



**NEBRASKA SECTION**  
American Water Works Association

## **2026 Nebraska Section – AWWA Utility Safety Award**

Please submit completed forms to the Committee at [awards@AWWANEB.org](mailto:awards@AWWANEB.org).

Utility Name: \_\_\_\_\_

Utility Class Size: *(please select one)*

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

Total Number of Employees: \_\_\_\_\_

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### **Safety Record:**

OSHA Log 300 *(or equivalent, if applicable)*

Year	2021	2022	2023	2024	2025
Number of:					
Recordable Injuries <b>(C)</b>					
Number of Lost Work Days					
Number of Productive Hours Worked <b>(A)</b>					

Notes:

- Recordable injuries are time lost accidents
- Productive hours worked = all time on the job, excluding sick, vacation, jury duty, holidays, and any other time away from work.



Which of the following items are a part of the safety program activities *(check all that apply)*:

- |  |   |
|--|---|
| <input type="checkbox"/> Safety Posters                            | <input type="checkbox"/> Tailgate/Tool Box Safety Talks |
| <input type="checkbox"/> Safety Program Manual                     | <input type="checkbox"/> Employee Safety Award          |
| <input type="checkbox"/> Accident Investigation/Reviews            | <input type="checkbox"/> Safety Suggestion Program      |
| <input type="checkbox"/> First Aid Kits                            | <input type="checkbox"/> Job Hazard Analysis            |
| <input type="checkbox"/> Employee Safety Program Knowledge Testing |   |

List any other implemented safety items or activities used:

**Personal Protective Equipment Provided by the Utility** *(check all that apply)*

- |   |  |
|---|--|
| <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"/> Traffic/Work Zone Safety   | <input type="checkbox"/> Other: _____ <i>(specify)</i> |

**Safety Preventative Maintenance** *(check all that apply)*

- |  |   |
|--|---|
| <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     |

**General Remarks**

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

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**Submitter Information:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_