

Technical Standards and Safety Authority 345 Carlingview Drive Toronto ON M9W 6N9 1.877.682.8772 safetyawards@tssa.org www.tssa.org

Safety Awards Nomination Form

Please fill out and e-mail to safetyawards@tssa.org by June 3, 2024

AWARD CATEGORY:				
I am nominating a	an: Individual		Award Type:	Impact recognizes contributions to Ontario's safety that go above and beyond regulatory compliance.
	Organizatio	on		Legacy recognizes impact over time that demonstrates a history of safety conscientiousness.
NOMINATOR CONTACT INFO:				
Name:			Title:	
Organization:				
Address:		City:		Postal Code:
Telephone:		Email:		
Where did you hea	ar about TSSA's Safety Awa	ards?		
NOMINEE CONT	ACT INFO:			
Name:			Title:	
Organization:				
Address:		City:		Postal Code:
Telephone:		Email:		
Please complete the following sections using concrete examples of how the individual/organization demonstrated excellence in each category. Attach additional pages and/or supporting documentation as needed.				
1. Safety/Indus	stry Impact			
Describe what the nominee does and how they have made an impact on safety in their industry?				



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Please complete the following sections using concrete examples of how the individual/organization demonstrated excellence in each category. Attach additional pages and / or supporting documentation as needed.

2. Demonstrated Safety Leadership

How has the nominee created increased awareness of safety issues surrounding their field?

3. Innovative Thinking

Describe ways in which the nominee has gone above and beyond industry regulations to improve safety for Ontarians.

Nominator Signature:

(dd-mm-yyyy)