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**ASSP Award Nomination Form**

**2024 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 ResponsibilityWithin Company |       |
| Email |       |

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

Roy Harper roy.harper@bbsi.com (541) 200-2199

Michael Hill michil@saif.com (541) 857-4229

David Hanson 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, 2024** 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:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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