



Application: Safety Transformation

Employer name:

Workplace Address:

Town/City/Community:

Postal Code:

Awarded to an employer that has dramatically improved its performance and created an exceptional health, safety and return to work program.

Assessment Criteria: Responses

Please respond to the criteria in the field provided. Please keep your responses brief – generally allow about a half single-spaced page (250 words) for each.

1. Describe the workplace health and safety challenge your organization faced.
2. Describe the risk management system or process was used to identify the issue.
3. Identify how your organization developed the solution(s).
4. How effective was (were) the solution(s) for the control of the identified challenge?
5. To what extent was (were) the solution(s) developed in consultation with workplace parties (eg. employees, unions, JOHS Committee, etc.) and, if applicable, outside organizations?
6. Describe the impact the solution had on the overall operations of the company.
7. Describe in detail the demonstrated improvement in health and safety in the workplace as a result of the solution? (Provide claims or incident/injury data, return to work data, and any other OHS reporting as evidence.)
8. Describe the potential for the approach/solution to have broader application across the industry?

Your application must also include:

- A copy of your organization's occupational health and safety code of practice or program as required under Sections 27 and 28 of the *Occupational Health and Safety Act* (if applicable).
- A photo of posted occupational health and safety materials in your workplace as required under Sections 9(2), 37, 38 and 39 of the Occupational Health & Safety Act.

*Award finalists **may** be visited by members of the judging panel to verify claims made in the proposals and gain further context.*