

**Nova Scotia Trucking Safety Association**

**2018 Safety Excellence Awards  
Workplace Health and Safety Committee  
Nomination Form**

**Name and Address of Workplace Health and Safety Committee nominated:**

**Phone:**

**Email:**

**Name and Address of Person Nominating the Workplace Health and Safety Committee:**

**Phone:**

**Email:**

**Occupational Health and Safety Activities:** Please fully describe this team's efforts relating to occupational health and safety at the workplace. (Why are you nominating this team?) Attach documentation.



**Improvement or Special Achievement:** Please fully describe how the team has demonstrated significant achievement or improvements in occupational health and safety.



Submission Instructions:

All nomination forms must be submitted to NSTSA by **February 10, 2018**. The nomination must be for a **Committee who is employed by a member of the Nova Scotia Trucking Safety Association**.

Fax: 902-405-3115 or email: [safety@nsts.ca](mailto:safety@nsts.ca) or mail to:

Safety Excellence Awards Committee  
NSTSA  
380 Bedford Highway, Suite 204  
Halifax, NS B3M 2L4

