

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:

(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 27, 2007 to:

AWWA Safety Chairman
 Attention: Rob Pierce, NS-AWWA Safety Chairman
 League of Nebraska Municipalities
 1335 L Street
 Lincoln, NE 68508

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.
