

**Fire-EMS Safety Officers Association of NYS, Inc.
Health & Safety Awards Nomination Form**

H&S Recognition Nomination Form

Today's Date: _____

Nominated By: _____ **Phone:** _____ **Email:** _____

Refer to the Fire-EMS Safety Officers Association of NYS Awards Program for more information on awards criteria, nominations and voting.

Award Type

This Nomination is for:

Safety Officer of the Year Award

Sponsor of the Year Award

Agency of the Year Award

Good Catch Award

For Safety Officer of the Year Award: Name of Nominee: _____

For Annual Awards: Calendar Year for Annual Award: _____

For Good Catch Awards: Date of Incident/Event for Good Catch Award: _____

Location of Incident/Event: _____

Agency in Charge: _____

Reasons For Recognition