



Best Solution to an Identified Workplace Health & Safety Issue

Nomination Registration			
Company Name:			
Contact:			
Address:			
City/Prov.:		Postal Code	

Award Criteria	
What is the workplace health and safety issue?	<input type="checkbox"/>
What process was used to identify the issue?	<input type="checkbox"/>
How effective was the solution for the control of the identified hazard?	<input type="checkbox"/>
How original and innovative was the solution?	<input type="checkbox"/>
Has there been an identified improvement in health and safety in the workplace as a result of this solution? Can this be measured?	<input type="checkbox"/>

Additional Comments:

Signature

Date