



# Western Pulp, Paper, & Forest Products

## SAFETY & HEALTH CONFERENCE

*Partners in Safety – Steering Toward the Future*

**December 3-6, 2024**

**Holiday Inn Portland, Columbia Riverfront • Portland, Oregon**

## ***Your nomination is important!***

*Nominate individuals, teams, and organizations for a 2024 Western Pulp, Paper, & Forest Products Safety & Health Conference award. Award categories are listed below. Awards will be presented during a dinner ceremony on December 4 at the conference. If you've nominated someone in the past, and they were not selected, we encourage you to submit their nomination again.*

### **Pulp, Paper, & Forest Products Industry Award Categories**

- Employer
- Manager of the Year
- Safety Advocate
- Safety Professional
- Safety Committee/Team
- Supervisor of the Year
- Local Union
- Life Saving
- Contractor
- Safety Innovator

**Applications must be received by August 9, 2024**

Nomination forms can be found on the Western Pulp, Paper, & Forest Products Conference web page at: [osha.oregon.gov/conferences](https://osha.oregon.gov/conferences)

If you have questions or need clarification on the nomination process, please call the Conference Section at 503-947-7411, or toll-free at 888-292-5247, option 1, or e-mail [oregon.conferences@dcbs.oregon.gov](mailto:oregon.conferences@dcbs.oregon.gov)

**NOTE:** If your nominee is selected to receive an award, you will be contacted by the committee and asked to provide a photo of the award recipient.



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## ***Award Submission Tip Sheet***

Below are some tips to help with your submission.

### **Be sure to review the checklist of required items:**

- Complete the Nomination Form and include with the actual nomination.
- Answer each question for the category. Verify the information is accurate.
- Provide statistical information, if appropriate.
- Limit your nomination and supporting materials to four (4) pages (using at least a 12-point font).**
- Submit the nomination by the August 9, 2024 deadline.

### **Use examples**

Specific examples can help the judges better understand your nomination. For instance, when you describe an individual as passionate or caring about safety, share **how** they may have demonstrated those qualities.

### **What sets you apart?**

Include enough information to allow judges to understand how and why your nominee is special. Back up claims with facts, examples, or challenges.

### **Enlist help**

Another set of eyes can help ensure you are presenting information clearly and with enough detail. If you have a marketing or public relations department at your organization, consider recruiting them to help review or even write your submission.

### **Award questions:**

Contact the Conferences Section at 503-947-7411  
or e-mail [oregon.conferences@dcbs.oregon.gov](mailto:oregon.conferences@dcbs.oregon.gov)

# Western Pulp, Paper, & Forest Products Safety & Health Conference

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## This award recognizes an employer site that:

- › Has a sustainable occupational safety and health program.
- › Has not had an industrial fatality or catastrophic incident within the past twelve months.
- › Has an ongoing safety and health training program for all employees.

**Company being nominated:** \_\_\_\_\_

City, State: \_\_\_\_\_

Mill or Facility Manager name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mill or Facility Manager e-mail: \_\_\_\_\_

Your name: \_\_\_\_\_

Company: \_\_\_\_\_

Your job title: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Industry Employer Award* will be made by the Conference Awards Committee.

## Specific Information for the Employer Award

Please complete this form and submit the following information: *(Be as specific as possible. Nominations are judged on the information you submit.)*

- › **Describe** the company's activities that have contributed to a reduction in injuries, illnesses, and fatalities in the workplace.
- › **Explain** how the company involves upper and middle management and line workers in its safety and health programs.
- › **Summarize** the company's ongoing training program in occupational safety and health issues, including the different types of training offered, the frequency of training, and how the training is provided.
- › **Explain** what upstream measurements the employer uses to measure a sustainable safety and health program *(e.g. tracking near misses, security, level of incidents, hazard observations)*.

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Western Pulp, Paper, & Forest Products Safety & Health Conference  
Attn: Awards Committee  
PO Box 5640  
Salem, OR 97304-0640

**Fax your nomination to:** 503-947-7019, or e-mail: [oregon.conferences@dcbs.oregon.gov](mailto:oregon.conferences@dcbs.oregon.gov).

If the nominee was an award winner in this category at the 2022 or 2023 conference, include what they have done to improve upon prior success.

