# 2024 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: 2019 2020 2021 2022 2023

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 2021 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 Aug 30, 2024 to:**  Rob Pierce, NS-AWWA Safety/Awards Chairman

robpneb@outlook.com

# 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 Aug. 30, 2024.

Name of Utility:

## I Work Force Allocation (Estimate the number of employees or percent of work force in the following classifications)

1. Administrative & Office
2. Construction
3. Distribution
4. Treatment
5. Other (specify)

## Safety Program (check Y or N, or write in dates)

* 1. Does the utility have a formal written safety program? Yes
	2. When was your safety plan developed? Year
	3. When was your safety plan last updated? Date
	4. How often is the safety plan reviewed? (Annual, Biannual etc.)
1. Were examples of program submitted? Yes
2. Is the utility's safety manager full-time? Yes
3. If part-time, what other functions are included?
4. Is there an Employee/Management Safety Committee? Yes If yes, how often are meetings held?
5. 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)

## 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)

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

 CPR First Aid/Bloodborne

 Defensive Driving/CDL PPE

 Hazard Communication Lockout/Tagout

 Excavations Ladder Safety

 Electrical Safety Hearing Conservation

 Process Safety Mgt./RMP Laboratory Safety

 Emergency Preparedness Hand Powered tools

 Respiratory Protection Back Safety

 Eye Safety Workplace Violence

 Forklift Safety Asbestos & AC Pipe

 Fire Extinguisher Training Fall Protection

 Other (specify) Traffic/Work Zone Safety

## Safety Preventive Maintenance

 Eye wash flushing Fire Extinguisher checks

 Safety shower testing Emergency Lighting Testing

 Smoke Alarms Sprinkler systems

 Chlorine leak detectors Ammonia leak detectors

## General Remarks

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

8/1/2024: NSAWWA Form Revised