Page 1	Chairma	n's Safety Av	wards	
	(For Proje	cts Started After January	2011)	
	NOMINATION FORM - DEAI	DLINE FOR SUBMISSION: D	DECEMBER 1, 2012	
Company Name:				
Street Address:				
City:		State:	Zip:	
Telephone:	Fax:	e-Mail:		
Plant Manager:				
Submitted by &	Title:			
Date of Initiative (from/to):				
Safety Initiative Description, (examples: guarding, process improvement, training, incentives):				
Note: Sudging cittera win include originality, seventy of hazzard that was overcome, and humber of employees that were directly enected.				
Please Identify Employees Who Were Involved:				
How did the Initiative Develop?				
Has the Initiative Remained in Effect?:				
How has the Initiative Benefitted the Workplace in Safety or Otherwise:				
Categories:	Was it implemented	Was it implemented at	Was the initiative	
	(greater than 5 locations)	(less than 5 locations)	existing operation	
			equipment? (i.e. cage roller, pipe	
		()	machine, fork lift, etc.)	
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Categories:

Was it implemented company wide? (greater than 5 locations)

X Was it implemented at individual locations? (less than 5 locations)

Was the initiative focused on a piece of existing equipment? (i.e., cage roller, pipe machine, forklift, etc.)



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