|  |  |
| --- | --- |
|  | Enterprise Exemplary Award 2021 |

About the bizSAFE Exemplary Award

|  |  |  |
| --- | --- | --- |
| **Objective** | : | bizSAFE Enterprise Exemplary Award recognizes bizSAFE Star Enterprises that have exemplary risk management and workplace safety and health (WSH) performance.  Companies that have won this award for 3 consecutive years will be honoured with a Gold Award. |
|  |  |  |
| **Qualifying Period** | : | 1 January 2020 to 31 December 2020 |
|  |  |  |
| **Closing Date** | : | 7 April 2021, 6:00pm  WSH Council will inform you on the outcome of your application tentatively in July 2021 via email. |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Eligibility:** You are eligible for the bizSAFE Enterprise Exemplary Award if your company:

|  |  |  |
| --- | --- | --- |
| No | Item | Check |
|  | is a SME[[1]](#footnote-2) (excluding WSH Service Providers) |  |
|  | has attained bizSAFE Star |  |
|  | has implemented initiative(s) to manage and control risks upstream through elimination, substitution or engineering controls |  |
|  | has no blacklist record, pending investigation, conviction or prosecution in court by the Ministry of Manpower |  |
|  | has no fatality case during the qualifying period |  |
|  | has no Major Injury[[2]](#footnote-3) case during the qualifying period |  |
|  | has no Occupational Disease[[3]](#footnote-4) case during the qualifying period |  |
|  | has no Dangerous Occurrence[[4]](#footnote-5) case during the qualifying period |  |
|  | has no Stop Work Order during the qualifying period |  |
|  | is not in the Business Under Surveillance (BUS) programme during the qualifying period |  |

How to Apply

1. Check your eligibility by completing the eligibility checklist above. Only apply if you fulfil all the items.
2. Do a self-score in [Part 2](#_Part_2:_Risk). We recommend a score exceeding 80% before you engage an Assessor to assess your application.
3. Engage an Assessor with “bizSAFE RM audit” under their audit scope to conduct a 3rd party assessment of your application (click [here](https://www.mom.gov.sg/workplace-safety-and-health/wsh-service-providers/find-approved-service-providers/find-wsh-auditing-organisation-or-auditor) for the list of Assessors).
4. Before you submit this application form, make sure you:

|  |  |  |
| --- | --- | --- |
| No | Item | Check |
|  | Read the [Terms and Conditions](#_Annex_B_–) |  |
|  | Fill up all sections in this application form (including all parts of the RM Implementation Checklist found in [Part 2B](#_Part_2B:_Supporting)) and provide supporting evidence where applicable.   * Incomplete submissions will be disqualified |  |
|  | Save the completed application form in Word Document (\*.doc or \*.docx) format for submission.   * Do not submit this application form in PDF format |  |
|  | Name all supporting evidence according to their respective annexes in the RM Implementation Checklist:   * + Any use of hyperlinks and bookmarks (if necessary) should be clearly reflected and all photographs / illustrations should be in colour and of clear resolution   + Information that is referenced incorrectly will be deemed unavailable. No score will be awarded if the information cannot be found in your submission |  |
|  | Email the completed application form to [bizsafeawards@wshc.sg](mailto:bizsafeawards@wshc.sg), with the subject title “**bizSAFE Enterprise Exemplary Award 2021 – <<name of company>>**” |  |
|  | Upload and submit your supporting documents and evidence in the dedicated Microsoft OneDrive folder created for you, by 7 April 2021.  Link to the OneDrive folder will be sent to you individually after we receive the completed application form. |  |

|  |  |
| --- | --- |
|  | Enterprise Exemplary Award 2021 |

Part 1: General Information

|  |
| --- |
| Particulars of Applicant |

|  |  |
| --- | --- |
| Name of Company  (Used in ACRA & UEN Record) |  |
| ACRA No. / UEN |  |
| Mailing Address |  |
| Nature of Industry |  |
| Company / Group Employment Size   * Include subsidiaries or associate companies of a holding / parent organisation * Include temporary and part time employees |  |
| Company / Group Sales Turnover for Year 2020 | $ |
| No. of Reportable Accidents[[5]](#footnote-6)  (1 Jan 2020 to 31 Dec 2020) |  |
| Has your company adopted any of the following Tripartite Standards?  (Click [here](https://www.tafep.sg/organisations-have-adopted-tripartite-standards) to find out if your organisation has signed the Tripartite Standard.) | Employment of Term Contract Employees  Flexible Work Arrangements  Grievance Handling  Recruitment Practices  Procurement of Services from Media Freelancers  Unpaid Leave for Unexpected Care Needs  Contracting with Self-employed Persons  Age-Friendly Workplace Practices |

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars of Contact Persons | | | |
| Primary Contact Person | | **Alternate Contact Person** | |
| Name |  | **Name** |  |
| Designation |  | **Designation** |  |
| Contact No. | (DID)       (Mobile) | **Contact No.** | (DID)       (Mobile) |
| Email |  | **Email** |  |

# 

# Part 2: Risk Management Implementation

Do a self-score for this section using the RM Implementation Checklist in [Part 2B](#_Part_2B:_Supporting). We recommend a score exceeding 80% before engaging an Assessor to assess your application.

