

Northeastern Illinois Chapter ASSE CHAPTER SPY AWARD INFORMATION

I. ELIGIBILITY

Nominees must be a Professional Member or Member of the Society, and not have received this award within the past five (5) years (U.S. members must be active dues-paying members of a Chapter).

II. JUDGING CRITERIA

Only the nominee's past five (5) years of activities will be considered.

1. Demonstrated technical expertise in the broad field of safety and a thorough knowledge of the operational aspects of his/her safety employment.
2. Society, Council, Chapter, Region or Division activities, including committee or task force chair, officer, project director, services to members, lecturer at seminars, etc.
3. Professional contributions to advance the Safety Profession, such as fostering professional development, public/community services, instructor at educational institutions, involvement in codes and legislation, articles written, work with allied groups, etc.
4. Awards and innovations, including citations, honors, plaques; or new procedures or systems developed.
5. Leadership in establishment, maintenance, and improvement of technical or Society programs in organization nominee serves or elsewhere.
6. Other personal achievements related to safety and health.
7. Endorsements by superiors and verifications by associates, in the form of letters on appropriate stationery of the employer and Chapter, Council, Region or Division.

III. NOMINATING PROCEDURES

The nominee's entire submission should include the following items:

1. A letter of endorsement from the nominee's immediate employment supervisor; the **endorsement** form; a written **job description** of nominee's job or position (preferably on organization letterhead); and an **organization chart** showing the endorsing superior's exact, specific job-related relationship to the nominee or a statement describing such relationship. These parts should be five pages or less.
2. A **single-page bio** of the nominee's professional background.
3. A written petition (no more than five pages which addresses the seven (7) judging criteria listed above. List, in order obtained, any specific achievements.

Safety Professional of the Year 20XX – 20XX

NOMINATION FORM (please print or type)

(To be filled out by individual, Chapter, Council, Division or Region
submitting the name of a nominee for this award)

CANDIDATE'S NAME _____

TITLE _____

COMPANY/ORGANIZATION _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (____) _____

ASSE # _____

Briefly describe nominee's current or recent ASSE activities:

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (____) _____

Please return completed form to the Chair, Awards Committee or to ASSE – NEIL Chapter, P.O. Box 72698, Roselle, IL 60172-0698. Once the nomination form is received, the nominating person(s) will be sent a nomination package to complete and return to NEIL ASSE.

NOTIFICATION OF NOMINATION

Date

Name
Company
Address 1
Address 2

Dear _____:

Each year the Northeastern Illinois (NEIL) Chapter of the American Society of Safety Engineers awards the Safety Professional of the Year (SPY) Award to a person who has made outstanding contributions in the area of safety. To be granted this award a person must be nominated by at least one member of the NEIL Chapter. (Note: Self nominations are acceptable.) I am pleased to inform you that you are one of the persons that have been nominated to receive this year's award.

Please find attached the criteria for eligibility and the required information that needs to be submitted and returned no later than _____. Once we have received all of the nominees completed forms, the Awards and Honors Committee will be reviewing them to select this year's winner. If you have any questions, please feel free to contact me.

The winner will be announced and awarded the SPY Award during the Chapter's holiday dinner banquet.

Congratulations on your nomination!

Sincerely,

Chair, Awards Committee
NEIL ASSE

ENDORSEMENT FORM

(please print or type)

(To be filled out by the immediate superior or employer of the nominee for this award; Self-employed consultants should also fill out)

Candidates

Name: _____

Title: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____

Please describe your company or organization's primary business, including size, operating subsidiaries, facilities and the number of people in the safety/loss control department:

Other requirements – IMPORTANT

1. Please attach a current description of the nominee's position/job from the employer or organization, plus an organization chart depicting the safety function.
2. On no more than two (2) pages of your organization stationery, please describe the scope and quality of the nominee's job-related duties and achievements concisely but specifically, plus any other safety-related activities of which you have personal knowledge.

I have reviewed the employment-related part of the nominee's petition for this award and find it to be an accurate reflection of the candidate's job-related achievements.

Supervisor's/Employer's Name, Title and Specific relationship to the nominee:

Sponsor's signature: _____