

Promoting Our Workforce; Protecting Our Workplace.

South Carolina Trucking Association

Safety Awards Contests Entry Forms



2025



SCTA's Safety Awards Contests

The SCTA Safety Awards Contests for 2024 are now open for entries. The entry forms included are for the South Carolina Truck Safety, Industrial Safety, and the SC Safety Professional of the Year.

SCTA will be recognizing the award winners and other members' achievements at our Safety Awards Banquet **March 26, 2025**. Registration for the banquet will be sent at a later date. Please plan for a representative to attend the banquet to receive awards.

The deadline for submitting entries to SCTA is **February 28, 2025**.

If you have any questions, please contact SCTA at 803-799-4306.

About the Awards

Truck Safety Awards

This contest gives the industry an opportunity to recognize motor carriers for fleet safety accomplishments. Carriers entering this contest must list accident, miles and frequency rates for statewide not system-wide operations.

Small and large carriers are encouraged to enter! Awards are given to carriers in ALL mileage categories.

- Contest period is January 1, 2024 through December 31, 2024.
- Use South Carolina DOT reportable accidents (actually occurred in SC) as defined in 49 CFR Part 390.5 Federal Motor Carrier Safety Regulations.
- Use total fleet miles run in South Carolina only.
- ALL South Carolina DOT reportable accidents must be listed, no matter who is at fault
- ***Entry form(s) must include the company's DOT number, a copy of your MCS-150, MCMIS report, and OSHA 300 form, if applicable.***
- All entries are subject to audit. SCTA, with the assistance of the Safer System Information Network, will conduct the audits.
- If more than one carrier has the same winning accident frequency for a category, then the carrier who ran the higher miles will be declared the winner.
- Entry form(s) must be signed by an officer of the company OTHER THAN the safety director.

Industrial Safety Awards

These awards are presented annually to the companies whose employees have the best workday record.

- Employee classifications include: intercity drivers, local drivers (see Truck Safety Contest entry form for definitions), dock, shop personnel and all other employees.
- The information for this contest is obtained from your OSHA 300 Form for the 2024 contest year.
- Entry form must be signed by an officer of the company OTHER THAN the safety director.

SC Safety Professional of the Year

This award is presented to the motor carrier safety personnel whose professional qualifications, safety programs, and safety achievements are deemed most outstanding by SCTA.

Judging is based upon professional qualifications and success in the safety of the fleet. Also taken into consideration are the relationship and cooperation with governmental authorities whose regulations control or affect the operation of the fleet and methods of solving safety programs for fleet operations of his company. Another important factor is his/her work and leadership in the safety activities of state associations, American Trucking Associations, and other organizations of professional safety persons.

If you have questions, please contact
Taryn Shekitka-West, 803-799-4306
or taryn@sctrucking.org.

Return completed form by **February 28, 2025** to:
South Carolina Trucking Association
PO Box 50166, Columbia, SC 29250-0166

2025 South Carolina Trucking Association Truck Safety Contest

2024 Annual Report Form for January 1, 2024 through December 31, 2024
Reporting Requirements for the South Carolina State Truck Safety Contest:

1. A separate report must be completed for each major division representing a type of service performed within South Carolina.
2. Statistics and rates must be listed for statewide not system-wide operations. Frequency rates shall be expressed in terms of the number of accidents per 1 million miles as determined by the following formula:

$$\text{Frequency} = \frac{\text{Number of Accidents} \times 1,000,000}{\text{Total Mileage}}$$

Reportable accidents for this contest are all South Carolina DOT-reportable accidents as defined in 49 CFR 390.5.

Contest Division — Check one (1) division below. A separate report must be completed for each division entered. When entering multiple divisions, duplicate data is **NOT** allowed. All divisions must have a minimum of five (5) participants before the division will be judged in the contest.

- | | | |
|--|--|---|
| <input type="checkbox"/> Auto Transporters | <input type="checkbox"/> General Commodities | <input type="checkbox"/> Sand, Stone & Gravel |
| <input type="checkbox"/> Heavy Haulers | <input type="checkbox"/> Lease Operations | <input type="checkbox"/> Tank Truck |
| <input type="checkbox"/> Household Goods | <input type="checkbox"/> Private Carriers | <input type="checkbox"/> Other: _____ |

Mileage Classifications

Local Any miles traveled from local (location - terminal) picking up or delivering.	Intercity Any miles traveled from city to city (example Columbia to Charleston or terminal to terminal or from shipper to consignee where miles traveled one way exceeds 75 miles.)	Combined Combination of local mileage & intercity mileage.
Total Accidents _____	Total Accidents _____	Total Accidents _____
Total Mileage _____	Total Mileage _____	Total Mileage _____
Frequency Ratio _____	Frequency Ratio _____	Frequency Ratio _____

Company: _____ DOT# _____

Company Safety Director: _____ Title: _____

Address: _____ City, State Zip: _____

Telephone: (_____) _____ E-mail: _____

We hereby certify that the information submitted above is correct to the best of our knowledge and belief. We agree that a check of the record may be made prior to the announcement of any award to this organization. This certification must be signed by an officer of the company OTHER THAN the safety director.

Signature _____ Title _____
(Signature of company official other than the safety director)

NOTE: DOT NUMBER IS REQUIRED!

