



Safe + Sound is a year-round campaign to encourage every workplace to have a safety and health program.

[HOME](#)

[DEVELOP YOUR PROGRAM](#)

[SAFE + SOUND WEEK](#)

[MEET OUR SUPPORTERS](#)

[CONTACT US](#)

[Sign Up to Participate](#) | [Plan and Promote Your Event](#) | [Recognize Your Participation](#)

### Recognize Your Participation

To download a Safe + Sound Week certificate of recognition and challenge coin for your organization's participation, please fill out the required information below. We also hope that you will help us by answering a few optional questions about your participation and giving us feedback on our efforts. Please note that you are not required to request a Safe + Sound Week certificate of recognition or challenge coin and that if you choose to do so, OSHA will not use the information or feedback you provide for any purpose other than evaluating Safe + Sound Week and planning future outreach efforts. Also note that the certificate of recognition and web badge do not represent an assessment of compliance with OSHA standards at your worksite(s).

If you experience issues with the certificate download, please try to refresh the webpage. If your issue is not resolved, please email [safeandsoundcampaign@dol.gov](mailto:safeandsoundcampaign@dol.gov) for assistance.

Congratulations and thank you for participating in Safe + Sound Week!

Items marked \* are required to download the Safe + Sound Week certificate of recognition and web badge.

1. Name of Business or Organization\*:

2. Industry\*

3. Email Address\*

4. Did you participate in the U.S.??

- Yes  
 No

5. City/State\*

 

6. How did you find out about the event?? (Check all that apply)

- Communication from industry/trade association  
 Communication from safety and health professional organization  
 OSHA QuickTakes  
 OSHA Website  
 Safe + Sound Campaign Email List Serv  
 National/Local/Trade Press  
 Social Media  
 I don't know/remember  
 Other (Fill in Blank)

7. Number of workers reached during your Safe + Sound Week event\*:

 (Numbers only field)

8. What was your primary motivation for participating in Safe + Sound Week?

- Celebrate meeting safety and health goal(s)  
 Engage workers in thinking about safety and health (e.g., get feedback, provide training, provide recognition, teambuilding)  
 Launch a new safety and health activity/initiative  
 Improve my organization's safety and health performance  
 Respond to a specific safety and health issue within my workplace  
 Show leadership in our industry on safety and health  
 Other (fill in blank)

- Engage workers in training about safety and health (e.g., get feedback, provide training, provide recognition, accountability)
- Launch a new safety and health activity/initiative
- Improve my organization's safety and health performance
- Respond to a specific safety and health issue within my workplace
- Show leadership in our industry on safety and health
- Other (fill in blank)

Other

9. Participating in Safe + Sound Week had a positive impact on safety & health in my organization.

Strongly disagree
  Disagree
  Neither agree nor disagree
  Agree
  Strongly agree
  N/A

Comments:

Comments

10. Would you recommend participating in Safe + Sound Week to others? Why or why not?

- Yes
- No

Comments:

Comments

11. What did you like most about Safe + Sound Week?

Limit entry to 1500 characters.

12. Is there anything else you would like to share?

Limit entry to 1500 characters.

13. To help us better understand how participants used resources and what would be helpful in the future, Safe + Sound may wish to reach out to you for more information on your experience. Are you interested in sharing more about your experience?

- Yes
- No

If yes, please provide contact information

Contact Name:  First Name  Last Name

Contact Phone:  Phone

[Download Your Certificate](#)

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PAPERWORK REDUCTION ACT

Public reporting burden for this voluntary collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. OSHA will use this information to evaluate participation in Safe + Sound Week. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, please send them to OSHAPRA@dol.gov or to US Department of Labor, OSHA Directorate of Standards and Guidance N-3609, 200 Constitution Avenue, NW, Washington, DC 20210.

