

WHY SHOULD I MAKE A NOMINATION FOR THE SAFETY AWARD'S BANQUET?

When you nominate your drivers and company it gives you the opportunity recognize some of the things you and your employees have accomplished this year.

HOW DOES THE SELECTION PROCESS WORK?

A panel of judges from FMCSA, Kansas Highway Patrol and Kansas Corporation Commission donate their time to determine the recipients of the awards for each category. Some of the items considered when determining category winners are, number of miles traveled in Kansas, out-of-service rates, CSA scores, success in advancing highway and industrial safety in the fleet, and record of safe and courteous driving.

WHAT NOMINATION CATEGORIES ARE THERE?

There are 3 categories that you can make a nomination for they include, Kansas Driver of the Month, Safety Professional of the Year and Fleet Safety Contest.

The Kansas Drivers of the Month

Drivers of the Month are nominated by their companies for years of safe driving, community involvement and acts of heroism for the previous calendar year (2017). 12 Drivers of the Month will be named of the 12 drivers, 1 will be named Kansas Driver of the Year. Drivers submitted for consideration as a Kansas Driver of the Month must be domiciled in, or a resident of the state of Kansas.

Safety Professional of the Year

Safety Professional of the Year is to recognize exemplary effort demonstrated by a safety professional. Company safety directors have the responsibility of balancing company operational objectives while overseeing our professional driver corps and encouraging and modeling a safety culture. Among the nominating criteria for the safety professional of the year are, success in advancing highway and industrial safety in the fleet, Relationship and cooperation with government officials, and, methods of meeting and solving safety problems facing the nominee's fleet.

The Fleet Safety Contest – Sponsored by Great West Casualty Company

This competition acknowledges carriers who compete in their division category and submit their company's accident records for review by the panel of judges. The carriers are evaluated on their Kansas DOT accident frequency ratio, ISS-2 score, safestat score and miles traveled in Kansas during the contest year. There are 3 awards within the Fleet Safety Contest they include certificate winners based off of the accident frequency ratio, plaque winners who placed in the of their division and the grand trophy winner where judges reviewed the carrier's safety profile according to Compliance Safety Accountability. They pay close attention to each entries safety rating; miles driven; number of inspections; driver and vehicle out of service rates; safety evaluation areas; accident ratios; and overall company accidents nationwide.

WHEN ARE NOMINATIONS DUE?

The deadline for Safety Award Nominations is February 16, 2018. You can submit your nominations to Melissa Kershner, Director of Safety and Governmental Relations at mkershner@kmca.org or mail in nominations to PO Box 1673 – Topeka, KS 66601.

WHEN IS THE SAFETY AWARDS BANQUET?

The banquet will be held at the Capitol Plaza Hotel in Topeka on April 19, 2018. Winners of awards will receive notification prior to the event as registration is required to attend.

The Safety Awards Banquet will be held at the Capitol Plaza Hotel in Topeka on April 19, 2018. During the event, awards will be presented to the Drivers of the Month, Driver of the Year, Safety Professional of the Year and Fleet Safety Contest winners. Also, a new Kansas Road Team will be inducted. The Safety Awards Banquet is open to all KMCA member companies.

Event: Safety Awards Banquet

Date: April 19, 2018

Time: Reception - 5:45 p.m. Dinner and Awards – 6:30 p.m.

