



NAOSH WEEK 2006 Employer Recognition Contest Entry Form

Employer Information

Organization Name: _____ Number of workers: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ E-mail address: _____

Delegated organizer(s): _____

Attach a brief description of your organization's safety related activities as indicated below:

Part A: Report on previous year's or ongoing safety and health activities

Briefly describe your organization's ongoing safety and health program that demonstrates your commitment to preventing workplace injuries and illnesses. You can attach supporting information to back up your submission (e.g. Terms of Reference for an Occupational Health & Safety Committee, schedule of training courses, copy of safety policy or plan, accident record etc.).

Statistics show that workers between the age of 14 and 24 are at most risk for lost time accidents. In general, they suffer from lack of training, minimal experience in the workplace and a belief in their own indestructibility. If your organization employs young workers describe what you have done to reduce their risk.

Part B: Report on NAOSH 2006 activities

Briefly describe the activities undertaken by your organization during NAOSH 2006 with particular reference to this year's theme: "Build a Safe Beginning". Of interest are details of the number of participants, copies of questionnaires, course outlines, flyers or meeting agendas, and event photos.

Mail or deliver entries to any of the WCB offices at the addresses listed below:

Workers' Compensation Board Attention: NAOSH Contest

Yellowknife

3rd floor Centre Square Mall
Box 8888
Yellowknife, NT
X1A 2R3

Inuvik

151 Mackenzie Road
Box 1188
Inuvik, NT
X0E 0T0

Iqaluit

Barron Building
(Building 1091)
Box 669
Iqaluit, NU
X0A 0H0

Rankin Inlet

Qujuutit Centre
(Royal Bank Building)
Box 368
Rankin Inlet, NU
X0C 0G0

Or: Fax 1-866-277-3677 (NWT toll-free), (867)979-8501 (Nunavut) Email: PublicAffairs@wcb.nt.ca

Visit the NAOSH Week Web Site!