



2009 Governor's Award For Outstanding Workplace Safety

Nomination Form

Company Name: _____

Address: _____

Contact person: _____

Phone #: _____ Email: _____

Nominating party contact info: _____

What is your Safety Success Story?

Please tell us by answering the following questions:

- 1) How has safety improved at your business and what did you do to make it happen?
- 2) How does your company assess its safety programs for effectiveness and track improvement?
- 3) What statistics and documentation can you provide that prove the effectiveness of your safety program?
- 4) How does management get employee involvement in workplace safety?

Please verify the following by a check mark:

- Experience modification rate of .90 or less (your mod rate _____)
- No workplace fatalities or catastrophic injuries for past 3 years
- We have an active Safety Committee with both management and employee involvement
- We have a written safety and health policy (Please include a copy of your policy)
- We have up to 50 Employees
- We have more than 50 Employees

All nominations should be sent, with a covering letter, to arrive by March 13, 2009, to:

Workers' Compensation & Safety Division
Vermont Department of Labor
Attn: Becky Morris
5 Green Mountain Drive, P.O. Box 488
Montpelier, VT 05601-0488

Or email, with attachments, to: becky.morris@state.vt.us