SAFETY AWARD NOMINATION

FROM:

Nominee Name: _____

Supervisor Name: _____

Supervisor Phone: _____

TO: Industrial Occupational Safety and Health Division (code 64500)

Check the box that corresponds to the appropriate submission period:

☐ 1st Quarter (January - March), submission due NLT 15 April

☐ 2nd Quarter (April - June), submission due NLT 15 July

☐ 3rd Quarter (July - September), submission due NLT 15 October

☐ 4th Quarter (October - December), submission due NLT 15 January

Check the box that indicates the safety element(s) that are the basis for the nomination:

☐ Workplace Safety. Comply with all applicable laws and other requirements that relate to safety in the workplace. Promotes safety among others and is recognized as a leader.

☐ Mishap Prevention. Makes a positive impact to reduce work or home mishaps and injuries.

☐ Continual improvement to FRCSE's safety program. Achieve documented and measurable improvements in our safety performance on a continual basis.

Description of the individual's performance on how their actions support FRCSE's environmental policy (be brief, use bullet statements, cite specific actions and results):

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Submission Date: _____	Supervisor's Signature: _____

All blocks are required

ALL required fields on this form must be completed and those not required indicate N/A."

FRCSE 5305/6 (Rev. 7-2011)