Return completed form by **February 28, 2025** to:
South Carolina Trucking Association
PO Box 50166, Columbia, SC 29250-0166

2025 South Carolina Trucking Association Industrial Safety Contest

2024 Annual Report form for January 1, 2024 through December 31, 2024
Reporting Requirements for the South Carolina Industrial Safety Contest

Frequency rate is determined by multiplying the total number of cases (lost workdays) in column H by 200,000 then dividing the total number of man-hours worked. This information is obtained from your OSHA 300 Form for this contest year (2024).

$$\text{Frequency} = \frac{\text{Number of Cases (Column H)} \times 200,000}{\text{Total Hours Worked}}$$

Contest Division — Check one (1) division. A separate report must be completed for each division entered. When entering multiple divisions, duplicate data is **NOT** allowed. All divisions must have a minimum of two participants before the class will be judged in the contest. Please check the category that applies to your operation in both sections below:

Contest Divisions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Auto Transporters | <input type="checkbox"/> General Commodities | <input type="checkbox"/> Sand, Stone & Gravel |
| <input type="checkbox"/> Heavy Haulers | <input type="checkbox"/> Lease Operations | <input type="checkbox"/> Tank Truck |
| <input type="checkbox"/> Household Goods | <input type="checkbox"/> Private Carrier | <input type="checkbox"/> Other (specify): _____ |

Contest Classes:

- 1 to 100 Employees
- 101 to 500 Employees
- 501 to 1,000 Employees
- 1,001 or More Employees

	No. Employees	Man-Hours Worked	Deaths <i>(Column G OSHA 300 Form)</i>	No. of Accidents Resulting in Days Away from Work <i>(Column H OSHA 300 Form)</i>	Frequency Rate
Intercity Drivers					
Local Drivers					
Dock					
Shop					
Others					
TOTAL					

Company: _____ DOT# _____

Company Safety Director: _____ Title: _____

Address: _____ City, State Zip: _____

Telephone: (_____) _____ E-mail: _____

We hereby certify that the information submitted above is correct to the best of our knowledge and belief. We agree that a check of the record may be made prior to the announcement of any award to this organization. This certification must be signed by an officer of the company OTHER THAN the safety director.

Signature _____ Title _____

(Signature of company official other than the safety director)

NOTE: DOT NUMBER IS REQUIRED!

Return completed form by February 28, 2025 to:
South Carolina Trucking Association
PO Box 50166, Columbia, SC 29250-0166

South Carolina Trucking Association

South Carolina Safety Professional of the Year Award

The program's purpose is to advance standards of excellence for professional truck fleet accident prevention personnel. Nominees are judged on their contributions to company safety and their overall participation and support of the South Carolina Safety Management & Human Resources Council and the industry.

At least two nominations must be received in order to be considered for the calendar year. If only one is received, the nominee may be resubmitted the following year.

The winner will receive recognition at Truck Fest with a certificate and plaque.

Eligibility

Eligibility is extended to safety professionals based in South Carolina who are involved with truck fleet safety activities and are involved with the safety programs of their company at their locations. Nominations may be submitted by an individual or official of a trucking company who is a member of SCTA.

Nominees must agree to full qualification disclosure including SCTA committee fact-finding investigation. The committee guarantees that all information will remain confidential.

Unsuccessful candidates may update the resubmit nomination the following year. Award winners are ineligible for this award within a five-year period.

Judging

Judging will be a specially selected committee whose decision will be based on all sections of the "Nominee's Experience & Record" outline. The nominee's activities in leadership and participation in SCTA's safety programs will also be reviewed by the selection committee to determine the candidate's accomplishments in these areas.

Entries

Only complete information will be considered. A complete nomination consists of Nominee Information Sheet, Nomination Form and Nominee's Experience & Record.

Return completed nominations to:
South Carolina Trucking Association
PO Box 50166
Columbia, SC 29250-0166

Nominee's Experience & Record

The following information should be typed on company letterhead.

Professional Qualifications:

1. Record of Experience

- a. Employer's name, address and type of business.
- b. Dates of employment and termination of the past ten years.
- c. Safety positions held — job description of each position, title, requirements and duties, and length of time in the position.
- d. Reason for termination of employment.

2. Record of Formal Education

- a. Name, location of high school, dates of attendance and graduation.
- b. Name, location of college, dates of attendance, graduation date and degree obtained.
- c. Other.

3. Record of Informal or In-Service Training

- a. Name of educational institutions where courses were taken. (Include names or sponsoring organizations, if any.)
- b. Name courses and subjects of safety or relating to safety.
- c. Dates of training and hours of on-the-job and classroom study.

4. Record of Safety Teaching

- a. List extent of teaching in company and industry programs, including adult education programs such as the Motor Fleet Supervisor Training Courses, and those courses offered through the SCTA Safety Management Council.

5. Personal Recognition

- a. Name and type of recognition.
- b. Sponsors of such recognition.
- c. Dates and reasons for which recognition was given

6. Professional Memberships

- a. Name and type of organization.
- b. Describe your participation of office held.
- c. Attach copies of any articles written and published and type of publication.

South Carolina Safety Professional of the Year Nomination Sheet (To be named in 2025)

Nominee's Name: _____ Age: _____

Home Address: _____ City, State: _____ Zip: _____

Company: _____ DOT# _____

Company Address: _____ City, State: _____ Zip: _____

Married? _____ Spouse's Name: _____

Children (Names & Ages): _____

Trucking Industry Positions Held:

Recognition Received as a Driver:

Employment:

Previous Employment (in reverse order):

1. _____
(Company) (Address) (Dates)
2. _____
(Company) (Address) (Dates)
3. _____
(Company) (Address) (Dates)

Military Record:

Branch of Service: _____ Dates: _____

Principal Duties: _____

List campaigns & citations: _____

Submission Date: _____ Nominator: _____

Nominee's experience and record on company letterhead must accompany this form!