

RECOGNIZE

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**ABC Central California Chapter
Safety Employee Recognition Nomination Form**

Nominees Name: _____

Company / Organization: _____

Supervisor: _____

Supervisor's Phone: _____

Briefly describe why this individual should be recognized:
(Please consider the effort, impact, initiative, innovation & creativity involved)

Nominees shirt size: _____

Person submitting nomination: _____

Phone # of person submitting nomination: _____

Date: _____

*Please send completed form to ABC SAFE Award, PO Box 80718, Bakersfield, CA 93380
Or return to an ABC Safety Committee Member, or Staff Member*