



## SAFETY FIRST NOMINATION FORM

### Tell us who is making U-M a SAFE place to work!

The [Safety First Recognition Award](#) celebrates U-M employees who excel in creating and maintaining a safe and healthy workplace consistent with U-M’s Environmental, Health & Safety policies and guidelines.

Please select one type of nomination: **Individual**  **Work Group**

#### Nominate an Individual

Please provide the following information about the **Person** you wish to nominate.

*After completing the form, click on one of the buttons on the end of the form to submit the nomination to OSEH.*

First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Nominee’s Phone No.: \_\_\_\_\_ Nominee’s Email: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor’s Email: \_\_\_\_\_

#### Nominate a Work Group

Please provide the following information about the **Work Group** you wish to nominate.

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor Phone No.: \_\_\_\_\_ Supervisor’s Email: \_\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_

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

**Please provide additional information about each member of the Work Group you wish to nominate, e.g., First Names, Last Names, Job Titles, Phone Numbers, Email Addresses, etc.**

## Criteria

**Nominees must satisfy at least 1 or more of the 5 criteria listed below:**

1. Outstanding in-house safety program – For broad implementation of safety throughout the workplace.
2. Active role in safety – For being a strong advocate of health and safety.
3. Improvement – For demonstrating significant improvement over previous conditions.
4. Consistency – For maintaining an outstanding safety program over a number of years.
5. Product or process development and implementation – For special effort given to a specific aspect of safety at U-M.

Describe why this individual or work group deserves this award. Include examples & specifics of their work or their project. ***Convince the judges!***

**List references and/or contacts that may be useful if the judges need additional information:**

## Your Contact Information

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Phone Number\*: \_\_\_\_\_

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

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

\* *Mandatory*

If you have any attachments, photos, or other documentation, etc., which support this nomination, please email them to: [SafetyFirstRewards@umich.edu](mailto:SafetyFirstRewards@umich.edu)

**Please submit a completed form by clicking on one of the buttons above.**

- **“EMAIL FORM”** button (this will open your email application)
- **“SAVE FORM”** button (this allows you to save the form, then email as an attachment)
- **“PRINT FORM”** button (after printing, fax the form to 734-763-1185)