



## OMCSA WORKER SAFETY INNOVATION AWARD - APPLICATION FORM

DATE:

EMPLOYER:

PROJECT:

### WORKER(S) INVOLVED

NAME:

FUNCTION:

NAME:

FUNCTION:

NAME:

FUNCTION:

### DESCRIPTION OF INNOVATIVE SAFETY IDEA

ILLUSTRATION INCLUDED? ☐ YES ☐ NO



RISK ELIMINATED / BENEFIT

IMMEDIATE SUPERVISOR:

DATE:

APPROVED BY (MANAGEMENT):

TITLE:

DATE: