This form and supporting documentation should be submitted one week prior to an upcoming quarterly Interagency Advisory Council meeting. Please complete the form, then print and sign prior to submission to the Division at StateLossPreventionProgram@myfloridacfo.com.

Date: Click or tap to enter a date.

Agency: Click or tap here to enter text.

Agency Safety Coordinator: Click or tap here to enter text.

Description of nominee’s contribution to the reduction and control of employment-related accidents:Click or tap here to enter text.

Approved by the Interagency Advisory Council on:

Safety Coordinator Signature Date IAC Chair Signature Date

Choice of Award: [ ]  Plaque [ ]  Trophy [ ]  Acrylic Award

Preferred wording to appear on award: Click or tap here to enter text.

Date Ordered:

Date Received:

Date Provided to Agency: