



ADMINISTRATIVE PROCEDURE

CCWD Safety Spot Recognition

Date: _____	
Recognized Employee: _____	
Supervisor: _____	
Indicate Action(s) being recognized	Brief Description (What was done and how does it improve safety?)
<input type="checkbox"/> Increased employee safety awareness	
<input type="checkbox"/> Directly influenced the safe completion of a job/project	
<input type="checkbox"/> Increased employee/workgroup safety knowledge	
<input type="checkbox"/> Contributed to safety in the work area	
<input type="checkbox"/> Directly served a District safety goal	
<input type="checkbox"/> Enhanced the safety of others	
<input type="checkbox"/> Demonstrated Safety Leadership	
<input type="checkbox"/> Prevents an accident or injury	
<input type="checkbox"/> Other (Describe)	
Supervisor's Signature _____	

Spot recognition is given at the discretion of the supervisor and no other approval is necessary. This spot recognition card should be completed for each recognition and provided to the Safety Officer and Division Manager.

