



Safety Champion Award Nomination Form

I, _____ nominate _____
(staff member name) (nominated employee name)

for the Safety Champion Award for the following safety suggestion or action:

(In 50 words or less, provide a detailed description of how an employee has gone above and beyond to demonstrate his or her commitment to the NAA safety culture. See SMS Safety Champion Award Program for more information.)

Hazardous condition mitigated:

(to be completed by Safety Officer)

- \$ Awarded _____ (\$100, 250, \$500) Certificate of Recognition Commemorative Keepsake
 Declined

Reason for being declined:

- Copy to Department Director Copy to Employee File
 Copy to Director of Finance Copy to Safety Officer

Comments:

Staff Member Signature Nomination Date

Safety Officer Signature Date

Deputy Director of Aviation Signature Date