



# Safety Professional of the Year Official Entry Form

As part of the Chairman and Awards Luncheon on Tuesday, September 22, OTA will recognize the 2019 Safety Professional of the Year. This award honors industry professionals who demonstrate excellence and passion within the safety profession.

All OTA members in good standing are able to nominate their employee or peer. **Nominations are due July 31.**

Nominee's Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Nominator's Name and Email \_\_\_\_\_

## *SECTION I - PROFESSIONAL QUALIFICATIONS*

**Record of Experience:** List names of every company by whom you were employed in trucking or allied industry, and the dates. Include job title, job description, and achievements (Use additional paper if necessary).

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**Record of Education:** List any degrees or years of attendance at an educational institution above high school level.

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**Record of Training:** List your participation in informal or in-service training, such as Fleet Supervisor Training Programs, hazardous materials training programs, etc. Include dates and any certification.

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**Record of Writing/Teaching:** List your extra-curricular activities such as making safety lectures to other companies, schools, service organizations; writing newspaper/magazine articles; state and local safety meetings or programs, etc.

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**SECTION II - SAFETY RECORD**

Description of fleet or carriers under your direct supervision or direction. Include your authority, your policy, safety methods used of your creation, and safety improvement record. **Include current CSA records.**

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(may continue on other side)

Describe company safety activities not involving drivers:

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**SECTION III - SAFETY ACTIVITY OUTSIDE THE FLEET**

List years of active participation in safety organizations such as the Ohio Trucking Safety Council, Ohio Truck Driving Championships, All Ohio Safety Congress, National Safety Council, etc. Include offices held, committee work, etc.:

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Personal Recognition: List any awards or recognitions you have received. If applicable, the year certified by the National Committee for Motor Fleet Supervisor Training as Director of Safety \_\_\_\_\_, Motor Fleet Supervisor \_\_\_\_\_, Driver Trainer \_\_\_\_\_.

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Include any other pertinent information about yourself you feel the committee could use in its selection:

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This is to certify that the foregoing information and any exhibit attached is correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(nominee's name)

Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
(executive officer)

Nominations are due by July 31, 2020. Please return this completed form to: Ohio Trucking Association; 655 Cooper Road, Westerville, OH 43081; or e-mail Bradie Berry at [bradie@ohiotrucking.org](mailto:bradie@ohiotrucking.org).