



SAFETY PRO AWARD NOMINATION FORM

Date _____ Time _____

Candidate's Name _____ Dept/Div _____

1. Data on hazard(s) addressed.

a. Date: _____

b. Time: _____

c. Location: _____

2. Description of the event(s) meriting nomination.

a. Specific hazard(s) addressed

b. Solution presented to prevent hazard(2)

c. Consequences of hazard(a) if not detected and corrected

Submitted by _____ Dept/Div _____