Location: Capitol Plaza Hotel – Emerald Ballroom

Banquet Reservation Price: \$45.00 per person

Reservation Deadline: Friday April 13, 2018

Hotel Room Rate: \$92.00 - Reservation Line – 785-431-7200

ATTENDEE INFORMATION

NAME: _____ COMPANY: _____

ADDRESS: _____

EMAIL: _____ PHONE NUMBER: _____

INCLUDING YOURSELF – HOW MANY GUESTS ARE WITH YOUR PARTY: _____

ADDITIONAL GUEST NAME: _____

ADDITIONAL GUEST NAME: _____

ADDITIONAL GUEST NAME: _____

ADDITIONAL GUEST NAME: _____

ADDITIONAL GUEST NAME: _____

ADDITIONAL GUEST NAME: _____

REPRESENTATIVE ACCEPTING FLEET SAFETY AWARD (IF APPLICABLE) _____

PAYMENT INFORMATION

CHECK ENCLOSED _____ VISA/MASTERCARD/AMERICAN EXPRESS: _____

EXPIRATION DATE: _____ NAME ON CARD: _____ 3-DIGIT CODE: _____

AUTHORIZATION SIGNATURE: _____ TOTAL COST: \$45.00 x $\frac{\text{NUMBER OF GUEST}}{\text{TOTAL COST}}$ = _____

*PLEASE NOTE PAYMENT MUST ACCOMPANY REGISTRATION.

Safety Professional of the year recognizes exemplary effort demonstrated by a safety professional. In addition, all nominations must comply with the following rules, nominee’s company must be a member of KMCA, any person responsible for supervising truck safety activities is eligible and previous Safety Professional of the Year award winners are ineligible for five years from the date of their award.

The nomination form should be filled out and should be supported by information regarding the nominee’s experience, training, activities, recognition, and achievements. Fleet information pertaining to the type of fleet, safety program, and safety records should also be included. Emphasis should be placed on the most recent years. Please attach additional sheets as necessary.

NOMINEE INFORMATION

NAME OF NOMINEE: _____ COMPANY NAME: _____

COMPANY ADDRESS: _____

MILITARY SERVICE: _____

MEMBERSHIPS IN SAFEY AND PROFESSIONAL ORGANIZATIONS: _____

ADDITIONAL SAFETY ACTIVITES: _____

PREVIOUS EMPLOYEMENT DETAILS RELATED TO TRUCKING SAFETY

COMPANY: _____ DATES OF EMPLOYMENT: _____

ADDRESS: _____

RESPONSIBILITES: _____

COMPANY: _____ DATES OF EMPLOYMENT: _____

ADDRESS: _____

RESPONSIBILITES: _____

COMPANY: _____ DATES OF EMPLOYMENT: _____

ADDRESS: _____

RESPONSIBILITES: _____

The above-named individual is hereby nominated for the KMCA Safety Professional of the Year Award as a person responsible for supervising safety activities for a truck fleet. This person is of high moral character and has devoted his or her career to the field of highway and industrial safety. All the statements made in nomination are true.

Signed: _____

Title: _____

Any KMCA member can enter the fleet safety contest. Your company's safety record will be compared with other companies within the same division and similar mileage to determine the Division Fleet of the year. Then the top in each division will be compared to each other to determine an overall winner. Your CSA scores will also be taken into consideration. The contest year is January 1, 2017 – December 31, 2017.

The Fleet Safety Contest is sponsored by Great West Casualty Company.

COMPANY INFORMATION

COMPANY NAME: _____

COMPANY ADDRESS: _____

PERSON SUBMITTING REPORT: _____ TITLE: _____

U.S. DOT NUMBER: _____ DATE SUBMITTED: _____

CONTEST DIVISION

PLEASE SELECT ONE APPROPRIATE DIVISION THAT CLOSEST RELATES TO YOUR COMPANY (A SEPARATE REPORT MUST BE FILED IN FOR EACH DIVISION ENTERED.)

- | | |
|---|---|
| <input type="checkbox"/> LESS-THAN-TRUCKLOAD | <input type="checkbox"/> AGGREGATE CARRIERS |
| <input type="checkbox"/> AGRICULTURAL CARRIERS | <input type="checkbox"/> HOUSEHOLD MOVERS |
| <input type="checkbox"/> OILFIELD & HEAVY MACHINERY | <input type="checkbox"/> TRUCKLOAD CARRIER |
| <input type="checkbox"/> TANK TRUCK CARRIERS | <input type="checkbox"/> TOWING & RECOVERY |
| <input type="checkbox"/> AUTO TRANSPORTER | <input type="checkbox"/> PRIVATE CARRIER |

SAFETY RECORD – REPORT KANSAS MILES AND ACCIDENTS ONLY

	MILEAGE IN KANSAS	NUMBER OF DOT RECORDABLE ACCIDENTS IN KANSAS	NUMBER OF NON-RECORDABLE ACCIDENTS IN KANSAS	TOTAL ACCIDENTS	ACCIDENT FREQUENCY RATIO*
LOCAL					
INTERCITY					
COMBINED					

