

## 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: Was the nominee(s) on duty and covered by workers compensation 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 on the current form and within the designated time frame. The lifesaving incident must have occurred between **June 1, 2019 and May 31, 2020**, to be eligible for nomination.
4. To submit nominations, complete the “Application for Lifesaving Award” below. Comments should be brief, concise, specific to the incident, and explain exactly how a life was saved. If necessary, use a separate sheet 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. Attach at least one corroborating / witness statement such as; newspaper or media account, police report, photographs from the scene, letter from supervisor, statement from witness, etc.
7. If selected, a signed release and a photo(s) (digital preferred) of the nominee is required and **MUST BE RECEIVED BY JULY 31, 2020**. You may submit a digital image along with the application by E-mail to [LLer235@Lni.wa.gov](mailto:LLer235@Lni.wa.gov).
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 30, 2020**.
9. The Lifesaving Awards Committee of the Governor’s Industrial Safety and Health Advisory Board will review the applications. If the committee is unable to determine from the application who it was that actually saved the life, no award will be given and the nomination will be returned to you.

Application information can be submitted via Email or US Mail:

**E-mail:** Governor’s Conference Manager at: [LLER235@Lni.wa.gov](mailto:LLER235@Lni.wa.gov)

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

## 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 #3-7)

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

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

EXAMPLES OF SKILLS USED IN SAVING OR SUSTAINING LIFE OF VICTIM		
<input type="checkbox"/> This lifesaving incident was performed while on duty. YES	<input type="checkbox"/> AED	<input type="checkbox"/> Care for burns
<input type="checkbox"/> Chest compressions (CPR)	<input type="checkbox"/> Care for poisoning	
<input type="checkbox"/> Care for shock	<input type="checkbox"/> Water rescue swimming	<input type="checkbox"/> Other _____
<input type="checkbox"/> Water rescue with equipment	<input type="checkbox"/> Rescue breathing	_____
<input type="checkbox"/> Airway cleared (abdominal thrust)	<input type="checkbox"/> Controlled severe bleeding	

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), injuries sustained, etc. 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: \_\_\_\_\_

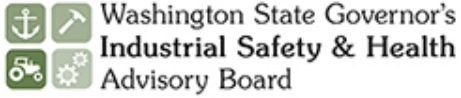
*Electronic submissions do not require a signature.*

*When submitted electronically, you are confirming that all information is true and complete.*

**IMPORTANT - PLEASE NOTE:**

- Print & sign attached photo release - it must be included with submission if submitting by email you must print, sign and scan the photo release!
- Must provide digital image of nominee by July 30, 2020
- Incident must have occurred during the period of June 1, 2019 through May 31, 2020
- Application must be received no later than June 30, 2020

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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.*