



## 2017 Construction Workplace Health and Safety Innovation Award Application Form

Name of Company/Individual (applicant): \_\_\_\_\_

Worksite location of innovation (city/town): \_\_\_\_\_

Company President or CEO: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Application submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing address of person submitting: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of recipient(s) (as it should be inscribed on the award if received): \_\_\_\_\_

Name of Innovation:	
Brief description of innovation:	Please attach a brief description (300 words max.) outlining the innovation covering the following topics: <ul style="list-style-type: none"><li>• Why is this program, process or technique unique or innovative?</li><li>• What barriers had to be overcome?</li><li>• How does the innovation reduce workplace risks?</li><li>• Is the information current?</li><li>• Does the innovation translate new ideas into practice? Explain.</li></ul>

Please email completed application by November 1, 2017 to [sabine@icba.ca](mailto:sabine@icba.ca)