Chapter 6 – Safety Award Program

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6.1 Foreword

The basis for an effective Safety Program rests with the commitment by both County employees and management towards the elimination of injury of personnel or damage to equipment or facilities. The annual Safety Award program provides valuable incentives to increase awareness and compliance with the County Safety Program. The program was established to recognize personnel who have demonstrated their commitment by making a significant contribution in the field of safety. All county employees are eligible to receive this award. The employee’s supervisor is responsible to submit recommendations for this award. Recommendations shall be submitted to the Agency or Department Head using the form shown as Appendix A.

6.2 Appendices
6.2.1 Appendix A: Nomination For Annual Safety Award

N O M I N A T I O N    F O R    A N N U A L    S A F E T Y    A W A R D

Eligibility requirements: Any current permanent County employee is eligible. Teams of employees, such as safety committees or task teams, are also eligible.

Selection criteria: Selection of award recipients will be based on a demonstrated initiative and personal commitment that has resulted in significant improvements to workplace safety in a County agency or department or Countywide. A recipient could be someone who followed through on a particular safety project, it could be someone who, as part of his or her regular job, has consistently exceeded what would normally be expected of someone in that position in the field of workplace safety, or it could be a team that has worked together to promote and improve workplace safety.

Nomination procedure: Submit this completed form to your Agency or Department Head. Attach photos or drawings if they would be helpful. Use additional sheets if desired.

Nominee’s Name & Job Title ____________________________________________

Nominee’s Department, Division and Unit ________________________________

Name & Job Title of Nominee’s Supervisor ________________________________

Supervisor’s Telephone Number ________________________

Name & Job Title of Nominator (if different from supervisor) ________________

What did the nominee do to merit this nomination?

How has the nominee demonstrated initiative and personal commitment to safety?

What have been the results of the nominee’s actions?

Why do you consider the nominee’s contribution(s) to be exceptional?