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## Local Union Award

### This award recognizes a local union who:

- › Supports and promotes participation at all levels in the occupational safety and health program at the facility (Executive board, central safety committee, standing committees, and department union stewards).
- › Has not had an industrial fatality or catastrophic incident within the past twelve months.
- › Takes an active role in the ongoing safety and health training program for all employees.

**Local being nominated:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Your name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Your job title:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Alternate contact** (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Local Union Award* will be made by the Conference Awards Committee.

### Specific Information for the Local Union Award

Please complete this form and submit the following information: *(Be as specific as possible. Nominations are judged on the information you submit.)*

- › **Explain** how the local promotes participation in safety and health (**at all levels**) at the site.
- › **Explain** how the local is proactive related to safety and health.
- › **Show** measurements of success (*how many active safety committees, members involved, train-the-trainer programs, intervention programs*).
- › **Describe** how the local union incorporates safety discussions in their meetings beyond the required report.

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## Industry Safety Committee/Team Award

This award recognizes an  
outstanding Safety Committee or Team.

Committee/team being nominated: \_\_\_\_\_

How many are on the committee/team: \_\_\_\_\_

Company: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your name: \_\_\_\_\_

Company: \_\_\_\_\_

Your job title: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Industry Safety Committee/Team Award* will be made by the Conference Awards Committee.

### Specific Information for the Safety Committee/Team Award

Please complete this form and submit the following information: *(Be as specific as possible. Nominations are judged on the information you submit.)*

- › **Provide** the mission statement of the safety committee/team charter of the company you are nominating.
- › **Provide** the minutes (if allowed to share) and agendas for the safety committee/team meetings held in the past twelve months.
- › **Describe** some of the safety committee/team's accomplishments, projects, or recommendations that have significant impact on the safety and health of workers.
- › **Describe** any innovative activities the safety committee/team has engaged in or created.

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This award recognizes an individual(s) who, while on or off the job, demonstrated extraordinary efforts to save the life of another person who was in an imminent harm/death situation during the past twelve months.

Person(s) being nominated: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your name: \_\_\_\_\_

Company: \_\_\_\_\_

Your job title: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Life Saving Award* will be made by the Conference Awards Committee.

## Specific Information for the Life Saving Award

Please complete this form and describe (not more than three typewritten pages) the rationale for the nomination.

**Reminder:** These nominations are for extraordinary effort.

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**Fax your nomination to:** 503-947-7019, or e-mail: [oregon.conferences@dcbs.oregon.gov](mailto:oregon.conferences@dcbs.oregon.gov).

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## Industry Manager of the Year Award

This award recognizes a General Mill Manager whose exemplary leadership and dedication to safety and health is unquestionable.

Person being nominated: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your name: \_\_\_\_\_

Company: \_\_\_\_\_

Your job title: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Industry Manager of the Year Award* will be made by the Conference Awards Committee.

### Specific Information for the Manager of the Year Award

Please complete this form and submit the following information: *(Be as specific as possible. Nominations are judged on the information you submit.)*

- › **Describe** how this individual's commitment, leadership, and activities demonstrates actively caring for all employees.
- › **Describe** how the nominee consistently pursues their vision of safety as an inherent value throughout the workforce and a workplace with a committed safety culture.
- › **Describe** how the nominee sets tone for supervisors and workforce.
- › **Describe** how the manager is approachable/available to all employees.

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**Fax your nomination to:** 503-947-7019, or e-mail: [oregon.conferences@dcbs.oregon.gov](mailto:oregon.conferences@dcbs.oregon.gov).

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## Safety Professional of the Year Award

This award recognizes a full-time safety individual (hourly or salaried) who demonstrates exemplary leadership and dedication to safety and health, and whose primary responsibility at work is workplace safety and health. Professional certification is not a requirement.

Person being nominated: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your name: \_\_\_\_\_

Company: \_\_\_\_\_

Your job title: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Safety Professional of the Year Award* will be made by the Conference Awards Committee.

