

GOVERNOR'S EMPLOYEE SAFETY AWARD (GESA)
NOMINATION FORMS

Calendar Year: 2010	Agency/Department:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Award Categories</td> <td style="width: 25%;">Individual <input type="checkbox"/></td> <td style="width: 25%;">Group <input type="checkbox"/></td> <td style="width: 25%;">Department <input type="checkbox"/></td> <td style="width: 20%;">Excellence in Occupational Safety <input type="checkbox"/></td> </tr> </table>		Award Categories	Individual <input type="checkbox"/>	Group <input type="checkbox"/>	Department <input type="checkbox"/>	Excellence in Occupational Safety <input type="checkbox"/>
Award Categories	Individual <input type="checkbox"/>	Group <input type="checkbox"/>	Department <input type="checkbox"/>	Excellence in Occupational Safety <input type="checkbox"/>		

Nominee (name as it should appear on the certificate), (employee or department):	
Working Title (print), (employee):	Classification (attach specific duty statements, not SPB job spec.), (employee):
Office Phone Number, (employee):	Office Email Address, (employee):
Office Mailing Address (employee or department):	

Nominator (print name):	
Working Title (print):	Title (print):
Office Phone Number:	Office Email Address:
Office Mailing Address (include Department, Division or Office):	

Departmental Approval	
Name (print):	Title (print):
Office Phone Number:	Office Email Address:
Signature:	Date:

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 etc. required by the award category described on the nomination criteria information sheet.
- **Include information such as:** what specific actions were taken by nominee, 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 as a Word document if nomination is approved.

Provide further explanation **if the following information is not answered in the Summary of Contributions shown above. The following questions will assist you:**

- Was the action or project completed in the 2010 calendar year? Yes No
- Is this nominee 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

Continued

Explanation: