

**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.**

Eligibility	
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 prosecuted 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	
If you answered No to any of the above questions, you are not eligible to participate in the WSIB Small Business Health & Safety Leadership Award	

Business Information			
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 yes , list the URL:			
Please provide a brief description of the business (what products or services does the business provide, geographic location, etc):			

Nominator Information			
Business Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please complete the following:			
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	Name of Association:	
<input type="checkbox"/> Ministry of Labour (MOL)			
<input type="checkbox"/> WSPS	<input type="checkbox"/> Other:		

Answer each of the following questions:

1. Culture & Leadership (25 Points)

1) Describe how you demonstrate leadership and foster a culture of health & safety within your organization.

2) How do you communicate health & safety to everyone in the business?

3) Describe how you incorporate health & safety when onboarding new workers.

4) Describe how you ensure all your workers receive health & safety training.

2. Inspections (25 Points)

1) Describe your workplace inspection process.

2) How often do you conduct workplace health & safety inspections and who participates?

3) Provide an example of when a hazard was identified during an inspection and how was it eliminated or controlled?

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 (20 Points)

1) How do you identify, control or eliminate hazards at your workplace?

2) Provide an example of a hazard being reported by a worker and how it was controlled or eliminated.

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

4. Return to Work (15 Points)

1) Describe your Return to Work procedure.

2) If applicable, provide a written example of a successful return to work plan (file attachments at the end of the application form).

Employee Survey (15 Points)

To be conducted on the top 5 applications.

Deadline for Application: June 30, 2017

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