

**MIDWEST INSULATION CONTRACTORS ASSOCIATION**

INSULATION FOR INDUSTRY 7250 Poe Ave., STE 410 • DAYTON, OH 45414

PH: 888-294-0084

E-mail: mica@micainsulation.org

March 1, 2025

Dear MICA Member:

The Environmental and Safety Committee of MICA would like to honor those MICA members who demonstrate excellence in safety with the MICA “Best Practices in Safety” Award. Safety is recognized by MICA as a vital part of the insulation industry and a key success factor in any organization. We profess that every active contractor and associate member firm of MICA should have an effective safety program. In our efforts to keep “Safety” in the forefront of our members, the Board of Directors of MICA has approved the “Best Practices in Safety” award to be given in conjunction with our annual spring convention.

The intent of the MICA Best Practices in Safety program is to evaluate a member’s safety and health program and offer ways to enhance the program. This year the safety and environmental committee is modifying the format for reviewing your company’s safety and health program. The application consists of eight specific questions about your safety program that you are to answer in written narrative form only. **You will not have to provide any portion of your safety program nor will you have to identify where in your safety program that you specifically address the question being asked**.

All of the questions need to be answered on a separate sheet(s) of paper. **DO NOT ATTACH ANY PORTION OF YOUR SAFETY PROGRAM**. The graders will only review the written narrative that you provide and **WILL NOT** review parts of your safety program. The specific suggestions included with each question are not intended to limit your response but are there to help enhance your written responses. If you have additional information that you feel the grader should consider, then please include it in your narrative response.

Judging will focus on the narratives that you provide to the questions on your company’s overall safety program. All identifying information will remain with MICA’s general counsel and will not be used in the judging process. Please also note that your company’s safety record is not judged, so do not let injury rates deter you from applying. This award focuses on your overall safety program and how well you instill safety values in your employees. By applying and receiving valuable feedback from MICA’s legal counsel, you will hopefully be able to reduce future injuries in the workplace.

This year, to receive the most relevant information for judging purposes, separate applications for **contractor** and **associate** member firms will be used with questions more specific to the two different types of operations. Be sure to fill out the enclosed application that is designed for your company’s membership category. The application form is not lengthy, and it is easy to complete. Be sure to use all the space necessary to provide a complete written narrative to each specific question. We encourage all of our member firms to apply. Please help by completing the application process today. All participants will receive written feedback on your safety program.

**All completed applications must be received by April 15, 2025**. Those received after this date will not be considered.

We are delighted to provide this opportunity to you, our members, to recognize our members’ “Best Practices in Safety”. We plan to recognize your efforts in safety at our 2024 convention. **Please be sure to register for and attend our 68th annual conference at the Hyatt Regency Coconut Point Resort and Spa from June 15 – 19, 2025.**

Sincerely,

Rachel Pinkus

Executive Director of MICA



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2025 Midwest Insulation Contractors Association

Best Practices in Safety Award

Application Instructions

**PLEASE BE SURE THAT YOU ARE USING THE APPLICATION FORM FOR 2025**

Several questions have changed on both contractor and associate applications.

1. All MICA members are encouraged to apply.
2. All applications must be received no later than **April 15, 2025**. Any applications received after this date will not be considered.
3. Applications should be typed for ease of readability.
4. **DO NOT ATTACH ANY PORTION OF YOUR SAFETY PROGRAM.** The graders will only review the written narrative that you provide and **WILL NOT** review parts of your safety program. You are required to provide the grading committee with only the information requested.
5. Complete the application and return it to the general counsel’s office, at the address below, along with **payment** for the application fee of $100. (Make checks payable to MICA.)
6. Applications may be submitted electronically to brl@amfdayton.com, or mailed to:

Auman, Mahan & Furry

Attn: Brenda Lightner  
110 N Main St Ste 1000  
Dayton, OH 45402

Award level recognition will be based on the overall grade that your company achieves on the written narrative responses to the eight application questions that you provide regarding your safety program, means of communication and training, and your company’s safety policy. Participating companies will be recognized at MICA’s 68th Annual Convention, June 15 – 19, 2025 at the Hyatt Regency Coconut Point Resort and Spa in Bonita Springs, FL. Please register to attend the convention.

**MICA Best Practices in Safety Award**

**2025 Contractor Member Application Form**

**Instructions:**

Complete the application and return it to general counsel’s office, and the application fee, to be received no later than **April 15, 2025**. Please make checks payable to MICA. The application processing fee is $100.00. Only MICA contractor members are eligible.

**Please complete all information. (Incomplete applications and those without payment will not be considered).**

**DO NOT SEND A COPY OF ANY PORTION OF YOUR SAFETY PROGRAM!**

**Section 1: General Information**

Company name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact for report verification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who in your company has the overall responsibility for safety?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality:** The information in Section 1, and any reference in any part of this application to a specific company, will not be included with the application when the submissions are judged. This information will be kept in strict confidence. MICA reserves the right to publish any innovative safety ideas from the entries, for the good of the industry. However, any company-specific information regarding accident or injury statistics, or any other information identified by the applicant as proprietary, will be kept in confidence within MICA as applying to the specific company.

**Section 2: Category**

1) Please check one: 2) I confirm that my company is an contractor member:

a) \_\_\_ Small Company (less than 100,000 man-hours) a) \_\_\_ Yes

b) \_\_\_ Medium Company (100,001-500,000 man-hours) b) \_\_\_ No

c) \_\_\_ Large Company (more than 500,001 man-hours)

3) I confirm that I am a MICA member in good standing.

a) \_\_\_ Yes b) \_\_\_ No

**Section 3:**

All of the following questions need to be answered on a separate sheet(s) of paper. **DO NOT ATTACH ANY PORTION OF YOUR SAFETY PROGRAM**. The graders will only review the narrative that you provide and **WILL NOT** review parts of your safety program. The specific suggestions included with each question are not intended to limit your response. If you have additional information that you feel the grader should consider, then please include it in your narrative response.

1) Please describe how you ensure compliance with the requirements of OSHA Standard 1926.21(b)(2). Remember this standard requires training on hazard recognition in the work environment as well as training on the standards applicable to each work environment.

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2) Please describe your entire fall protection program and how you document your compliance.

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3) It is likely that we will not have a heat illness prevention standard by this summer, so please describe how you will protect your employees from heat illness. With or without a standard you should have an overall heat illness and injury prevention program.

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4) Please describe your procedures for developing an Emergency Action Plan.  
  
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5) Please describe your safety enforcement program.

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6) How do you ensure you have a competent person responsible for every jobsite. Also describe the responsibilities of your competent persons.

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7) Please describe your drug free workplace program

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8. Please describe your confined space program.

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**For those companies that would like feedback on the information submitted, please check here. Indicate whom you would like the feedback sent to and their e-mail address. Yes \_\_\_\_**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All applications and appropriate fees must be received no later than April 15, 2025, to Brenda Lightner at brl@amfdayton.com,** **or mailed to:**

Auman, Mahan & Furry

Attn: Brenda Lightner

110 N Main St Ste 1000

Dayton, OH 45402

**Payment Information:**

**r Check for $100 made payable to MICA r Visa r MasterCard r AmExp r Discover**

**Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***All applications and appropriate fees must be received no later than April 15, 2025.***

**For Office Use Only: DATE RECEIVED ENTRY NO.**