

RUTHERFORD COUNTY EMPLOYEE SAFETY AWARD NOMINATION FORM

Award Category	Excellence in Occupational Safety
Calendar Year	2009
	Agency

Nominee Name	Working Title	Classification
Work Mailing Address (include department, division, or office)	Office Number	Email Address

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.). **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.

- Was the action or project completed in the 2009 calendar year? 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.
- Supporting documentation and Duty Statement attached? Yes No

EXPLANATION

Departmental Contact (Print Name/Title)	Mailing Address	Office Number	Email Address
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Departmental Approval (Printed Name and Title) Signature of department/agency head or their designee	Office Number	Email Address
Signature	Date	