

**CALIFORNIA STATE UNIVERSITY, STANISLAUS SAFETY AWARD NOMINATION FORM**

*\* PLEASE RETURN COMPLETED FORMS TO AMY THOMAS AT EHSEM BY MARCH 15<sup>th</sup>.*

Award Category (Select one)

Group

Individual

Nominee Name

Working Title

Classification

\*If Group, use next page for all names.

Nominee Department

Summary of Contributions - Provide a summary of the actions or project in 150 words or less describing the nominee's contribution to safety. Include information such as what specific actions were taken by nominee and how these actions contributed toward improving safety in the workplace. If you have it, you may also provide statistical information to support any measurable impact on the safety program, (e.g. reduction in workplace injuries, reduction in number of accidents, etc.).

**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 previous calendar year? **Yes**  **No**
- Is this nominee or group directly responsible for safety or health programs? **Yes**  **No**
- Was this action or project completed outside the nominee's regular job duties? **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 (GESA, departmental, merit, other)? **Yes**  **No**
- Explain outcome:

Nominated By (Print Name/Title)	Department	Extension	Email Address
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