

2020 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:	2015	2016	2017	2018	2019
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 2019 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, 2020 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, 2020.

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

List any other implemented safety items or activities used: _____

Safety Award Supplemental Data Sheet (page 2)

III. Personal Protective Equipment Provided By Employer (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Hard Hats | <input type="checkbox"/> Safety Shoes | <input type="checkbox"/> Eye Protection |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Ear Muffs/ Plugs | <input type="checkbox"/> Reflective Vests |
| <input type="checkbox"/> Respirators | <input type="checkbox"/> Rain Gear | |
| <input type="checkbox"/> Seasonal Gear (Winter/Summer) | | |
| Other (specify) _____ | | |
-
-
-

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

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

V. Safety Preventive Maintenance

- | | |
|--|---|
| <input type="checkbox"/> Eye wash flushing | <input type="checkbox"/> Fire Extinguisher checks |
| <input type="checkbox"/> Safety shower testing | <input type="checkbox"/> Emergency Lighting Testing |
| <input type="checkbox"/> Smoke Alarms | <input type="checkbox"/> Sprinkler systems |
| <input type="checkbox"/> Chlorine leak detectors | <input type="checkbox"/> 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.
