Safe Worker Award for 2012

In Saskatchewan, worker involvement is fundamental to healthy and safe workplaces. Every year, workers across Saskatchewan contribute significantly to safer workplaces and help to save lives and reduce injuries and illnesses. In the process, they help to create better work environments, healthier and safer workforces and more profitable businesses.

WorkSafe Saskatchewan, in conjunction with the Saskatchewan Federation of Labour and the Saskatchewan Safety Council, sponsor the Safe Worker Award to highlight the important contribution workers make to eliminating or reducing injuries and illnesses in the workplace. This award recognizes an individual who has shown an exemplary commitment to workplace health and safety.

We strongly encourage each Occupational Health Committee, OH&S Representative or small-sized employer to nominate someone from their workplace.

WorkSafe™ SASKATCHEWAN

Work to live.

Application Form for 2012

Name of Nominee: _____

Name of Workplace: _____

Type of Industry: _____

Average Number of Workers: ☐ 0-9 ☐ 10-49 ☐ 50-99 ☐ 100+

Employer WCB Firm Number: _____

OHC Number (if applicable): _____

Workplace Address: _____

City:_____ Province:_____ Postal Code: _____

Name of nominee as it should appear on the award: _____

Do you wish to let this application stand for two years? ☐ Yes ☐ No

How did you find out about the Safe Worker Award?

- ☐ Compensation Institute
- ☐ Chamber of Commerce Ad
- ☐ Newspaper Ad
- ☐ Through the WCB
- ☐ WorkSafe Saskatchewan website
- ☐ Mailed promotional card
- ☐ Word of mouth

Other: _____

To Submit Your Nomination

Complete this form and answer each of the applicable questions. Supplemental materials such as newspaper articles, photographs and publications are welcome.

All nominations must be received at the Saskatchewan WCB by October 31, 2011.

You may submit more than one application for your workplace. Please use a separate form for each application. ***This award is not open to Management or Front Line Supervisors.***

Award Selection

A review committee composed of representatives from each of the partners will evaluate the applications using a standardized evaluation process and criteria to determine the winner.

Mail your application to:
Saskatchewan Safe Worker Award Committee
Saskatchewan Workers' Compensation Board
200 – 1881 Scarth Street,
Regina, Saskatchewan, S4P 4L1

OR

Email your application:
Complete the online form at
www.wcbsask.com or send it to:
Annette Goski
agoski@wcbsask.com

Questions? Contact Annette Goski at (306) 787-4141

Description

- Describe the nominee's involvement with health and safety and any safety training he/she has taken. (OH&S, industry or union-based training, OH&S certificate program, OH&S degree or CRSP.)

Tell us about an innovative safety idea or project the nominee championed in the workplace.

- Describe how the idea resulted in changes to a job or task. Was the idea presented before an incident had occurred?

- Why did the nominee choose to do it?

- How and when was it implemented?

- What kind of barriers had to be overcome for implementation? Did the nominee have to overcome safety culture barriers? Was the nominee persistent with the idea?

Health and Safety Benefits

What workplace safety and health benefits resulted from the nominee's effort(s) or idea?

_____

_____

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Other Measurable Results

Describe any measurable results that can be used to quantify the success of the effort for which you seek recognition. Did the initiative result in fewer injuries or less exposure to harm?

_____

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_____

Social Benefits

Describe any social benefits that were gained as a result of the nominee's initiative and/or effort: Did there appear to be improved morale? Was there an increased awareness of health and safety both on and off the job? Was there a reduction in environmental waste?

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Please have the proper person or people sign the application form:

- The employee and employer OHC co-chairs must sign the application form for firms with 10 or more employees.
- The OH&S Representative must sign the application for firms with 5-9 employees.

_____		_____
Employee OHC Co-Chair or OH&S Representative	and	Employer OHC Co-Chair or Employer

OHC Co-chairs / OH&S Rep (if applicable):

Name: _____	Name: _____
Phone: _____	Phone: _____
Fax:_____	Fax: _____
Email: _____	Email: _____