****

**ASSP Award Nomination Form**

**2019 SOUTHERN OREGON**

**OCCUPATIONAL SAFETY & HEALTH CONFERENCE**

***Safety Committee Champion Award .***

Section 1 Submitter Information

Please share information about yourself, how you know the safety committee member being nominated:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company |  | Name | |  |
| Address |  | Relation to Business Leader Nominated | |  |
| Phone |  | Your Title | |  |
| Email |  | | Fax |  |

Section 2 Nominee Information

Please provide information about the safety committee member that you are nominating for this award:

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  | Name |  |
| Address |  | Job Title |  |
| Role on the Committee |  | Areas of Responsibility  Within Company |  |
| Email |  | | |

**If you have questions or to arrange packet delivery:**

Michael Hill [michil@saif.com](mailto:michil@saif.com) (541) 857-4229

David Hanson [davhan@saif.com](mailto:davhan@saif.com) (541)-857-4236

**Send your packets to:**

ASSP – Southern Oregon Chapter

P.O. Box 1481

Medford, OR 97501-0110

**Deadline:** Applications must be received by **August 30, 2019** at SAIF, Medford Office at 990 N. Phoenix Rd. Ste. 101, Medford, OR 97504.

**Incomplete Applications will not be accepted**

***Continue Page 2 ***

***Safety Committee Champion Award.***

Section 3 Application Checklist

Complete form Sections 1 & 2 by typing in each shaded field and printing

Type written summary below describing specific accomplishments or on separate page as needed

Attach any Supporting Documentation

**The Safety Committee Champion Award** recognizes a safety committee member who has demonstrated an outstanding commitment to safety and health. This nomination will show how this cooperative member is a true champion for safety in their organization going above and beyond the minimum requirements based on a caring to keep coworkers safe. This nomination should explain the specific work performed and accomplishments this champion has realized.

Written Summary (Or attach a separate page as needed):

|  |
| --- |
|  |

**Persons eligible for this award may not be a senior manager or executive in the organization.**

This award will be evaluated annually and presented on merit.

**If selected, a photo will be requested.**

*Awards Committee Notes:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deadline:** Applications must be received by **August 30, 2019** at SAIF, Medford Office at 990 N. Phoenix Rd. Ste. 101, Medford, OR

**Incomplete Applications will not be accepted**

**If you have questions or to arrange packet delivery:**

Michael Hill [michil@saif.com](mailto:michil@saif.com) (541) 857-4229

David Hanson [davhan@saif.com](mailto:davhan@saif.com) (541)-857-4236

**Send your packets to:**

ASSP – Southern Oregon Chapter

P.O. Box 1481

Medford, OR 97501-0110