FACILITY INFORMATION

Facility Name		City
		State/Prov
		GEAPS Member? Yes No
Was this facility registered for the 2023 Safety Awards Program?	Г	
Yes — skip to applicant information	Street Address (no PO E	Box)
No — provide complete facility details	ZIP/PC	Phone
SAFETY AWARDS PROGE	RAM CONTACT IN	IFORMATION
Safety Awards Program Contact Name _		Email
Mailing to Facility Above?	Street Address (no POE	Box)
Yes — skip to enrollment	City	State/Prov
No — provide contact details ————	Zip/PC	Phone
ENROLLMENT		
Option 1 - \$1 Facility being entered has a member. If this is not the contact, current GEAPS men facility is:	current GEAPS Facil above facility a cu	Option 2 - \$195 lity being entered does not have rrent GEAPS member.
Name		
	ion to receive only a Safety Awar	rds certificate, not the full plaque.
must complete the calendar year without a wo GEAPS a copy of their completed 2024 OSHA 30	rk-related lost-time injury or ill 00A form or complete the onlin year. For facilities outside the U.	y in the Safety Awards Program. To receive an award, the facility lness. To verify lost-time accident records, applicants must send he form for the facility, along with the total number of personnel .S., a signed letter on company letterhead stating that there were ed will be accepted.
Applicant Signature:		Date:
PAYMENT	Payment must be	received with application.
Check (enclosed) Charge (com	plete info below)	
Account No. Circle one: Am Ex/Master/Visa	Exp. date Print (Cardholder's name 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 deb@geaps.com.