

# Award of Excellence

N L C S A



NEWFOUNDLAND  
& LABRADOR  
CONSTRUCTION  
SAFETY  
ASSOCIATION

This award serves to recognize organizations who are leaders in the construction industry in Newfoundland and Labrador, and who maintain a superior safety record while fostering a culture of safety excellence. The following criteria apply:

- Must be a member or associate member of the NLCSA\*;
- Must be COR™ certified and currently in good standing; and
- Must demonstrate a superior safety record and a strong safety culture throughout the organization (demonstrated leadership commitment, proactive reporting systems, effective hazard mitigation techniques, worker engagement with proven success, and a strong commitment to ESRTW best practices).

\*members of the NLCSA Board of Directors are not eligible to submit nominations

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company E-Mail: \_\_\_\_\_

Nominator: \_\_\_\_\_  Self-Nomination  Third Party Nomination

Nominator Phone: \_\_\_\_\_ Nominator E-Mail: \_\_\_\_\_

Number of employees at peak: \_\_\_\_\_

Brief description of business operation:

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Please explain how the nominee is a health and safety leader in the construction industry by providing responses to the following:

1. When did the nominee formally implement their health and safety management system?
2. Describe initiatives used by the nominee to promote health and safety awareness within the organization.
3. How does the nominee demonstrate leadership in terms of health and safety in the construction industry in Newfoundland and Labrador?
4. How does the nominee ensure continuous improvement in health and safety practices?
5. How does the nominee ensure everyone is actively involved in health and safety?
6. Describe how the Occupational Health and Safety Committee/ Worker Health and Safety Representative/ Worker Designate is actively involved in the nominee's health and safety management system?

Submit supporting documentation, such as a reference from a client, records of lost time incidents (for the past 3 years), history of stop work orders and/or directives issued from OH&S Division (for the past 3 years) along with a description of how the nominee addressed the orders, etc.

*Incomplete applications will not be accepted. All submission information will be held in the strictest confidence. Award recipients are selected by the NLCSA's Awards Selection Committee. The NLCSA thanks all those who put forth nominations; however, only those selected as award recipients will be contacted.*

I certify the above to be true and accurate to the best of my knowledge.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline for Submission: December 31<sup>st</sup>, 2017**

Please send completed application form and supporting documentation to:  
NLCSA Awards Selection Committee, 80 Glencoe Drive, Mount Pearl, NL A1N 4S9  
Fax: (709)739-7001 E-mail: [info@nlcsa.com](mailto:info@nlcsa.com)

For more information, please visit our website: [www.nlcsa.com](http://www.nlcsa.com)

**Awards will be presented at the NLCSA's annual conference.**

**Companies that are nominated must complete this form to enable verification of nominee's safety record.**

### **Safety Record Information**

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Permission Letter

To: Occupational Health & Safety Branch of the Department of Services NL

SEND TO: Trudy Northover, Departmental Program Coordinator at [tnorthover@gov.nl.ca](mailto:tnorthover@gov.nl.ca)

Please PROVIDE to:

John Ratcliff, Director of Safety Services

Newfoundland and Labrador Construction Safety Association

80 Glencoe Drive, Mount Pearl, A1N 4S9

Information concerning directives and stop work orders issued within the past 3 years solely for the purpose of verifying the below company's award application:

Signed by Company Owner(s): \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

### **Safety Record Information**

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Permission Letter

To: Workplace NL (formerly Workplace Health and Safety Compensation Commission)

SEND TO: Cathy Whiffen, Manager of Prevention Services at [Cathy.Whiffen@workplacnl.ca](mailto:Cathy.Whiffen@workplacnl.ca)

Please PROVIDE to:

John Ratcliff, Director of Safety Services

Newfoundland and Labrador Construction Safety Association

80 Glencoe Drive, Mount Pearl, A1N 4S9

Information concerning lost time injuries and PRIME status (refund or surcharge) within the past 3 years solely for the purpose of verifying the below company's award application:

Signed by Company Owner(s): \_\_\_\_\_

Company: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_