2007 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)  200  300  300  300  300
Year:  2002  2003  2004  2005  2006

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 2006 data, calculate the following:

\[
\frac{(C) \times 200,000}{(A)} = \text{Recordable Incidence Rate}
\]

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 27, 2007 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 27, 2007.

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 ____  No ___
  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 ____  No ___
  c) Is the utility’s safety manager full-time?                                Yes ____  No ___
  d) If part-time, what other functions are included? ________________________
  e) Is there an Employee/Management Safety Committee?        Yes ____ No ____
      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 items used: ______________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Safety Award Supplemental Data Sheet (page 2)

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
- 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

V. 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

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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5/15/07: NSAWWA Form Revised