2015 NS-AWWA Utility Safety Award - SURVEY FORM

Please check class size below:

☐ Class Size I (1-5 employees)
☐ Class Size II (6-10 employees)
☐ Class Size III (11-15 employees)
☐ Class Size IV (over 15 employees)

Submitted by ________________________________________________

Name of Utility ________________________________________________
Address of Utility ________________________________________________
Telephone __________________ Fax _____________________________
E-mail __________________________

Number of Employees ______

Safety Record
OSHA Log (or equivalent if applicable) 300 300 300 300 300
Year: 2010 2011 2012 2013 2014

Number of Recordable injuries (C) ______ ______ ______ ______ ______
Number of Lost Work Days ______ ______ ______ ______ ______
Number of Productive Hours Worked (A) ______ ______ ______ ______ ______

(Note Recordable Injuries are Time Lost Accidents)

Productive hours worked = all time on the job, excluding sick, vacation, jury duty, holiday, and any other time away from work

With 2011 data, calculate the following:
(C) x 200,000 /divided by (A) = Recordable Incidence Rate _____________

Reasons why utility was nominated for this award:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Complete attached Utility Safety Award Supplemental Data Sheet.

This report and data sheet should be submitted by July 31, 2015 to:
AWWA Safety Chairman
Attention: Rob Pierce, NS-AWWA Safety Chairman
League of Nebraska Municipalities
1335 L Street
Lincoln, NE 68508
Nebraska Section-AWWA Safety Award
Supplemental Data Sheet

The NS-AWWA Safety Committee will use the following information to evaluate water utilities nominated for the NS-AWWA Safety Award in each of the four class sizes. The completed form should be attached to the Safety Award – CANDIDATE FORM and submitted, with all other required information, to NS-AWWA Committee chairman by July 31, 2015.

Name of Utility: __________________________________________________________

I Work Force Allocation (Estimate the number of employees or percent of work force in the following classifications)
   a) Administrative & Office ____________
   b) Construction ____________
   c) Distribution ____________
   d) Treatment ____________
   e) Other (specify) ____________

II. Safety Program (check Y or N, or write in dates)
   a) Does the utility have a formal written safety program? Yes ______
   b) When was your safety plan developed? Year __________
   c) When was your safety plan last updated? Date __________
   d) How often is the safety plan reviewed? (Annual, Biannual etc.) __________
   b) Were examples of program submitted? Yes ______
   c) Is the utility's safety manager full-time? Yes ______
   d) If part-time, what other functions are included? ______________________
   e) Is there an Employee/Management Safety Committee? Yes ______
      If yes, how often are meetings held? ______________________
   f) Which of the following items are a part of the safety program activities (check all that apply):

      _____ Safety Posters        _____ Tailgate/Tool Box Safety Talks
      _____ Safety Program Manual _____ Employee Safety Awards
      _____ Accident Investigation/Reviews _____ Safety Suggestion Program
      _____ First Aid Kits
      _____ Employee Safety Program Knowledge Testing
      _____ Job Hazard Analysis

List any other implemented safety items or activities used:__________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
III. Personal Protective Equipment Provided By Employer (check all that apply)

- Hard Hats
- Safety Shoes
- Eye Protection
- Gloves
- Ear Muffs/Plugs
- Reflective Vests
- Respirators
- Rain Gear
- Seasonal Gear (Winter/Summer)
- Other (specify): ________________________________

IV. Safety Training (check all safety training provided by your employer)

- CPR
- Defensive Driving/CDL
- Hazard Communication
- Excavations
- Electrical Safety
- Process Safety Mgt./RMP
- Emergency Preparedness
- Respiratory Protection
- Eye Safety
- Forklift Safety
- Fire Extinguisher Training
- Other (specify)
- First Aid/Bloodborne
- PPE
- Lockout/Tagout
- Ladder Safety
- Hearing Conservation
- Laboratory Safety
- Hand Powered tools
- Back Safety
- Workplace Violence
- Asbestos & AC Pipe
- Fall Protection
- Traffic/Work Zone Safety

V. Safety Preventive Maintenance

- Eye wash flushing
- Safety shower testing
- Smoke Alarms
- Chlorine leak detectors
- Fire Extinguisher checks
- Emergency Lighting Testing
- Sprinkler systems
- Ammonia leak detectors

VI. General Remarks

Describe other accident prevention activities, which are a part of your safety program and have not been stated elsewhere on this questionnaire.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5/12/15: NSAWWA Form Revised