

## WSN Risk Management Awards Application

Please complete all fields below and submit completed form to [customercare@workplacesafetynorth.ca](mailto:customercare@workplacesafetynorth.ca) indicating 'WSN Awards' in the subject line. To be considered in the annual awards process, this application is step one and must be submitted to Workplace Safety North by **April 30**.

1.	Application Date		
2.	Organization/Firm Name and Address		
3.	Site (if applicable, to determine scope)		
4.	Organization/Firm Management Contact*	4A. Name	
		4B. Position	
		4C. Email	
		4D. Tel	
<b>*Statement of attestation for organization/firm management contact:</b> I certify that our organization/site has not experienced a traumatic fatality within the last year prior to the award application year, nor are we awaiting a decision regarding a traumatic workplace fatality, under the Occupational Health and Safety Act related to the targeted high-risk hazard.			
		Signature of organization/firm management designate	
5.	**Worker JHSC member/ Worker Rep or Worker (if less than 5 FTE) who will be completing this submission	5A. Name	
		5B. Position	
		5C. Email	
		5D. Tel	
<b>**Statement of attestation for worker:</b> I certify that the information that will be contained in the submission will be collected by me, and the submission will be completed by me.			
		Signature of worker designate	
6.	WSIB Firm Number		
7.	Sector:		
8.	Firm Size	8A. Number of Staff	
		8B. Number of Workers	

Once your application is received, WSN will verify that you qualify for step two, the self-assessment submission. A WSN Health and Safety Specialist will contact you by e-mail to complete the submission process, which is due **June 15**.

**Thank you for your application!**