

Award Category (Select one) Group Individual Excellence in Occupational Safety		Calendar Year	Agency	
Nominee Name (as it should appear on the certificate)	Working Title (see Group attachment)		Classification <u>(must attach specific duty statement(s), not CalHR job specifications)</u>	
Work Number	Work Mailing Address		Department, Division, or Office	
Work Email Address	City	State	Zip Code	

Summary of Contributions - Provide a summary of the actions or project in 150 words or less describing the nominee's contribution to safety. Include specific data, documentation, and statistics as required by the award category described on the nomination criteria information sheet. Include information such as what specific actions were taken by nominee and how these actions contributed toward improving safety in the workplace. Provide statistical information to support any measurable impact on the safety program, (e.g. reduction in workplace injuries, reduction in number of accidents, etc.). **An electronic copy of the summary will be requested if nomination is approved.**

Provide further explanation if the following information is not answered in the Summary of Contributions shown above.

Was the action or project completed in the calendar year?	Yes	No
Is this nominee or group directly responsible for safety or health programs?	Yes	No
Was this action or project completed outside the nominee's regular job duties?	Yes	No
Did this action or project take place during the course and scope of employment?	Yes	No
Has this action or project been considered previously for an award (GESA, departmental, merit, other)? Explain outcome.	Yes	No
Supporting documentation and Duty Statement(s) attached?	Yes	No
<u>EXPLANATION</u>		

Departmental Contact	Work Mailing Address	City	State	Zip Code
Departmental Approval		Contact Work Email Address	Contact Work Number	
Signature of department/agency head or their designee (Director, President, Warden, Superintendent, etc.)	Date	Approver Work Email Address	Approver Work Number	

Page 2 of 2