

Award Category (Select one)	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Excellence in Occupational Safety
Calendar Year	Agency:		

Nominee Name (as it should appear on the certificate)	Working Title (see Group attachment)	Classification (must attach specific duty statement(s), not State Personnel Board job specifications)	
Work Mailing Address (include department, division, or office)	Work Number	Email Address	

Summary of Contributions - Provide a summary of the actions or project in 150 words or less describing the nominee's contribution to safety. Include specific data, documentation, and statistics as required by the award category described on the nomination criteria information sheet. Include information such as what specific actions were taken by nominee and how these actions contributed toward improving safety in the workplace. Provide statistical information to support any measurable impact on the safety program, (e.g. reduction in workplace injuries, reduction in number of accidents, etc.). **Refer to documentation requirements in attached guidelines. An electronic copy of the summary will be requested if nomination is approved.**

Provide further explanation if the following information is not answered in the Summary of Contributions shown above.

- Was the action or project completed in the 2014 calendar year? **Yes No**
- Is this nominee or group directly responsible for safety or health programs? **Yes No**
- Was this action or project completed outside the nominee's regular job duties? **Yes No**
- Did this action or project take place during the course and scope of employment? **Yes No**
- Has this action or project been considered previously for an award (GESA, departmental, merit, other)? Explain outcome. **Yes No**
- Supporting documentation and Duty Statement(s) attached? **Yes No**

EXPLANATION

Departmental Contact (Print Name/Title)	Mailing Address	Work Number	Email Address
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Departmental Approval (Printed Name and Title) Signature of department/agency head or their designee (Director, President, Warden, Superintendent, etc.)	Work Number	Email Address
Signature	Date	

