

# WorkSafe™

S A S K A T C H E W A N

*Work to live.*

## Safe Worker Award

In Saskatchewan, worker involvement is fundamental to healthy and safe workplaces. Every year, workers across Saskatchewan contribute significantly to safer workplaces and help to save lives and reduce injuries and illnesses. In the process, they help to create better work environments, healthier and safer workforces and more profitable businesses.

**WorkSafe Saskatchewan**, in conjunction with the Saskatchewan Federation of Labour and the Saskatchewan Safety Council, sponsor the Safe Worker Award to highlight the important contribution workers make to eliminating or reducing injuries and illnesses in the workplace. This award recognizes an individual who has shown an exemplary commitment to workplace health and safety.

We strongly encourage each Occupational Health Committee, OH&S Representative or small-sized employer to nominate someone from their workplace.

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## Safe Worker application form

Name of nominee: \_\_\_\_\_

Nominee's job title: \_\_\_\_\_

***(This award is not open to management, front line supervisors, or those in dedicated safety positions.)***

Name of workplace: \_\_\_\_\_

Type of industry: \_\_\_\_\_

Employer WCB firm number (if known): \_\_\_\_\_

Workplace address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Average number of workers:     0-9     10-49     50-99     100+

Name of nominee as it should appear on the award: \_\_\_\_\_

Do you wish to let this application stand for two years?     Yes     No

How did you find out about the Safe Worker Award?

- Compensation Institute
- Chamber of Commerce ad
- Newspaper ad
- Through the WCB
- WorkSafe Saskatchewan website
- Mailed promotional card
- Word of mouth

Other: \_\_\_\_\_

## To submit your nomination

Complete this form and answer each of the applicable questions. Supplemental materials such as newspaper articles, photographs and publications are welcome.

All nominations must be received at the Saskatchewan WCB by Jan. 31, 2021.

You may submit more than one application for your workplace. Please use a separate form for each application. ***This award is not open to management, front line supervisors or those in dedicated safety positions.***

### **Award Selection**

A review committee composed of representatives from each of the partners will evaluate the applications using a standardized evaluation process and criteria to determine the winner.

### **Email your application:**

Complete the online form at [www.worksafesask.ca](http://www.worksafesask.ca) or send it to [worksafeinquiry@wcbsask.com](mailto:worksafeinquiry@wcbsask.com).

**Questions?** Contact Catherine Fuchs at 306.787.4342.

## 1. Description

Describe the nominee's involvement with health and safety.

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Does the nominee sit on their Occupational Health & Safety Committee?

Yes       No

## 2. Tell us about an innovative safety idea or project the nominee championed in the workplace.

Describe how the idea resulted in changes to a job or task.

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Was the idea presented before an incident had occurred?

Yes       No

How was it implemented?

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Why was it implemented?

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## 3. Were there any barriers to overcome?

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If yes, how did the worker overcome the barriers to implement their idea? (e.g. cost, time, culture)

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#### **4. Health and safety benefits**

What workplace safety and health benefits resulted from the nominee's effort(s) or idea?

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#### **5. Other measurable results**

Describe any measurable results that can be used to quantify the success of the effort for which you seek recognition.

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#### **6. Cultural benefits**

Describe any cultural benefits that were gained as a result of the nominee's initiative.

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***Please have the proper person or people sign the application form:***

- The employee and employer OHC co-chairs must sign the application form for firms with 10 or more employees.
- The OH&S representative must sign the application for firms with 5-9 employees.

\_\_\_\_\_  
Employee OHC Co-Chair  
or OH&S Representative                      and                      \_\_\_\_\_  
Employer OHC Co-Chair or Employer

OHC Co-chairs / OH&S Rep (if applicable):

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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