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 IV (over 15 employees)					
Submitted by					
_					
E-mail					
Class Size II (6-10 employees) Class Size III (11-15 employees) Class Size III (11-15 employees) Class Size IV (over 15 employees) mitted by					
Safety Record					
OSHA Log (or equivalent if applicable)	200	300	300		300
Year:	2002	2003	2004	2005	2006
Number of					
• , ,					
•					
Number of Productive Hours Worked (A))				
,					
		, exclud	ing sick,	vacation,	jury duty,
holiday, and any other time away from we	ork				
With 2006 data, calculate the following: (C) x 200,000 /divided by (A) = R	tecordable	e Inciden	ce Rate _		
Reasons why utility was nominated for th	is award:				
AWWA Safety Chairman					
Attention: Rob Pierce, NS-AWWA Safety Ch	nairman				
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

force in the following classifications)	_		
a) Administrative & Office			
b) Construction			
c) Distribution			
d) Treatment			
e) Other (specify)			
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, Biann			
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?			
If yes, how often are meetings held?			
f) Which of the following items are a part of the safety	program activities (check		
that apply):			
Safety Posters Tailg	Tailgate/Tool Box Safety Talk		
Safety Program Manual Emp.	Employee Safety Awards		
Accident Investigation/Reviews Safet	y Suggestion Program		
First Aid Kits			
Employee Safety Program Knowledge Testin	ıg		
Job Hazard Analysis			

Safety Award Supplemental Data Sheet (page 2)

II. Personal Protective Equipment Provid	ed By Employer (check all that apply)		
Hard Hats Safety Sh Gloves Ear Muff	s/ Plugs Reflective Vests		
Respirators Rain Gea Seasonal Gear (Winter/Summer			
Other (specify)			
Other (specify)			
7. Safety Training (check all safety training			
CPR	First Aid/Bloodborne		
Defensive Driving/CDL Hazard Communication	PPE Lookout/Togout		
Excavations	Lockout/Tagout		
Excavations Electrical Safety	Ladder Safety		
Process Safety Mgt./RMP	Hearing Conservation Laboratory Safety		
Emergency Preparedness	Hand Powered tools		
Respiratory Protection	Back Safety		
Respiratory Protection Eye Safety			
Eye Salety Forklift Safety	Workplace Violence Asbestos & AC Pipe		
Forking Safety Fire Extinguisher Training	Fall Protection		
Other (specify)	Fall Protection Traffic/Work Zone Safety		
Other (specify)	Harrie/ 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		
T. General Remarks			
Describe other accident prevention	activities, which are a part of your safety		
program and have not been stated else	<u> </u>		
program and may a not over source vist	The second secon		