

## 2010 Lifesaving Awards Guidelines

➤ ➤ Lifesaving act can occur anywhere in the world, 7 days a week, 24 hours a day ‹‹

1. The lifesaving award is available to employees in the state of Washington who are covered by industrial insurance (State Fund or Self-insurance).
2. 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 call of duty.
3. To submit nominations, complete the "Application for Lifesaving Award" below. Comments should be brief, concise, specific to the incident, and explain exactly how a life was saved. If necessary, use a separate sheet to continue with comments.
4. In the case of a team award, each nominee must have contributed directly to the lifesaving act.
5. The incident detail is to include the outcome of the rescue. If the victim did not survive, the nomination will be considered for a humanitarian award.
6. Please attach at least one corroborating/witness statement such as; newspaper or media account, police report, photographs from scene, letter from supervisor, statement from witness, etc.
7. A photo(s) (digital preferred) of the applicant is required and **MUST BE ENCLOSED OR ATTACHED**. You may submit a digital image along with the application by E-mail to [glol235@Lni.wa.gov](mailto:glol235@Lni.wa.gov).
8. Applications should be submitted on the current form and within the designated time frame. The lifesaving incident must have occurred between **June 1, 2009 and May 30, 2010** will be eligible for nomination.
9. The application should be signed by the person nominating, and must be submitted to the Governor's Industrial Safety and Health Advisory Board **no later than June 30**.
10. The awards committee of the Governor's Industrial Safety and Health Advisory Board will review applications for contents and timeliness. 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.

### Application information can be submitted via:

**Email:** Laura Glover, Lifesaving Awards Coordinator, at: [glol235@lni.wa.gov](mailto:glol235@lni.wa.gov)

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

**Fax:** Attn: Laura Glover, Lifesaving Awards Coordinator  
Fax: (360) 902-5619 Phone: (360) 902-5533

# APPLICATION FOR LIFESAVING AWARD



Governor's Industrial Safety  
and Health Advisory Board

## NOMINEE INFORMATION

*Note: Individual names only. Multiple nominees will be returned to you for resubmission*

Name of Award Nominee (as to appear on award): \_\_\_\_\_

Home Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

County of Employer: \_\_\_\_\_ Email: \_\_\_\_\_

## VICTIM INFORMATION (OPTIONAL)

Name of Victim: \_\_\_\_\_

Address (if known): \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Victims Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## PERSON SUBMITTING APPLICATION

Name of Nominator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

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

## INCIDENT DESCRIPTION (REFER TO GUIDELINES #3-7)

Date & Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

### SKILLS USED IN SAVING OR SUSTAINING LIFE OF VICTIM: (please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Airway cleared (head tilt)    | <input type="checkbox"/> Airway cleared (abdominal thrust) | <input type="checkbox"/> Rescue Breathing           |
| <input type="checkbox"/> Chest compressions (CPR)      | <input type="checkbox"/> AED                               | <input type="checkbox"/> Controlled severe bleeding |
| <input type="checkbox"/> Care for shock                | <input type="checkbox"/> Care for poisoning                | <input type="checkbox"/> Care for burns             |
| <input type="checkbox"/> Water Rescue with equipment   | <input type="checkbox"/> Water rescue swimming             |   |
| <input type="checkbox"/> Other (please describe) _____ |  |   |

Please provide a description of lifesaving incident. Be sure to include, in detail, what assistance/aid was provided to the victim by the nominee(s), injuries sustained, etc. Attach additional pages if necessary.

**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.





## Governor's Industrial Safety and Health Advisory Board



Governor's Industrial Safety and Health Advisory Board  
c/o Laura Glover, Lifesaving Award Coordinator  
Department of Labor and Industries  
PO Box 44600  
Olympia, WA 98504-4600  
Phone: 360.902.5533 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: \_\_\_\_\_