

EMPLOYEE RECOGNITION PROGRAM



WHAT IS THE PROGRAM?

The Transportation Health and Safety Association of Ontario has established a program for employers to recognize their employees for their performance in health and safety. It defines standards of performance for drivers and inside employees and has established guidelines for evaluation. The program is administered by THSAO for participating companies. This program is the trademark of professional drivers and conscientious workers who have proven their skills in avoiding accidents and injuries. Companies recognize the program as a benchmark in health and safety, and drivers and workers know and respect it.

THE EMPLOYEE RECOGNITION PROGRAM PROVIDES THESE BENEFITS:

- Documents history of safety performance
- Demonstrates the importance of working and driving safely
- Demonstrates appreciation of a job well done
- Shows customers the quality of service provided
- Improves employee morale
- Builds confidence

Safe Driver - Drivers who are employed to operate a commercial motor vehicle and have driven one full calendar year with no preventable accidents.

Safe Worker - Workers who are employed and have worked without a preventable accident for a full calendar year.



YES! WE WOULD LIKE MORE INFORMATION ABOUT THE EMPLOYEE RECOGNITION PROGRAM

Name	Company	
Address	City	Postal Code
Phone	Fax	No. of Employees

Mail or fax this form to: Novelette D'Acres

Transportation Health & Safety Association, 555 Dixon Road, Suite 101, Toronto, ON M9W 1H8
Telephone: 416-242-4771 ext. 225 or Toll Free: 1-800-263-5016 Fax: 416-242-4714 Email: nov.dacres@thsao.on.ca

If you are interested in registering immediately, please fill out the enrollment form on the back of this page.

PLEASE ENROLL OUR COMPANY IN THE EMPLOYEE RECOGNITION PROGRAM

Company Name (please print): _____

Complete Address: (mail and courier): _____

Postal Code: _____ Phone: () _____ Fax: () _____

Type of Business: _____ No. of Employees: _____ Employees: Worker Driver

WCB Firm # _____ WCB Rate # _____ For Office Use Only: THSAO SDA CO. # _____

Year Claiming Awards For: December 31, 20 _____

Surname (please print)	Given Name	Start date working for company	Does employee presently have awards? No. of years	Dates of any previous accidents	No. of years claiming
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

I/we hereby certify that the workers listed are qualified for the award as indicated and have been employed for the period stated.

Authorized Signature: _____ (print name)

Contact person if not the same as above (print name): _____



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