

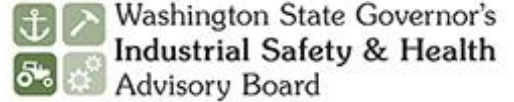
## Lifesaving Awards Guidelines

1. The lifesaving award is available to employees in the state of Washington who are covered by industrial insurance (State Fund or Self-Insurance or Jones Act). **The lifesaving action must have been performed while on duty. You must be able to answer yes to this question: Were the nominee(s) on duty during the act?**
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, healthcare professionals, or other similar type professionals or employees acting in a first responder capacity, such actions must NOT be part of their normal duties, but must be above and beyond the call of duty.
3. Applications must be submitted within the designated time frame. The lifesaving incident must have occurred between **June 1, 2018 and May 31, 2019**, to be eligible for nomination.
4. To submit nominations, complete either the online form or print and fill out the “Application for Lifesaving Award”. Both are located at <https://www.gishab.org/lifesaving-nomination>. The description should be brief, concise, specific to the incident, and explain exactly how a life was saved. Use a separate sheet if necessary to continue with comments.
5. The incident detail is to include the outcome of the rescue. If the victim did not survive, the nomination may be considered for a humanitarian award.
6. If possible, attach corroborating / witness statements such as; newspaper or media account, police report, photographs from the scene, letter from supervisor, statement from witness, etc.
7. A signed release and digital photo of each nominee is required and **MUST BE RECEIVED by AUGUST 9, 2019** for use in promotional and marketing material. Photos can be uploaded at time of submission or nominees will be sent a link to upload a photo after selection.
8. The application must be signed by the person nominating and must be submitted to the Governor’s Industrial Safety and Health Advisory Board **no later than June 28, 2019**.
9. The Lifesaving Awards Committee of the Governor’s Industrial Safety and Health Advisory Board will review the applications. If the application does not meet these guidelines or the committee is unable to determine from the application who it was that actually saved the life, no award will be given and the nominator will be notified.

Applications can be submitted at <https://www.gishab.org/lifesaving-nomination> or mailed.

**US Mail:** Governor’s Industrial Safety and Health Advisory Board  
Attn: Lifesaving Awards  
Department of Labor and Industries  
PO Box 44642  
Olympia, WA 98504-4642

# APPLICATION FOR LIFESAVING AWARD



## NOMINEE INFORMATION

Note: You must describe how each nominee contributed to the lifesaving act(s)

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

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

Email (optional): \_\_\_\_\_

Phone (optional): \_\_\_\_\_

## VICTIM INFORMATION (OPTIONAL)

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

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

## PERSON SUBMITTING APPLICATION

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

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

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

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

## INCIDENT DESCRIPTION (REFER TO GUIDELINES #3-6)

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

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

SKILLS USED IN SAVING OR SUSTAINING LIFE OF VICTIM		
<input type="checkbox"/> AED	<input type="checkbox"/> Care for shock	<input type="checkbox"/> Rescue Breathing
<input type="checkbox"/> Airway cleared (head tilt)	<input type="checkbox"/> Care for poisoning	<input type="checkbox"/> Water rescue swimming
<input type="checkbox"/> Airway cleared (abdominal thrust)	<input type="checkbox"/> Controlled severe bleeding	<input type="checkbox"/> Water Rescue with equipment
<input type="checkbox"/> Care for burns	<input type="checkbox"/> CPR	<input type="checkbox"/> Other

Were the nominee(s) on duty during the act?

Yes  No

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). For multiple nominees describe what each person did. Attach additional pages if necessary.

**OTHER INFORMATION (OPTIONAL)**

Has nominee had company training which contributed to their ability to help during this lifesaving accident?

Yes  No If yes, please describe training:

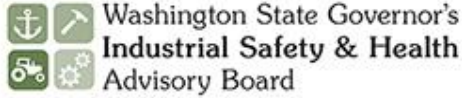
Please provide any other information that you feel would assist the Advisory Board in their evaluation.

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT - PLEASE NOTE:**

- Incident must have occurred during the period of June 1, 2018 through May 31, 2019.
- Application must be received no later than June 28, 2019.
- Photo Releases must be printed and signed. When submitting online, release must be scanned for upload. Nominee digital photo must be received by August 9, 2019.

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Governor's Industrial Safety and Health Advisory Board  
Department of Labor and Industries  
C/O Lifesaving Awards  
PO Box 44642  
Olympia, WA 98504-4642  
Phone:1-888-451-2004

### **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:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*Electronic submissions of the Photo/Video/Presentation require a signature: Please print, sign and scan this form.*