



**Employer of the Year  
(Take Charge Health & Safety Award)**

**Nomination Registration**

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

**Award Criteria**

Hold a COR for at least 1 year	<input type="checkbox"/>
A low lost time claim rate - lower then industry average	<input type="checkbox"/>
Reduction in LTC	<input type="checkbox"/>
Display innovative methods to reduce loss	<input type="checkbox"/>
90% or better on last external audit	<input type="checkbox"/>
Not in Poor Performance position	<input type="checkbox"/>
Not a Targeted Employer	<input type="checkbox"/>
Must be able to give an example of a measurable improvement for an innovative safety process or significant reduction in WCB claims costs not just LTA's	<input type="checkbox"/>

**Additional Comments:**

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**Signature**

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**Date**