

GOVERNOR’S AWARD FOR CONTRIBUTIONS IN HEALTH AND SAFETY

Governor Quinn, or his appointee, will present the Governor’s Award for Contributions in Health and Safety at the 21st Annual Downstate Occupational Safety & Health day on February 29, 2012.

The award will be given to a person who has made significant contributions in the areas of safety and/or health through training and/or research which have had a lasting impact on workers in the downstate Illinois area.

Nominations will be accepted from: 1) someone making the nomination, or 2) self-nomination.

Nominations must be submitted by January 6, 2012, to Nancy Crain-Brown, Coordinator of DIOSH Day, c/o Greater Peoria Contractors & Suppliers Association, Inc.

Nominations may be mailed to Greater Peoria Contractors & Suppliers Association, Inc., Attention: Nancy Crain-Brown, 1811 W. Altorfer Dr., Peoria, IL 61615; or faxed to Nancy Crain-Brown at 309/692-5710; or emailed to nancy@gpcsa.org.

All submissions will be reviewed and a winner selected by the DIOSH Day Committee.

If you have any questions, please contact Nancy Crain-Brown at 309/692-5710 or nancy@gpcsa.org.

**GOVERNOR’S AWARD FOR CONTRIBUTIONS IN HEALTH AND SAFETY
NOMINATION FORM – to be submitted by January 6, 2012**

Name of Nominee _____

Contact Information for Nominee:

Phone _____ Fax _____

Email address _____

1. Tell us about the Nominee.

2. Please provide specific way(s) in which the Nominee has made a significant contribution in the areas of safety and/or health through training and/or research that have had a lasting impact on workers in the downstate Illinois area.

3. What initiatives or programs does the Nominee have in place to foster safety and/or health training and development?

4. Provide us with additional insight into the Nominee's philosophy on safety and/or health.

5. How does the Nominee actively seek to create a positive, professional safety and/or health culture?

6. Describe the Nominee's most creative approach to a safety and/or health challenge that you face.

7. Additional Information about the Nominee:

(Please add additional pages as needed.)

Person making the nomination:

Self Other

If other, please provide contact information:

Name _____

Phone _____

Fax _____

Email address _____

Thank you for your nomination.