

**GORD SMITH**  
**HEALTHY WORKPLACE AWARD**

**CHECKLISTS**

# RISING STAR CHECKLIST

## 1. Choose **ONE** wellness topic that you have focused on throughout the year

Name of Topic: \_\_\_\_\_

## 2. Based on your wellness topic, provide evidence of **ONE** of the following health promotion strategies:

- **ONE** activity you completed in Awareness Raising

Name of Activity: \_\_\_\_\_

- Attach evidence for this activity

- **OR ONE** activity you completed in Education or Skill Building

Name of Activity: \_\_\_\_\_

- Attach evidence for this activity

- **OR ONE** activity you completed in Environmental Support

Name of Activity: \_\_\_\_\_

- Attach evidence for this activity

## 3. Supportive statement requirement:

- **ONE** statement of employer's commitment to wellness

Name of Statement: \_\_\_\_\_

- Attach Statement

## WINNER'S BOOKLET SUBMISSION

- 200-word write-up that highlights **one** of your wellness activities

# BRONZE CHECKLIST

## 1. Choose **ONE** wellness topic that you have focused on throughout the year

Name of Topic: \_\_\_\_\_

## 2. Based on your wellness topic, provide evidence of the following health promotion strategies:

- **ONE** activity you completed in Awareness Raising

Name of Activity: \_\_\_\_\_

- Attach evidence for this activity

- **ONE** activity you completed in Education or Skill Building

Name of Activity: \_\_\_\_\_

- Attach evidence for this activity

- **ONE** activity you completed in Environmental Support

Name of Activity: \_\_\_\_\_

- Attach evidence for this activity

## 3. Provide evidence of evaluation you completed for **ONE** of the activities you listed in the section above

Name of Activity: \_\_\_\_\_

## 4. Supportive policy requirement

- **ONE** supportive policy specific to the wellness topic chosen

Name of Policy: \_\_\_\_\_

- Attach Policy

## WINNER'S BOOKLET SUBMISSION

- 200-word write-up that highlights one of your wellness activities

# SILVER CHECKLIST

## 1. Choose **TWO** wellness topics that you have focused on throughout the year

Name of Topic 1: \_\_\_\_\_

Name of Topic 2: \_\_\_\_\_

## 2. For each wellness topic, provide evidence of the following health promotion strategies:

- **ONE** activity you completed in Awareness Raising

Name of Activity for **Topic 1**: \_\_\_\_\_

Attach evidence for this activity

Name of Activity for **Topic 2**: \_\_\_\_\_

Attach evidence for this activity

- **ONE** activity you completed in Education or Skill Building

Name of Activity for **Topic 1**: \_\_\_\_\_

Attach evidence for this activity

Name of Activity for **Topic 2**: \_\_\_\_\_

Attach evidence for this activity

- **ONE** activity you completed in Environmental Support

Name of Activity for **Topic 1**: \_\_\_\_\_

Attach evidence for this activity

Name of Activity for **Topic 2**: \_\_\_\_\_

Attach evidence for this activity

## 3. Provide evidence of evaluation you completed for **ONE** of the activities you listed in the section above

Name of Activity: \_\_\_\_\_

## 4. Supportive policy requirement:

- **ONE** supportive policy in total specific to one wellness topics chosen

Name of Policy: \_\_\_\_\_

Attach Policy

- **ONE** comprehensive workplace wellness policy

Attach Policy

## WINNER'S BOOKLET SUBMISSION

- 200-word write-up that highlights **one** of your wellness activities

# GOLD CHECKLIST

## 1. Choose **THREE** wellness topics that you have focused on throughout the year

Name of Topic 1: \_\_\_\_\_

Name of Topic 2: \_\_\_\_\_

Name of Topic 3: \_\_\_\_\_

## 2. For each wellness topic, provide evidence of the following health promotion strategies:

### ■ **ONE** activity you completed in Awareness Raising

Name of Activity for **Topic 1**: \_\_\_\_\_

Attach evidence for this activity

Name of Activity for **Topic 2**: \_\_\_\_\_

Attach evidence for this activity

Name of Activity for **Topic 3**: \_\_\_\_\_

Attach evidence for this activity

### ■ **ONE** activity you completed in Education or Skill Building

Name of Activity for **Topic 1**: \_\_\_\_\_