### Specific Information for the Safety Professional of the Year Award

Please complete this form and submit the following information: *(Be as specific as possible. Nominations are judged on the information you submit.)*

- › **Describe** how this individual's commitment, leadership, and partnering with employees and peers, demonstrates actively caring for all employees and fosters a committed workplace safety culture.
- › **Describe** how the nominee consistently pursues their vision of safety as an inherent value throughout the workforce.
- › **Describe**, if appropriate, publications, training programs, educational programs, research, procedures, etc., that the nominee has created, designed, or improved or supported others who brought forward new ideas.
- › **Describe** how this individual demonstrates personal responsibility for safety commitment.

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This award recognizes a supervisor (other than the general mill manager) who oversees employees on a daily basis and places the safety and health of the employees they supervise ahead of all their other responsibilities.

Person being nominated: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your name: \_\_\_\_\_

Company: \_\_\_\_\_

Your job title: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Industry Supervisor of the Year Award* will be made by the Conference Awards Committee.

## Specific Information for the Supervisor of the Year Award

Please complete this form and submit the following information: *(Be as specific as possible. Nominations are judged on the information you submit.)*

- › **Describe** how this individual's safety leadership sets the standard for all employees and assures the safe performance of machines and equipment within their operating area.
- › **Describe** how the nominee consistently pursues their vision of safety as an inherent value throughout the workforce and a workplace with a committed safety culture.
- › **Describe** how this individual drives/supports innovative activities of the safety committee.
- › **Describe** how this individual facilitates the sharing of information and collaboration through their leadership.

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This award recognizes an outstanding individual (employee or contractor) who has made a significant safety and/or health contribution to the industry.

Person being nominated: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your name: \_\_\_\_\_

Company: \_\_\_\_\_

Your job title: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Safety Advocate Award* will be made by the Conference Awards Committee.

## Specific Information for the Safety Advocate Award

Please complete this form and submit the following information: *(Be as specific as possible. Nominations are judged on the information you submit.)*

- › **Describe** how this individual's commitment and leadership, demonstrates actively caring for their peers.
- › **Describe** how this individual demonstrates personal responsibility and commitment for safety.
- › **Describe** the activities or accomplishments the nominee has contributed that have improved safety and health, and explain the results of that contribution.
- › **Describe**, if appropriate, publications, training programs, educational programs, research, procedures, etc., that the nominee has created, designed, or improved.

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## This award recognizes a contractor who:

- › Supports and promotes participation in the occupational safety and health program within their company and facilities they service.
- › Has not had an industrial fatality or catastrophic incident within the past twelve months.
- › Takes an active role in the ongoing safety and health training program for all employees.

**Contractor (site or job) being nominated:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Your name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Your job title:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Alternate contact** (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Contractor Award* will be made by the Conference Awards Committee.

## Specific Information for the Contractor Award

Please complete this form and submit the following information: *(Be as specific as possible. Nominations are judged on the information you submit.)*

- › **Explain** how the contractor promotes participation and is proactive in safety and health at all levels and with all workers on the jobsite.
- › **Describe** how the contractor incorporates safety with your facility *(e.g. inspections, checklists, etc.)*
- › **Describe** why you feel this contractor should be recognized.
- › **Include** at least one letter of support from management within your site.

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This award recognizes the employee or team who creates an idea, a product, or a concept that promotes a safer workplace. The innovative concept could heighten the awareness of a safety concern, it could show the need for improved training, or create a product that helps to mitigate risk.

Person being nominated: \_\_\_\_\_

Company: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your name: \_\_\_\_\_

Company: \_\_\_\_\_

Your job title: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact (name and phone): \_\_\_\_\_

The selection for the *Western Pulp, Paper, & Forest Products Safety Innovator Award* will be made by the Conference Awards Committee.

## Specific Information for the Safety Innovator Award

Please complete this form and submit the following information: *(Be as specific as possible. Nominations are judged on the information you submit.)*

- › **Describe** the Innovation: Is the idea, product, or concept one that has never been seen before? Is it an improvement on a current idea or concept?
- › **Describe** the Creativity: Did the idea, product, or concept require thinking outside the box?
- › **Describe** the Feasibility: Is the idea, product, or concept cost effective? Will it have a potential for avoidance of injury, where the cost could then be considered an investment?
- › **Describe** the Results: Will the idea, product, or concept show immediate and or long term gains to lower risk or avoid injury?

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