

**Fax to:** 416-344-3493  
**Email to:** smallbizsafety@wsib.on.ca  
**Mail to:**  
 WSIB – Small Business Health & Safety Programs  
 200 Front Street W. 11th Floor, Toronto ON, M5V 3J1

## Small Business Health & Safety Leadership Award Nomination Form

**This form must be completed by the business owner or by the nominator.  
 Answer each question as fully as possible. If it is not applicable, state N/A.**

<b>Eligibility</b>	
You are registered with WSIB? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your WSIB account is in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
You have less than 50 workers? <input type="checkbox"/> Yes <input type="checkbox"/> No	You have not had a workplace fatality at your workplace. <input type="checkbox"/> Yes <input type="checkbox"/> No
You have not been convicted by the WSIB or the Ministry of Labour <input type="checkbox"/> Yes <input type="checkbox"/> No	
You are willing to participate in a validation process to confirm the information in your nomination form <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered No to any of the above questions, you are not eligible to participate in the WSIB Small Business Health &amp; Safety Leadership Award</b>	

<b>Business Information</b>			
Name			
Address (no. street, unit)	City/Town	Prov.	Postal Code
Office Telephone	Mobile Telephone		
Email			
WSIB Account Number	WSIB Firm Number	How many years has the business been operational?	
Does the business have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>yes</b> , list the URL:			
Please provide a brief description of the business (what products or services does the business provide, geographic location, etc):			

<b>Nominator Information</b>			
Business Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, please complete the following:</b>			
Name	Employer		
Address (no. street, unit)	City/Town	Prov.	Postal Code
Office Telephone	Mobile Telephone	Email	
How did you hear about the Small Business Leadership Award?			
<input type="checkbox"/> WSIB Website	<input type="checkbox"/> PSHSA		
<input type="checkbox"/> WSIB Newsletter	<input type="checkbox"/> WSN		
<input type="checkbox"/> Ontario Chamber of Commerce (OCC)	<input type="checkbox"/> IHSA		
<input type="checkbox"/> Canadian Federation of Independent Businesses (CFIB)	<input type="checkbox"/> Business Association		
<input type="checkbox"/> Ministry of Labour (MOL)	Name of Association:		
<input type="checkbox"/> WSPS	<input type="checkbox"/> Other:		

# Small Business Health & Safety Leadership Award Nomination Form

Answer each of the following questions:

## 1. Culture & Leadership (25 Points)

1) Tell us about the steps you take to demonstrate leadership and foster a culture of health and safety in your organization. Provide details about the steps or activities, how you measure success, and what the results have been so far.

2) Provide three to five examples of how you communicate health and safety information to everyone in your business?

3) Describe how you include health and safety as part of your training for new employees. If applicable, include a copy of your orientation procedure (file attachments at end of application).

4) Describe how you ensure that all of your employees receive health and safety training. Include how you determine what kind of health and safety training is needed and when.

## Small Business Health & Safety Leadership Award Nomination Form

### 2. Inspections (25 Points)

1) Tell us about your workplace inspection process. How often do you inspect, who participates and what role does each person play?

2) Describe the steps you take to continually improve your inspection process.

3) Describe how you communicate inspection findings to your employees. Include the approach you take and the frequency of your communications.

4) Provide a copy of your workplace inspection procedure and completed inspection forms within the past 6 months (file attachments at the end of the application form).

### 3. Hazard Identification & Control (25 Points)

1) Tell us how you accurately identify, control or eliminate hazards in your workplace. Include a copy of your hazard reporting procedure and hazard reporting form (file attachments at end of application form).

2) Provide an example of a hazard being reported by a worker and how it was controlled or eliminated. Include how you monitored and documented the situation to ensure it was successfully eliminated or controlled.

3) Provide a copy of your hazard reporting procedure and hazard reporting form (file attachments at the end of the application form).

**Small Business Health & Safety  
Leadership Award Nomination Form**

**4. Return to Work (15 Points)**

Describe your return-to-work program. If applicable, provide an example of a successful return to work plan (file attachments at the end of the application form).

**5. Workplace Violence and Harassment (5 points)**

Tell us how you investigate, respond to and control workplace violence and complaints of harassment.

**6. Mental Health (5 points)**

Tell us how you promote mental health in your workplace. What programs are available for your employees?

**Bonus (5 points)**

If you were to win the gold, silver or bronze award, how might you reinvest the money in your health and safety program?

## Small Business Health & Safety Leadership Award Nomination Form

### Employee Survey (15 Points)

To be conducted on the top scoring nominees.

**Deadline for Application: June 1, 2018**

#### Scoring:

Section 1 - 25 points

Section 2 - 25 points

Section 3 - 25 points

Section 4 - 15 points

Section 5 - 5 points

Section 6 - 5 points

**TOTAL 100 POINTS**

### Statement of Truth

By signing below, I certify that the information on this form is true, accurate and complete. If it is not, I understand that I may be disqualified from participating in the Small Business Health & Safety Leadership Award competition. I agree to the judging process of the Small Business Health & Safety Leadership Award, including an on-site visit. I understand if my company is a gold winner we will participate in an on-site video shoot.

Name

Title

Signature

Date

#### File Attachments:

(orientation procedure; workplace inspection procedure and forms; hazard reporting procedure and form; return to work plan, etc)

#### Submit completed form by fax or email to:

**Fax:** 416-344-3493

**Email:** [smallbizsafety@wsib.on.ca](mailto:smallbizsafety@wsib.on.ca)