



Excellence Award for Occupational Safety & Health

Nomination Form

Organizations, Firms and Commissions



المؤسسة العامة
للضمان الاجتماعي
Social Security Corporation

Firm Information

Official Name of Firm:			
Firm Activity:			
Firm Objectives:			
Firm Services:			
Firm Products			
Firm Address:	P.O Box:	Postal Code	
	Tel.	Fax	
	Email:	Website:	
Country/Location			
Responsible Person Information	Name:	Official Position:	
	Address:		
Firm- related Information:	Date of Establishment	Date of Work Inception:	
	Date of License Issuance (Please enclose a photocopy of the License)		
	Date of Contribution to Social Security		
	Social Security Number:		
	Has it ever been that The firm discontinued its work during the last two years(Details and Date)		
	Firm Branches inside The kingdom		
	Branch:	Address:	Date of Establishment:
Firm Branches	Firm Branches outside The kingdom		
	Branch:	Address:	Date of Establishment:
Firm Building:	Specification of the Building:		
	Building's Area Measurement:		
	Number and Type of Building Units:		
	Other Areas:		
	Public Electricity Resources:	Private:	
	Public Water Resources:	Private:	



Firms Utilities (Accommodations, Restaurants, Clinics etc)

[Redacted]

[Redacted]

	Employees Transportations		Public Transportations:		Private Transportations	
Firms Workers:	Total No		Males		Females	
	Jordanian Workers No.		Non-Jordanian Workers No.		Seasonal Workers No.	
	Temporary Workers No.		Permanent Workers No.			
	Works Done by Females:					

Arrangements of Safety and Protection in Firms

A. Public Safety Equipments (Please, clarify The quality, number and usage)

1. [Redacted]
2. [Redacted]
3. [Redacted]
4. [Redacted]

B. Personal Safety Equipments (Please, clarify quality, number and usage)

1. [Redacted]
2. [Redacted]
3. [Redacted]
4. [Redacted]

C Public Safety Supervisor

Name: [Redacted] Essential Work in Firm: [Redacted]

Has the Supervisor been authorized by the Ministry of Labor (Please, enclose the letter of authorization, if Any) Yes No

D Occupational Safety and Health Committee

No.of Members	[Redacted]	Name of the Committee Head	[Redacted]
Qualifications	[Redacted]	Working Period in the Firm	[Redacted]
Working Period in the Committee	[Redacted]	Position in Firm	[Redacted]

Has The committee been authorized by the Ministry of Labor (Please, enclose copy of authorization letter, if Any) Yes No

Nomination Information

Field of Nomination According to the EAOSH's Instructions (See enclosed brochure/EAOSH Fields)

Firm Achievements in Occupational safety and health

A. Mention and clarify justifications of Nomination in Slight Details

1.

2.

3.

4.

B. Awards or certificates of appreciations that firm Has previously obtained in the field of occupational safety and health

1.

2.

3.

4.

Application Information

Applicant Name

Applicant Position

Applicant Signature

Submitting the Application Date:

Application is sent Via

Enclosures of Application

- 1 Photocopy of Firm License
- 2 Photocopy of Registry Letter and Contribution to SSC
- 3 Photocopy of Letter of Authorizing Occupational Safety and Health Supervisor
- 4 Photocopy of Authorizing Safety Committee by the Ministry of Labor
- 5 Any other Documents and Papers the Nominee Wants to Submit to Strengthen Objectives, Works, Products, and Services of the Firm (Please, List the titles of the enclosures and sign them)



جائزة التميز
في السلامة والصحة المهنية

For SSC Use

Receiving the Application:

Date of Receiving:

Number of the Application in Registry of Received Nominations:

Recipient Name

Recipient Position

Recipient signature

SSC's Stamp and Signature

Information and Reviews on (nominee, application and any other related issues with stating its resource)



**Excellence Award
for Occupational Safety & Health**

**Tel.: 5501880 Ext. 6336 OR 6303 - Fax: 5501909
P.O.Box: 926031 Amman 11110 - Email: osh@ssc.gov.jo
www.ssc.gov.jo**