

GEORGIA SAFETY PROFESSIONAL OF THE YEAR

DEADLINE MARCH 29

THIS ANNUAL RECOGNITION IS PRESENTED TO AN ACTIVE MEMBER OF THE COUNCIL WHO HAS EXCELLED IN THE FIELD OF TRUCK SAFETY. NOMINEES MUST BE A MEMBER OF THE SAFETY MANAGEMENT COUNCIL, BE EMPLOYED FULL-TIME IN GEORGIA FOR THE PAST FIVE YEARS, AND PERFORMING DUTIES DIRECTLY RELATED TO TRUCK FLEET LOSS PREVENTION. NOMINATIONS CAN BE MADE BY ANYONE AND PREVIOUS WINNERS ARE NOT ELIGIBLE. JUDGING WILL BE BASED ON THE PROFESSIONAL QUALIFICATIONS OF THE NOMINEE, HIS/HER SUCCESS IN ADVANCING HIGHWAY AND INDUSTRIAL SAFETY IN HIS/HER FLEET, AND HIS/HER WORK AND LEADERSHIP IN THE GMTA SAFETY MANAGEMENT COUNCIL AND OTHER PROFESSIONAL SAFETY ORGANIZATIONS.

SAFETY PROFESSIONAL OF-THE-YEAR

Nominee's Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Company: _____

Address: _____
(Street) (City) (State) (Zip Code)

Please list years of participation in the following GMTA Safety Council activities: Council Member _____
Chairman _____ Vice Chairman _____ Secretary _____ Treasurer _____ Council Committee(s) _____

Please check all activities that apply: Chairman Committee Participant
Georgia Truck Driving Championships

Truck Safety Inspection Committee

Cooperative Safety Patrol

Nominating Committee

Other Committees

Employment History: Names of companies by whom the nominee has been employed in the trucking industry, the dates of employment in each job classification, and the duties and responsibilities. You may attach additional sheets.

<u>Date</u>	<u>Company</u>	<u>Job Title/Brief Description</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Safety Performance: For the companies named under “Employment History”, please note accident and injury ratios, improvements, and awards while under nominee’s direction.

<u>Company</u>	<u>Accident Ratio</u> (per 1,000,000 miles)	<u>Injury Ratio</u> (lost workdays ÷ # employees)	<u>Improvement/Awards</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Other activities, such as speaking engagements before service organizations, schools or industry groups; interviews with news media; state or local safety meetings or programs.

Participation in truck fleet safety supervisor training programs, or other formal truck-related training.

Do you hold a certification by ATA's National Committee for Motor Fleet Supervisor Training as:

Director of Safety ____ Year____ Motor Fleet Safety Supervisor ____ Year____ Driver Trainer ____ Year ____

List memberships and offices held in other safety organizations:

I certify that to the best of my knowledge, the information contained in this document is true.
