



# Cash for SAFETY CULTURE

## 2024 SAFETY AWARD PROGRAM APPLICATION

**Do you have an idea about how to keep you and your fellow employees safe at work?**

The CHWCA Risk Management Committee would like to hear about your safety ideas and solutions. The *Cash for Culture* Safety Award Program was established by the CHWCA Risk Management Committee to promote a positive safety culture by recognizing and rewarding employees and agencies who take an active role in their agency's safety program.

Agency submissions should demonstrate innovation, creativity, and effective implementation within the agency. Engage with your agency's safety committee and launch safety initiatives through your agency's Injury and Illness Prevention Program (IIPP).

Employees may be reconigzed and rewarded for:

- Recognizing hazards and developing solutions to improve the workplace
- Developing solutions to prevent close calls or accidents from happening again
- Submitting ideas to improve safety programs that get implemented

### Employee Awards:

**Most Outstanding Suggestion - \$500 (one award)**

**Outstanding Suggestion - \$250 (five awards)**

**Good Suggestion - \$100 (multiple awards)**

**Honorable Mentions - Certificate**

### Agency Awards:

**Most Innovative Suggestion - \$6,000 (one award)**

**Innovative Suggestion - \$3,000 (one award)**

**Honorable Mention - Certificate**

One monetary award per employee/agency.

Submit your ideas and solutions by completing the form below and email to the Risk Control Team at [chwca.riskcontrol@sedgwick.com](mailto:chwca.riskcontrol@sedgwick.com). We encourage you to submit your ideas and solutions as they arise. Use a separate Application Form for each submission.

All submissions must be received by **October 1, 2024** in order to be eligible. Retain a copy of all documents for your records. Employee submissions must have management's approval.

Talk to your manager for additional information, or call CHWCA Risk Control Manager, Iris Penales, at (901) 483-7726.



2024 CHWCA Safety Award Program Application

Agency Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Manager Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Employee Submission

Agency Submission

Describe the hazard or problem:

Provide details about your idea and solutions:

Describe the results:

***Attach additional details and supporting documentation if needed.***

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Manager Signature*