

## Presidential Safety Award Nomination

**Nominee's Information:**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Your Information:**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Criteria:**

1. New or innovative methods for the implementation of safety.
2. Excellence in safety program implementation.
3. Demonstrated improvement in a safety program.
4. Personal leadership in safety.
5. Consistent safety performance over time.

**Please state below in 250 words or less your reasons for nominating the individual or group. Please review the criteria above and base your recommendation on those criteria. Please provide examples to assist us in our evaluation.**