# **2017 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) 300 300 300 300 300

Year: 2012 2013 2014 2015 2016

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 2016 data, calculate the following:

1. (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 31, 2017 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 31, 2017.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4/13/17: NSAWWA Form Revised