

Guidelines For Lifesaving Awards

1. The lifesaving award is available to employees in the state of Washington who are covered by industrial insurance (State Fund or Self-insurance).

➤ ➤ Lifesaving act can occur anywhere, 7 days a week, 24 hours a day ◀◀
2. Official documentation in support of the nomination is required (e.g. doctor, fire department, medics, police, etc.) Nominators are encouraged to attach any additional supporting information.
3. The incident detail is to include outcome of rescue. If the victim did not survive, a nomination can be made for a humanitarian award.
4. To submit nominations, complete the "application for lifesaving award". Comments should be brief, concise, specific to incident, and explain how a life was saved. If necessary, use a separate sheet to continue with comments.
5. A 35mm photograph (digital preferred) of the applicant is required and **MUST BE** enclosed or you may send a digital image by E-mail to foib235@lni.wa.gov.
6. Applications should be submitted on the current form and within the designated time frame.
7. Lifesaving actions having occurred within the current time frame will be eligible for nomination (June 1 through May 30).
8. **The application should be signed by the person nominating, and be submitted to the Governor's Industrial Safety and Health Advisory Board no later than June 30.**
9. The award shall be for personally performing urgently required "hands-on" action(s) in a lifesaving effort. In the case of law enforcement persons, fire fighters, EMTs, or other similar type professionals, such actions must NOT be part of their normal duties, but must be above and beyond the line of duty.
10. The awards committee of the Governor's Industrial Safety and Health Advisory Board will review applications for contents and timeliness.
11. The decision of the awards committee is final. Any further discussion of an application shall be directed to the chairperson of the awards committee.

** If the committee is unable to determine from the application who it was that actually saved the life, no award will be given and the nomination will be returned to you.

SUBMIT APPLICATION TO:

Governor's Industrial Safety and Health Advisory Board
c/o Barb Saunders, Lifesaving Award Coordinator
Department of Labor and Industries
PO Box 44660
Olympia WA 98504-4660

Email: foib235@lni.wa.gov Fax: (360) 902-5619

For questions or further information contact: Barb Saunders (360) 902-5442.

OTHER INFORMATION (OPTIONAL)

Did incident occur on the job? Yes No

Has nominee had company training which contributed to their ability to help during this lifesaving accident?

Yes No If yes, please describe training: _____

Please provide any other information that you feel would assist the Advisory Board in their evaluation.

Signature of Nominator: _____ Date: _____

** If submitting application via email, your signature is not required.*

IMPORTANT - PLEASE NOTE:

- Must provide photo (digital preferred) of nominee.
- Print & mail or fax attached photo release
- Incident must have occurred during the period of June 1 through May 30
- Application must be received by June 30

For video presentation purposes, please provide any additional documentation such as; statement from victim (if possible), newspaper articles, television news info (video, photos, link to website regarding incident), photos of the scene, photos of workplace or workplace logo, police report, etc.

Application information can be submitted via:

Email: Barb Saunders, Lifesaving Awards Coordinator, at: foib235@lni.wa.gov

Regular Mail: Governor's Industrial Safety and Health Advisory Board
c/o Barb Saunders, Lifesaving Award Coordinator
Department of Labor and Industries
PO Box 44600
Olympia, WA 98504-4600

Fax: Attn: Barb Saunders, Lifesaving Awards Coordinator
Fax: (360) 902-5619 Phone: (360) 902-5442





Governor's Industrial Safety and Health Advisory Board



Governor's Industrial Safety and Health Advisory Board
c/o Barb Saunders, Lifesaving Award Coordinator
Department of Labor and Industries
PO Box 44600
Olympia, WA 98504-4600
Phone: 360.902.5442 Fax: 360.902.5619

Lifesaving Award Nominee Photo/Video/Presentation Release:

I, (please print your name) _____ agree to have my image captured using any medium, including but not limited to photography, video recording or other means of capture and reproduction (referred to from here as "photograph(s)") by the Governor's Industrial Safety and Health Advisory Board and/or the Department of Labor and Industries. I understand that they will own any and all rights of any image of me on such medium, without compensation to me.

I give the Governor's Industrial Safety and Health Advisory Board and/or the Department of Labor and Industries, irrevocable and unrestricted right to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in publications, television, newspaper, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet), or other forms of promotion. I release the Department of Labor and Industries and the Governor's Advisory Board, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I am 18 years of age or older.

Signature: _____ Date: _____

Address: _____

City / State / Zip: _____

Phone: _____