



Minnesota *LECET*

SAFETY DRIVEN



Safe Laborer Quarterly Award Nomination Form

LABORER INFORMATION

Quarter: 1st 2nd 3rd 4th Year: 2010

	NOMINEE NAME	LAST 4 DIGITS OF SS #	LOCAL	HOURS WORKED IN QUARTER	SAFETY HIGHLIGHTS
1					
2					
3					
4					
5					

*Rules:**

1. Contractors can nominate up to five (5) Laborers per quarter.
2. All Laborers must have no Workers' Comp claims, Lost Time Injuries or OSHA recordable events.
3. Laborers must work a minimum of 250 hours in eligible quarter.

**See Official Program Rules Document (Form SIP-Rules) for additional information.*

SUBMITTED BY:

Contractor Name: _____

Contact: _____ Title: _____

Phone: _____ Email: _____

I authorize Minnesota LECET to verify pertinent safety records relating to the safety program and have reviewed the above information and believe it to be true and correct to the best of my knowledge:

Date: _____ Initials: _____

Please email, fax or mail the completed form to:

Minnesota LECET
81 East Little Canada Road
St. Paul, MN 55117
Fax (651) 653-9745 • Phone (651) 429-1600
Email: safety@minnesotalaborers.org