**Part 2A: Summary Score Sheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Topic | Max Score | Self-Score | Assessor’s Score |
| 1.1 | SMM at the workplace | 11 |  |  |
| 2.1 | Unique SMM implementations at the workplace | 9 |  |  |
| 3.1 | WSH Policy and Governance | 7 |  |  |
| 3.2 | Risk Management (RM) | 26 |  |  |
| 3.3 | Safe Work Procedure (SWP) | 8 |  |  |
| 3.4 | RM Team | 4 |  |  |
| 3.5 | In-house WSH Rules | 5 |  |  |
| 3.6 | Inspection | 9 |  |  |
| 3.7 | Preventive Maintenance | 6 |  |  |
| 3.8 | WSH Training | 9 |  |  |
| 3.9 | Reporting and Investigation | 11 |  |  |
| 3.10 | Total WSH | 6 |  |  |
| 3.11 | Emergency Preparedness | 6 |  |  |
| Total | | 117 |  |  |
| Score | | 100% |  |  |

# Part 2B: Risk Management Implementation Checklist

Please complete and include the appended RM Implementation Checklist and supporting evidence, if any, with your application. Name the supporting evidence according to their respective annexes in the checklist.

****

**Part 2C: Declaration by Assessor**

|  |  |  |
| --- | --- | --- |
| I hereby declare that:   1. I have read the [Guidance Notes for Assessors](#_Guidance_Notes_for). 2. I have conducted an on-site assessment of the workplace and the assessments given are in accordance with the evidence provided and what I observed during the assessment; 3. I have conducted an interview with selected employee(s) of the Applicant. The excerpts and conclusions are given are in accordance with responses given by the interviewees at time of interview; 4. I have completed the assessments and interviews to the best of my knowledge and professional ability; 5. I will not directly or indirectly disclose or make available any information, in whole or in part, given to me by the applicant, to any other person or party, except submitting them to the WSH Council; and 6. I will not make any duplicate copy of this application in part or in whole without explicit consent from the applicant. | | |
| **Name of Assessor** |  | |
| **Name of Auditing Organisation** |  | |
| **Contact Number** | **DID:** | **Mobile:** |
| **Email** |  | |
| **Date & Time of Assessment** |  | |

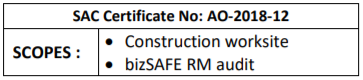
Part 4: Management Endorsement

|  |  |  |
| --- | --- | --- |
| In submitting this application,   1. I affirm that all statements and information given by my company and in this application are true and correct to the best of my knowledge. 2. I further affirm that I have not withheld/ misrepresented any material facts. 3. I understand that if I make any false or misleading statement in this form, I may be disqualified from the bizSAFE Awards. | | |
| **Name** |  | |
| **Designation** |  | |
| **Contact Number** | **DID:** | **Mobile:** |
| **Email Address** |  | |

**- END OF APPLICATION -**

# Annex A – List of Assessors

Please refer to <https://tinyurl.com/y4lj3foj>for the list of Assessors, and only engage assessors with “bizSAFE RM audit” under their audit scopes.



Annex B – Terms and Conditions

1. The bizSAFE Star status of your company must remain valid for the entire duration of the Awards process (i.e. from the submission of your application to the awards ceremony).
2. Late submissions and amendments after the closing date will not be accepted.
3. WSH Council reserves the right to verify your submitted application. This may include a visit to your workplace. You will be notified in advance should there be a site visit.
4. Your company will be disqualified if any of the following occurs before or on the day of the Awards Ceremony:
   * Any blacklist record, pending investigation, conviction or prosecution by the Ministry of Manpower;
   * Any Stop Work Order;
   * Your company is put on the Business Under Surveillance (BUS) programme;
   * Any incident that has caused death or major injury, contraction of an Occupational Disease or Dangerous Occurrences.
5. The WSH Council reserves the right to decline the submission by an applicant or company that is being investigated for possible breach of Workplace Safety and Health Act, Work Injury Compensation Act or any other government regulations (regardless of whether prosecution has or will be initiated), or where the acceptance of the entry may be detrimental to the significance of the Award presented by WSH Council.
6. The decision of the WSH Council is final.

|  |  |
| --- | --- |
| Guidance Notes for Assessors | |
| 1. | The Auditing Organisation and / or Assessor can only provide assessing services for the same bizSAFE Enterprise Exemplary Award applicant for up to two (2) consecutive years. A different organisation and / or Assessor must be engaged to assess the submission for Exemplary Award for the third (3rd) year. |
| 2. | Use the checklist on Page 2 of this Application Form to verify if the Applicant fulfils the eligibility criteria for the Award. If the Applicant does not fulfil any of the criteria, DO NOT submit their application to the WSH Council. |
| 3. | Conduct site verification. Assess if upstream risk control has been implemented wherever possible. |
| 4. | Verify the information stated in Part 1: General Information of the application form and complete Part 2: Risk Management Implementation. |
| 5. | Incomplete submissions will be disqualified. |
| 6. | You may keep a copy of the Applicant’s entry for reference and provide a copy of your scoring to the Applicant. |
| 7. | The Auditing Organisation and / or Assessor who falsify information may be referred to the relevant authorities for investigation. |

1. Companies classified as SMEs must fulfill the following criteria:

   1. At least 30% shareholding that is local AND
   2. One of the following:

   i.  A group employment size of not more than 200 employees (including part-timers) OR;

   ii. A group annual sales turnover of not more than $100 million. [↑](#footnote-ref-2)
2. Refer to the following page for the definition of Major Injuries: <https://stats.mom.gov.sg/SL/Pages/Workplace-Safety-and-Health-Concepts-and-Definitions.aspx> [↑](#footnote-ref-3)
3. Any confirmed case of a disease specified in the Third Schedule of the Workplace Safety and Health Act. [↑](#footnote-ref-4)
4. Any event specified in the First Schedule of the Workplace Safety and Health Act. [↑](#footnote-ref-5)
5. Refer to the following page to understand what are reportable accidents: <https://www.mom.gov.sg/workplace-safety-and-health/work-accident-reporting/what-and-when-to-report> [↑](#footnote-ref-6)