Attach evidence for this activity

Name of Activity for **Topic 2**: \_\_\_\_\_

Attach evidence for this activity

Name of Activity for **Topic 3**: \_\_\_\_\_

Attach evidence for this activity

### ■ **ONE** activity you completed in Environmental Support

Name of Activity for **Topic 1**: \_\_\_\_\_

Attach evidence for this activity

Name of Activity for **Topic 2**: \_\_\_\_\_

Attach evidence for this activity

Name of Activity for **Topic 3**: \_\_\_\_\_

Attach evidence for this activity

### 3. Provide evidence of evaluation you completed for TWO of the activities you listed in the section above

Name of first Activity: \_\_\_\_\_

Name of second Activity: \_\_\_\_\_

### 4. Supportive policy requirement:

- Provide **TWO** supportive policies in total - one policy for two of the three wellness topics chosen

Name of first Policy: \_\_\_\_\_

Attach Policy

Name of second Policy: \_\_\_\_\_

Attach Policy

- **ONE** comprehensive workplace wellness policy

Attach Policy

### 5. Organizational Social Responsibility:

- Provide **ONE** example of an activity or program where your workplace is active in the community to support efforts to improve the health and well-being of the community.

Name of Activity: \_\_\_\_\_

Attach evidence for activity

### WINNER'S BOOKLET SUBMISSION

- 200-word write-up that highlights **one** of your wellness activities



# PLATINUM CHECKLIST

## 1. Choose **THREE** wellness topics that you have focused on throughout the year

Name of Topic 1: \_\_\_\_\_

Name of Topic 2: \_\_\_\_\_

Name of Topic 3: \_\_\_\_\_

## 2. For each wellness topic, provide evidence of the following health promotion strategies:

### ■ **TWO** activities you completed in Awareness Raising

Name of Activity 1 for **Topic 1**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 1**: \_\_\_\_\_

Attach evidence for activity 2

Name of Activity 1 for **Topic 2**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 2**: \_\_\_\_\_

Attach evidence for activity 2

Name of Activity 1 for **Topic 3**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 3**: \_\_\_\_\_

Attach evidence for activity 2

### ■ **TWO** activities you completed in Education or Skill Building

Name of Activity 1 for **Topic 1**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 1**: \_\_\_\_\_

Attach evidence for activity 2

Name of Activity 1 for **Topic 2**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 2**: \_\_\_\_\_

Attach evidence for activity 2

Name of Activity 1 for **Topic 3**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 3**: \_\_\_\_\_

Attach evidence for activity 2

- **TWO** activity you completed in Environmental Support

Name of Activity 1 for **Topic 1:** \_\_\_\_\_

- Attach evidence for activity 1

Name of Activity 2 for **Topic 1:** \_\_\_\_\_

- Attach evidence for activity 2

Name of Activity 1 for **Topic 2:** \_\_\_\_\_

- Attach evidence for activity 1

Name of Activity 2 for **Topic 2:** \_\_\_\_\_

- Attach evidence for activity 2

Name of Activity 1 for **Topic 3:** \_\_\_\_\_

- Attach evidence for activity 1

Name of Activity 2 for **Topic 3:** \_\_\_\_\_

- Attach evidence for activity 2

### 3. Provide evidence of evaluation you completed for **TWO** of the activities you listed above

Name of first Activity: \_\_\_\_\_

Name of second Activity: \_\_\_\_\_

### 4. Supportive policy requirement:

- Provide **THREE** supportive policies in total- **ONE** policy for each of the three wellness topics chosen

Name of Policy for **Topic 1:** \_\_\_\_\_

- Attach Policy

Name of Policy for **Topic 2:** \_\_\_\_\_

- Attach Policy

Name of Policy for **Topic 3:** \_\_\_\_\_

- Attach Policy

- **ONE** comprehensive workplace wellness policy

- Attach Policy





## 5. Organizational Social Responsibility:

- Provide **ONE** example of an activity or program where your workplace is active in the community to support efforts to improve the health and well-being of the community.

