Safety Recognition Award

Washoe County values each employee for his or her individual and unique talents, and we applaud all efforts to enhance the safety and health of our work environment and community.

The Safety Recognition Award recognizes the outstanding contributions of Washoe County employees for actions that foster and/or promote health and safety issues by taking action that is beyond the requirements of their normal role, is proactive, and with the purpose of protecting life and property.

The Award
Winners will receive special recognition and awards by the Safety Committee, County Manager’s Office, and the Washoe County Board of County Commissioners.

Selection Criteria
Nominees must be current Washoe County employees. Self-nominations are not allowed. Action must be taken on or at a Washoe County owned property, but may impact their department specifically, or the County as a whole.

Criteria for selection of winners may include evidence of the following:

- Implementing or enhancing a safety program / policy / procedure
- Making an extra effort to improve or correct a specific aspect of safety
- Demonstration of leadership in a safety role
- Collaborative & proactive work toward promoting safety
- Ensuring effective integration of health & safety in planning processes
- Taking an active role for continuous improvements to safety and health
- Obtaining significant improvements over previous conditions
- Making critical decisions to ensure safety

Selection Committee
The Washoe County Safety Committee will select winners from nominations received from Washoe County employees.

Nominations
Employees are invited to nominate other employee(s) for the Safety Recognition award by using the attached form. Please provide additional supporting documentation as needed to ensure that all aspects of the nomination may be considered.

Nominate a co-worker today! (link to the form)
SAFETY RECOGNITION NOMINATION FORM

Please print legibly

Washoe County Employee(s) being nominated

Why are you recommending/nominating this/these employees?

Details –

Date(s) of action
Location of action
Describe the situation

Action taken by nominee

Was the action taken for the safety of employees public both

Is ongoing action needed Yes No
If yes, what action is needed?

Names of any other employees involved?

Submitted by ___________________________ ___________________________
Name Phone

Send completed nominations forms and supporting documents to Celeste Wallick in Risk Management for submission to upcoming Safety Committee meetings.
Washoe County Safety Committee

Safety Recognition Award

To

Employee Name

Date

Presenter Name and Title