TO:          All AWWA Member (Individual or Facility) Water Systems

FROM:        Robert Pierce, NS-AWWA Safety Committee Chairman

DATE:        March 30, 2016

RE:          Water System Safety Survey Form

Do you feel your water system has a good safety program? Does your water system have a good safety record? If so let us help you recognize your water system’s safety accomplishments by filling out the enclosed safety application (2015 data) and returning it to:

Rob Pierce-Nebraska Section Safety Chairman, 1335 L Street, Lincoln, Nebraska 6850. Surveys need to be submitted no later than July 29, 2016. Completed surveys can also be turned in to Rob or any one of the following safety committee members.

The 2016 NS-AWWA Safety Committee Members are Rob Pierce (LNM), Tom Menke (Chadron), Steve Kelley (Beatrice), Jack Satur (Scottsbluff), Pat Heath (Gering), Roger Coffey (HDR Engineering), Eric Melcher (Aurora), Gary Thurlow (Atkinson), Doug Pollock (Seward) and Eric Deter (Schemmer Assoc.).

If you have any questions or concerns I can be contacted 402-476-2829 (Ofc.), 402-432-9172 (cell), 402-476-7052 (fax) or email robp@lonm.org.
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:                                           2011 2012 2013 2014 2015

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 2014 data, calculate the following:

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

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 29, 2016 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 29, 2016.

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 _____________
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 _____________
c) Is the utility's safety manager full-time? Yes _____________
d) If part-time, what other functions are included? ________________________________
e) Is there an Employee/Management Safety Committee? Yes _____________
   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 implemented safety items or activities used: ________________________________

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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 below)
- 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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3/30/16: NAWWA Form Revised