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

Summary of Contributions - Provide a summary of the actions or project describing the nominee's contribution to safety. 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.).

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 prescribed time frame? **Yes ☐ No ☐**

Is this nominee directly responsible for safety or health programs? **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 (departmental, merit, other)? **Yes ☐ No ☐**
Explain outcome.

EXPLANATION

Departmental Contact (Print Name/Title)	Mailing Address	Work Number	Email Address