

RUTHERFORD COUNTY EMPLOYEE SAFETY AWARD NOMINATION FORM

Award Category BOE / County Gen		Excellence in Occupational Safety	Date:
Calendar Year:		School /Dept	
Nominee Name		Working Title	Classification
Work Mailing Address (include department, division, or office)		Work Number	Email Address
<p>Summary of Contributions - Provide a summary of the actions or project 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.).</p>			
<p>Provide further explanation if the following information is not answered in the Summary of Contributions shown above.</p> <p>Was the action or project completed in the prescribed time frame? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is this nominee directly responsible for safety or health programs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did this action or project take place during the course and scope of employment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Has this action or project been considered previously for an award (departmental, merit, other)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Explain outcome.</p> <p><u>EXPLANATION</u></p>			
Departmental Contact (Print Name/Title)	Mailing Address	Work Number	Email Address