FACILITY INFORMATION

Facility Name			City	
Company			State/Prov	
Facility Contact (manager/supervisor)			GEAPS Member?	Yes No
Was this facility registered for the 2023 Safety Awards Program? Yes — skip to applicant information	_	25S (no PO Box)		
No — provide complete facility details —	_► ZIP/PC		Phone	
SAFETY AWARDS PROGRA Safety Awards Program Contact Name				
Mailing to Facility Above?	Street Addre	255 (no PO Box)		
Yes — skip to enrollment				
No — provide contact details —	→ Zin/PC	Phone _		
ENROLLMENT				
Option 1 - \$145 Facility being entered has a cumember. If this is not the alcontact, current GEAPS members facility is:	orrent GEAPS soove facility er located at	Option Facility being ente a current GEAPS m	red does not have	
Name				
Go Green Choose this option Sign, enclose payment and send the application to must complete the calendar year without a work-r GEAPS a copy of their completed 2024 OSHA 300A hours worked at the facility during the calendar yea no lost-time injuries or illnesses and reporting the t	to receive only a Sa GEAPS to enroll the elated lost-time in form or complete r. For facilities outs	jury or illness. To verify I the online form for the f ide the U.S., a signed lett	Awards Program. To recellost-time accident recoractions along with the to error company letterhea	ds, applicants must send otal number of personnel
, ,	·		_	
Applicant Signature:			Date	
PAYMENT	Paymen	nt must be received with ap	oplication.	
Check (enclosed) Charge (comple	te info below)			
Account No. Circle one: Am Ex/Master/Visa	Exp. date	Print Cardholder's nam	e Signature	

Applications (including payment) must be received by January 15, 2025.

to: GEAPS Safety Awards Program, 4800 Olson Memorial Hwy, Suite 150, Golden Valley MN 55422. Credit card applications may be emailed to patsy@geaps.com.