



Minnesota *LECET*



Safe Laborer Annual Award Nomination Form

LABORER INFORMATION

Laborer Name: _____ Local Union: _____

Last four digits of SS#: _____ Yrs. of Service: _____

*Applicable Year: 2010

Hours worked in the field during the applicable year: _____

During this year, has this Laborer experienced: Lost Time Injury: Yes___ No___

**OSHA Recordable Event: Yes___ No___ Workers Comp Claim: Yes___ No___

Laborer Safety Performance Highlights: _____

**Please submit candidates based on past performance history only.*

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

CONTRACTOR INFORMATION

Contractor Name: _____

Contact: _____ Title: _____

Applicable Jobsite(s): _____

Phone: _____ Email: _____

Alternate Contact: _____

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