

## **The Governor's Safety Achievement Award Instructions**

The Governor's Safety Achievement Award recognizes Montana's small, medium and large employers and individuals in the public and private sectors that are committed to safety in the workplace. Through their commitment to safety, these employers and individuals are not only creating a safe place to work; they are reducing their workers' comp rate making them leaders in their industry.

### **Criteria for Employers:**

Governor's Safety Achievement Award recipients must meet the following criteria:

- Safety Management System
  - Provide documentation of the following:
    - Written safety and health policy.
    - Job or task specific training.
    - Refresher training offered.
    - Safety and health tasks are assigned to a person or position.
    - Periodic self-inspection for hazards.
    - Employee participation in safety and health program.
    - An effective hazard reporting system.
- Have a good safety record:
  - Better than average Emod or Incident Rate for the last 3 years.
  - Documentation must be submitted with nomination form.

### **Criteria for Individuals:**

Governor's Safety Achievement Award individual recipients must meet the following criteria:

- Must show exemplary leadership, outstanding achievement and implement safety policies and practices to facilitate a safe work environment.
- Promote innovative and creative solutions to engage colleagues in workplace safety programs.

### **Completing the Form**

Nominations can be made by anyone for any employer or individual who may meet the nomination criteria. Self-nominations are encouraged. All nominations will be considered.

- Nominations for the Governor's Safety Achievement Award must be submitted electronically using this nomination form and supporting documentation.
  - Please include a summary (500 words or less) as to why the nominee deserves the award.

- Nominations for **employers** must include additional pages of supporting documents.
- Nominations for **individuals** must include a biography or resume of the employee as well as a letter of endorsement from someone who has worked with or for the nominee.
- The information submitted should support the award criteria for safety in the workplace.

## The Process

A selection committee will review all nomination forms and select the Governor's Safety Achievement Award recipient(s). A letter will be sent to all nominees after the recipients have been selected. The recipients will be announced at the Governor's Workers' Compensation Conference in Butte, Montana on September 12<sup>th</sup>, 2024.

### E-Mail Completed forms to:

[DLIERDBP&S@mt.gov](mailto:DLIERDBP&S@mt.gov)

Name of the Company: \_\_\_\_\_

Type of Industry: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_

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

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Your Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Agency/Company/Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ email: \_\_\_\_\_

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**Deadline:** All nomination forms and supporting documentation must be **received electronically** no later than **June 30, 2024**.

**Nomination Description:**

Please use this space to describe why your nominee deserves a 2024 Governor's Safety Achievement Award. If preferred, you may attach the description to this form.