Name of Activity: \_\_\_\_\_

- Attach evidence for activity

## 6. Certified Living Wage Employer:

- Employer must be a Certified Living Wage Employer, certified (i.e., current) between August 1, 2019, and July 31, 2020.

- Attach copy of Living Wage certificate

## WINNER'S BOOKLET SUBMISSION

- 200-word write-up that highlights **one** of your wellness activities

# DIAMOND CHECKLIST

## 1. Choose **THREE** wellness topics that you have focused on throughout the year

Name of Topic 1: \_\_\_\_\_

Name of Topic 2: \_\_\_\_\_

Name of Topic 3: \_\_\_\_\_

## 2. For each wellness topic, provide evidence of the following health promotion strategies:

### ■ **TWO** activities you completed in Awareness Raising

Name of Activity 1 for **Topic 1**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 1**: \_\_\_\_\_

Attach evidence for activity 2

Name of Activity 1 for **Topic 2**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 2**: \_\_\_\_\_

Attach evidence for activity 2

Name of Activity 1 for **Topic 3**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 3**: \_\_\_\_\_

Attach evidence for activity 2

### ■ **TWO** activities you completed in Education or Skill Building

Name of Activity 1 for **Topic 1**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 1**: \_\_\_\_\_

Attach evidence for activity 2

Name of Activity 1 for **Topic 2**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 2**: \_\_\_\_\_

Attach evidence for activity 2

Name of Activity 1 for **Topic 3**: \_\_\_\_\_

Attach evidence for activity 1

Name of Activity 2 for **Topic 3**: \_\_\_\_\_

Attach evidence for activity 2

- **TWO** activities you completed in Environmental Support

Name of Activity 1 for **Topic 1:** \_\_\_\_\_

- Attach evidence for activity 1

Name of Activity 2 for **Topic 1:** \_\_\_\_\_

- Attach evidence for activity 2

Name of Activity 1 for **Topic 2:** \_\_\_\_\_

- Attach evidence for activity 1

Name of Activity 2 for **Topic 2:** \_\_\_\_\_

- Attach evidence for activity 2

Name of Activity 1 for **Topic 3:** \_\_\_\_\_

- Attach evidence for activity 1

Name of Activity 2 for **Topic 3:** \_\_\_\_\_

- Attach evidence for activity 2

### 3. Provide evidence of evaluation you completed for TWO of the activities you listed above

Name of first Activity: \_\_\_\_\_

Name of second Activity: \_\_\_\_\_

### 4. Supportive policy requirement:

- Provide **THREE** supportive policies in total - **ONE** policy for each of the three wellness topics chosen

Name of Policy for **Topic 1:** \_\_\_\_\_

- Attach Policy

Name of Policy for **Topic 2:** \_\_\_\_\_

- Attach Policy

Name of Policy for **Topic 3:** \_\_\_\_\_

- Attach Policy

- **ONE** comprehensive workplace wellness policy

- Attach Policy

## 5. Organizational Social Responsibility:

- Provide **TWO** examples of an activity or program where your workplace is active in the community to support efforts to improve the health and well-being of the community.

Name of Activity 1: \_\_\_\_\_

- Attach evidence for activity 1

Name of Activity 2: \_\_\_\_\_

- Attach evidence for activity 2

## 6. Certified Living Wage Employer:

- Employer must be a Certified Living Wage Employer, certified (i.e., current) between August 1, 2019, and July 31, 2020.

- Attach copy of Living Wage certificate

## 7. Additional Requirement

- Workplace met Platinum or Diamond level award criteria for last TWO years in a row

## WINNER'S BOOKLET SUBMISSION

- 200-word write-up that highlights **one** of your wellness activities