ACCIDENT FREQUENCY RATIO: (NUMBER OF DOT RECORDABLE ACCIDENTS X 1,000,000) DIVIDED BY (KANSAS VEHICLE MILES)*

A COMPANY OFFICER OTHER THAN THE SAFETY DIRECTOR MUST SIGN THE FOLLOWING CERTIFICATION:

I hereby certify that the above information is accurate to the best of my knowledge. I agree that an audit of records by KMCA contest officials can be made prior to the announcement of any award to this organization.

SIGNATURE: _____ TITLE: _____



KANSAS DRIVER OF THE MONTH NOMINATION

The honor is awarded to professional drivers displaying the highest degree of professionalism, safety and courtesy in performing their jobs and representing the trucking industry. Drivers submitted for consideration as a Kansas Driver of the Month must be domiciled in, or a resident of the state of Kansas, and the form must be completely filled out.

DRIVER INFORMATION

NAME: _____ PHONE NUMBER: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

HOME PHONE: _____ CDL NUMBER: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

SPOUSE'S NAME: _____ NUMBER OF CHILDREN: _____

CHILDREN'S NAMES AND AGES: _____

COMPANY INFORMATION

COMPANY NAME: _____

DRIVER TERMINAL BUSINESS ADDRESS: _____

TERMINAL MANAGER: _____ TERMINAL MANAGER EMAIL: _____

TERMINAL MANAGER PHONE NUMBER: _____ FAX NUMBER: _____

COMPANY MAIN ADDRESS: _____

DRIVER DETAILS

TYPE OF EQUIPMENT REGULARLY OPERATED: _____

OPERATION TYPE: CITY-LOCAL LINEHAUL PEDDLE ANNUAL MILEAGE: _____

RECORD OF VIOLATIONS

LIST ALL CONVICTIONS FOR YOUR ENTIRE DRIVING CAREER INCLUDE SPEEDING, RECKLESS DRIVING, ETC. INCLUDE DATE, PLACE AND OFFENSE:

COMMERCIAL VEHICLE:

PERSONAL VEHICLE:

ACCIDENTS

PLEASE SUBMIT ANY APPROPRIATE ACCIDENT INFORMATION AVAILABLE TO ASSIST JUDGES IN THEIR DECISIONS. ACCIDENT INVOLVEMENT IS A MAJOR FACTOR IN THE DECISION OF THE JUDGES.

DATE OF LAST ACCIDENT: _____ PREVENTABLE _____ NON-PREVENTABLE _____

	TOTAL	PRESENT EMPLOYER	PAST EMPLOYER
YEARS OF COMMERCIAL DRIVING			
MILES DRIVEN			
ACCIDENTS			
PREVENTABLE			
NON-PREVENTABLE			

BIOGRAPHICAL SKETCH

BASIS FOR NOMINATION

NAMES AND LENGTH OF SERVICE WITH PREVIOUS EMPLOYERS, AWARDS RECEIVED AS A PROFESSIONAL DRIVER, TRUCK DRIVING CHAMPIONSHIPS COMPETITION, COURSES OR SCHOOLING ATTENDED, MEMBERSHIPS (CIVIC, FRATERNAL GROUPS, CHURCH, FIRE DEPARTMENT, SCOUTS, ETC.). OTHER ACTIVITIES AND HOBBIES. (IF NECESSARY, SUBMIT INFORMATION ON A SEPARATE SHEET AND ATTACH IT TO THIS NOMINATION FORM): _____

AUTHENTICITY STATEMENT

TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS LISTED IN THE FORGORING ARE TRUE AND CORRECT AND HAS BEEN SUPPORTED WITH COPMANY RECORDS:

DRIVER’S SIGNATURE: _____ SUPERVISOR’S SIGNATURE: _____

NOMINATOR INFORMATION – RESULTS WILL BE ADDRESSED TO LISTED PERSON

NAME: _____ PHONE NUMBER: _____

COMPANY: _____ EMAIL: _____