300 Log or Field I of the OSHA 300A Summary Form for 2023

Enter the total number of OTHER RECORDABLE CASES for THIS ESTABLISHMENT during the 2023 calendar year:

NOTE: See Column J of the OSHA 300 Log or Field J of the OSHA 300A Summary Form for 2023

2024 CALENDAR YEAR ONLY

Our establishment's injury/illness information:

Enter your average number of employees for the ENTIRE ORGANIZATION in South Dakota during the 2024 calendar year:

Enter your total productive work-hours for the ENTIRE ORGANIZATION in South Dakota during the 2024 calendar year:

Enter your average number of employees for THIS ESTABLISHMENT during the 2024 calendar year:

(As provided on the establishment's OSHA 300A Summary Form for 2024)

Enter your total productive work-hours for THIS ESTABLISHMENT during the 2024 calendar year:

(As provided on the establishment's OSHA 300A Summary Form for 2024)

Enter the total number of FATALITIES for THIS ESTABLISHMENT during the 2024 calendar year:

NOTE: See Column G of the OSHA 300 Log or Field G of the OSHA 300A Summary Form for 2024

Enter the total number of DAYS-AWAY injuries/illnesses for THIS ESTABLISHMENT during the 2024 calendar year:

NOTE: See Column H of the OSHA 300 Log or Field H of the OSHA 300A Summary Form for 2024

Enter the total number of TRANSFER/RESTRICTED injuries/illnesses for THIS ESTABLISHMENT during the 2024 calendar year:

NOTE: See Column I of the OSHA 300 Log or Field I of the OSHA 300A Summary Form for 2024

Enter the total number of OTHER RECORDABLE CASES for THIS ESTABLISHMENT during the 2024 calendar year:

NOTE: See Column J of the OSHA 300 Log or Field J of the OSHA 300A Summary Form for 2024

2025 CALENDAR YEAR ONLY

Our establishment's injury/illness information:

Enter your average number of employees for the ENTIRE ORGANIZATION in South Dakota during the 2025 calendar year:

Enter your total productive work-hours for the ENTIRE ORGANIZATION in South Dakota during the 2025 calendar year:

Enter your average number of employees for THIS ESTABLISHMENT during the 2025 calendar year:

(As provided on the establishment's OSHA 300A Summary Form for 2025)

Enter your total productive work-hours for THIS ESTABLISHMENT during the 2025 calendar year:

(As provided on the establishment's OSHA 300A Summary Form for 2025)

Enter the total number of FATALITIES for THIS ESTABLISHMENT during the 2025 calendar year:

NOTE: See Column G of the OSHA 300 Log or Field G of the OSHA 300A Summary Form for 2025

Enter the total number of DAYS-AWAY injuries/illnesses for THIS ESTABLISHMENT during the 2025 calendar year:

NOTE: See Column H of the OSHA 300 Log or Field H of the OSHA 300A Summary Form for 2025

Enter the total number of TRANSFER/RESTRICTED injuries/illnesses for THIS ESTABLISHMENT during the 2025 calendar year:

NOTE: See Column I of the OSHA 300 Log or Field I of the OSHA 300A Summary Form for 2025

Enter the total number of OTHER RECORDABLE CASES for THIS ESTABLISHMENT during the 2025 calendar year:

NOTE: See Column J of the OSHA 300 Log or Field J of the OSHA 300A Summary Form for 2025

VERIFY YOUR APPLICATION

By signing this application, I certify that:

Submitting this application, and providing the information therein, is strictly voluntary.

Information provided within this application is true and accurate.

I may be requested to submit additional information to validate entries provided in this application, and agree to provide any additional information, upon request, to validate my organization’s eligibility.

Providing information that is false, misleading, or inaccurate may disqualify my establishment’s eligibility for any current and future awards.

I will notify the South Dakota Safety Council in a timely manner to disclose any disqualifying event that occurs after submitting this application.

Upon submission, I will provide a copy of this application to members of our establishment’s safety committee.

NOTE: A copy of this submission will be sent via email once submitted

Upon submission, I will ensure our establishment’s application is communicated to our employees.

Signature

Signed by the highest ranking company official at the establishment.

Please Note:

- The deadline for submitting an application is 6:00 pm CST on Saturday, August 15, 2026.
- Late applications will not be accepted.
- Applications may not be modified or otherwise revised after the application deadline.

Applicants are strongly encouraged to complete their applications thoughtfully and deliberately when applying. All information provided is protected and confidential, and consideration is given to all applicants who are eligible to apply.

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