



Safety Award Nomination Form

Submit form to info@nchca.ca

Name of Company: _____

Name of Nominee(s): _____

Name of Person Submitting Form: _____

Email of Person Submitting Form: _____

Date Submitted: _____

1. Describe the event/occurrence where the Nominee(s) went above and beyond in their safety efforts:

2. Did the initiative result in fewer injuries or less exposure to harm or more near misses being filed?