



Award Application **Excellence in MSDs Prevention**

Awards in 2011 will honor excellent MSD prevention practices in the wholesale and retail trade (WRT) sector work environment. Applicants will be evaluated against key performance indicators in a review process designed to evaluate MSDs prevention programs in the WRT sectors for two 2011 NIOSH WRT Best Practice in MSDs Prevention Awards. Applicants are encouraged to visit <http://www.cdc.gov/niosh/DraftWRT/campaign.html> website for additional information regarding these awards.

Eligibility

Excellence in MSDs Prevention Awards: Eligibility is based on employer classification within the North American Industry Classification System (NAICS) 2-digit code. Employers in the wholesale (NAICS 42) and retail trade sector (NAICS 44-45) are eligible to apply for the 2011 NIOSH WRT Best Practice in MSDs Prevention Awards. Current eligibility is based upon the National Institute for Occupational Safety and Health (NIOSH) sector participation. Plans are underway to consider expansion of the excellence awards to other sectors and area such as fall and workplace violence preventions. Additional information concerning NIOSH sector activity is available at <http://www.cdc.gov/niosh/programs/>. Award applicants must be United States citizens or legal permanent residents in the United States

Guidelines

Complete the application below and provide all requested material(s) with delivery to NIOSH WRT Best Practice Award Application:

Applications and supporting documentation must be physically received at the NIOSH Cincinnati office on the day of application deadline (5pm MST/MDT). Electronic applications must be date and time stamped by midnight on the due date.

Electronic submissions in Microsoft Word (.doc or .docx), PowerPoint (.ppt or .pptx) or Adobe Acrobat (pdf) format are preferred. If supplemental materials are provided, 5 copies should be provided with the original application.

Once your application is received, an email will be sent to you as notification of receipt of your application. An expert review committee will evaluate all applications; outstanding applicants will be contacted for a second round evaluation, including a site visit.

TIMELINES:

Application Due Date:	December 31, 2010
First-round decisions:	January 31, 2011
Final decisions:	March 15, 2011
Award Recognition:	April 28, 2011 at the NIOSH Conference.



Site Visit Requirements

Applicants selected for second round evaluation will be visited by Best Practice Award representatives. MSDs prevention program aspects will be validated via:

1. On-site documentation review, including MSDs materials and related records
2. Facility tour or video taping by applicants
3. Interviews with OSH managers
4. Interviews with other management staff
5. Interviews with workers
6. Other activity as appropriate to assess MSDs prevention effectiveness

Award Winner Requirements

WRT Best Practice award recipients are expected to participate in public relations and dissemination efforts related to the award, including but not limited to press releases, sharing of effective and innovative MSDs prevention practices, identification as a WRT Best Practice recipient, and similar involvements. Submission and signature on the WRT Best Practice Award application constitutes the applicant's and his/her employer's agreement to be bound by the Rules of the Awards.

AWARD APPLICATION: SELECT ONE

Please designate the ONE type of award you are applying for:

- Wholesale Sector: Excellence in MSDs Prevention Award
- Retail Sector: Excellence in MSDs Prevention Award

A. Applicant Information (fill-in applicable information only)

I. Applicant:

Corporation: _____

Division: _____

Site: _____

Address: _____

City _____

State and Zip: _____

Mailing Address (if different than site address):

Address: _____



City _____
State and Zip: _____
Website: _____

B. Contact Information (please provide 2 contacts)

Name (1): _____

Title: _____

Role in MSDs Prevention Program: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

Mailing Address:

Line 1

Line 2

City, State, and Zip Code

Name (2): _____

Title: _____

Role in MSDs Prevention Program: _____

Phone Number: _____

Fax Number: _____

Email Address: _____



Website: _____

Mailing Address:

Line 1

Line 2

City, State, and Zip Code:

C. **Business Information** (All Applicants)

Provide a one-page description of your business including products, services, distribution, geographical location, and employee demographics.

D. **Excellence in MSDs Prevention Evidence** (Innovation Award Applicants use section E)

Please provide the following documentation with your application;

- Number of employees enrolled in MSDs prevention program and enrollment criteria.
- Copy of written MSDs prevention policies and procedures.
- Listing of MSDs prevention team members, disciplines and their respective roles in the MSDs prevention program. This may include contracted service providers if applicable.

An effective MSDs Prevention Program (MSDs PP) is commonly considered to be made up of six primary components (exposure monitoring, control, training, MSDs protection, recordkeeping and program evaluation).

Please describe *in detail* how your program addresses each of these aspects, and how you have developed or adopted approaches to minimize MSDs in your noise exposed workers. Applicants are encouraged to provide specific descriptions in each program area and may consider the following examples as general guidance for the types of evidence to provide. Applications with greater detail are encouraged.

1. *Exposure Monitoring*: Range of physical load; material handling load moment, frequent bending, twisting, heavy physical work, whole-body vibration levels encountered by workers, exposure/risk assessment protocol, utilization of exposure monitoring results, integration of height/weight exposure data into MSDs prevention program, quality assurance.
2. *Exposure Control*: Implemented, assessment approach, evaluation and integration into MSDs PP.
3. *Training*: targeted audiences, training methods, scope, and effectiveness.
4. *MSDs Protection*: device selection rationale, distribution, implementation, and effectiveness.
5. *Recordkeeping*: data management approach, integration, safety and quality assurance.



6. *Program Evaluation*: assessment methods and metrics, documentation and impact.
7. *Innovation* or unique attributes.

E. Letters of Support (All applicants)

Please provide two letters of support from persons familiar with the MSDS prevention program or innovation for which the application is submitted.

F. Signatures and Disclaimer (All applicants)

Applicant assumes participation as reflected in *Award Winner Requirements*, above. All requirements reflected in the *Rules and Eligibility* statement attached to this application and also found at <http://www.cdc.gov/niosh/DraftWRT/campaign.html> apply.

Print Name

Signature

Date

Print Name

Signature

Date

G. Application Checklist

Please verify the following information is enclosed in your application materials.

- Award category selected
- Section A completed
- Section B completed
- Section C completed
- Section D (Excellence Award only) completed
 - o Number of employees enrolled in MSDs prevention program
 - o Copy of written MSDs prevention policies (Excellence Award applicants)
 - o List of MSDs prevention team members
 - o Detailed description of *each* component of MSDs prevention program
- Section E & F completed
- Optional: Additional copies (5) of non-electronic materials submitted with the application