



Small Business Health & Safety Leadership Award Application Form – 1967A

Instructions:

This form must be completed by the person applying for the award or by someone nominating the Small Business. Answer each question as fully as possible. If it is not applicable, state N/A.

Mail to:

WSIB – Small Business Health & Safety Programs 200 Front Street W. 11th Floor, Toronto ON, M5V 3J1

Email: smallbizsafety@wsib.on.ca

Fax: 416-344-3493

1. Eligibility			
Are you registered with the WSIB?	Yes	No	
Is your WSIB account in good standing?	Yes	No	
Do you have less than 50 workers?	Yes	No	
Have you had a fatality at your workplace?	Yes	No	
Have you been convicted by the WSIB or the Ministry of Labour?		Yes	No
Do you consent to the WSIB confirming the information in your application form?		Yes	No
Your eligibility to participate in the contest will be determined by your answers above.			

2. Business information				
Name				
Address (number, street, unit)		City/Town	Province	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?		Yes	No	
Please provide a brief description of the business (what products or services does the business provide, geographic information, etc.)				

Nominator information			
Business owner?	Yes	No	If No, please complete the following:
Name	Employer		
Address (number, street, unit)	City/Town	Province	Postal code
Office telephone	Mobile telephone	Email	
How did you hear about the Small Business Leadership Award? (All need a box beside them)			
<input type="checkbox"/> WSIB website	<input type="checkbox"/> IHSA		
<input type="checkbox"/> WSIB newsletter	<input type="checkbox"/> Business association, name of association:		
<input type="checkbox"/> Ontario Chamber of Commerce (OCC)	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Canadian Federation of Independent Businesses (CFIB)	<input type="checkbox"/> WSIB H&S consultant/evaluator, name of consultant/evaluator:		
<input type="checkbox"/> Ministry of Labour (MOL)	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> WSPS	<input type="checkbox"/> Other		
<input type="checkbox"/> PSHSA	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> WSN			
Answer each of the following questions:			
1. What are some of the things you do to keep your employees healthy and safe?			
Training			
Information, tools and resources			

Improvements to your workplace

Inspections and investigations

2. What positive results have you observed?

3. How do you identify opportunities to improve health and safety in your workplace?

4. How do you promote employee wellness and engagement within your organization? For example do you provide fitness classes; time and funds to take first aid courses; offer workplace events such as social outings, etc.?

5. Provide an example of a hazard being identified by one of your employees and how it was dealt with.

6. Why should you be recognized as a small business health and safety leader?

7. Do you have any of the following documents? Check off all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Orientation procedure | <input type="checkbox"/> Hazard reporting procedure |
| <input type="checkbox"/> Workplace inspection procedure | <input type="checkbox"/> Return to work procedure |
| <input type="checkbox"/> Injury reporting/incident investigation procedure) | <input type="checkbox"/> Health and Safety policy |
| <input type="checkbox"/> A standardized form to document monthly workplace inspections and corrective actions | <input type="checkbox"/> Workplace violence and harassment policy |

8. If you won, how would you reinvest the award money into additional health and safety improvements?

Deadline for Application: May 14, 2019**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

Submit completed form by fax or email to:**Fax:** 416-344-3493**Email:** smallbizsafey@wsib.on.ca