



Zero fatalities. Zero excuses.

**Infrastructure Safety Award - Individual
Rules and Criteria**

The *Vision Zero Infrastructure Safety Award – Individual* is designed to recognize an individual who has made outstanding contributions to promote or implement Safety Improvements or Programs on North Dakota’s State or Local road system, at any and all phases of those improvements. The individual could be a private citizen, work for a governmental agency, part of the contracting industry, or an engineering consultant. Please read the eligibility requirements and criteria below.

Eligibility dates are October 1, 2019 – September 30, 2020

Nominations are due December 20, 2020

VISION ZERO INFRASTRUCTURE SAFETY AWARD – INDIVIDUAL

- All entries in the *Vision Zero Infrastructure Safety Award – Individual* must be based on promoting or implementing safety improvements or programs on ND’s State or local road system, at any phase.
- Entries and supporting data will be reviewed by the Vision Zero Infrastructure Safety Award Committee and recipients will be selected.
- Recipients will be notified two weeks prior to the Vision Zero Summit.
- Award presentations will be made at the annual Vision Zero Summit awards banquet to be held virtually this year on April 12-16, 2021.
- NDDOT reserves the right to publicize the winners’ name and the details of winner’s improvements or program.

JUDGING CRITERIA

- Resulting safety benefits to the public, highway, local road, bike, pedestrian, or workforce.
- Thoroughness of submitted entry. Attachments are encouraged but concise descriptions are required. Please limit the submission to no more than two pages.

Nomination forms can be mailed or emailed to the NDDOT Programming Division.

North Dakota Department of Transportation – Programming Division

Vision Zero Infrastructure Safety Award – Individual

608 E Boulevard Ave

Bismarck, ND 58505-0700

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**Infrastructure Safety Award – Individual
Nomination Form**

Eligibility Dates: October 1, 2019 – September 30, 2020

Deadline: December 20, 2020

Note: For this entry to be considered a valid nomination, each of the following sections must be completed. Attachments are encouraged, but concise descriptions are required. Concise descriptions should be given on additional paper if needed. Use this form as a cover sheet.

NOMINEE INFORMATION

First, Middle, Last Name: _____

Title: _____

EMPLOYER INFORMATION

Employer: _____

Address: _____

City: _____

Zip: _____

Describe the safety improvements or programs that were implemented or promoted:

Describe the benefit:

Other details: _____

Submitted by: _____

Organization: _____

Email: _____

Phone: _____

Date: _____