

## 2021 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:	2016	2017	2018	2019	2020
Number of					
Recordable injuries (C)	_____	_____	_____	_____	_____
Number of <b>Lost</b> 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 2020 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, 2021 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, 2021.

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: \_\_\_\_\_

---

---

---

---

## 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.

---

---

---

---

---