

2018 Gord Stewart 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 icovering the following topics: Why is this program, process or technique unique of innovative? What barriers had to be overcome? How does the innovation reduce workplace risks? Is the information current? Does the innovation translate new ideas into practice Explain.	or

Please email completed application by November 1, 2018 to sabine@icba.ca