

PENNSYLVANIA WATER ENVIRONMENT ASSOCIATION

**WASTEWATER COLLECTION SYSTEM SAFETY AWARD APPLICATION
FOR
EPWPCOA, CPWQA, AND WPWPCA SECTIONS**

Please answer all questions that apply to your system for Section Safety Award. The questions on this sheet are for general information, while questions 1 thru 22 will be evaluated on a point system. Systems with the most points may be inspected by representatives of the Safety Committee.

Information requested on this application is for the calendar year **2020**.

All entries must be returned to the Safety Committee Chairman no later than April 30, 2021. Send completed applications to:

CPWQA Safety Committee Chair
3705 Trindle Road
Camp Hill, PA 17538
Phone: 717-732-2707
E-Mail: info@cpwqa.org

Thank you for your cooperation.

I. Does at least one system employee belong to the EPWPCOA, Inc, CPWQA, and/or WPWPCA, Inc.?
Name one or type none: _____

II. Does at least one system employee belong to the PWEA of PA?
Name one or type none: _____

III. Does at least one system employee belong to the WEF? Name one or type none: _____

IV. Indicate the number of hours per day your facility is manned. HRS.

V. List past safety awards in the last five (5) years and dates of the awards.

SURVEY AND AWARDS QUESTIONNAIRE

GENERAL SYSTEM INFORMATION

1. Fill in the following, list the number of people ***on the collection system crew.***

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
Collection System Personnel:
Administrative Personnel:
Collection System Management:

2. Does your system include:
 CSO regulators
 CSO Outfalls
 Inverted siphons
 Air relief valves`

3. What is the average weighted age of your system? Years

4. How many pumping stations do the employees listed in question number 1 operate, service and maintain?

A pumping station is defined as:

- A. Having a design flow of 5,000 gpd and/or the capacity to handle 20 Equivalent Dwelling Units (EDU's).
- B. Designed to handle primarily raw wastewater and located upstream of any wastewater treatment process.
- C. Individual home style grinder units are not considered as pump stations.

SAFETY OPERATIONS

5. Do you have an individual or individuals who are responsible for your safety program?	Yes	No
6. Is your Safety Committee certified by the Pennsylvania Department of Labor and Industry?	Yes	No
7. Does your system have written safety policies which are available to all employees?	Yes	No
8. Are safety instructions and warning signs posted properly?	Yes	No
9. Is there emergency response information available to the employees?	Yes	No

10. Number of employees currently certified in: C.P.R.:
11. Are inoculations provided for your employees?
 Hepatitis A & B Yes No
 Tetanus Yes No
12. Are uniforms supplied for the employees or is a washer and dryer provided for the employees to wash their clothes? Yes No
13. How many lost time accidents occurred during the calendar year? _____
14. Have there been any permanently disabling accidents or fatalities reported at your facility during the calendar year? Yes No
15. Are all hazardous materials (laboratory chemicals, plant chemicals, paints, solvents, flammable liquids, industrial gases, etc.) properly stored? Yes No
16. Are regularly scheduled documented (non-tailgate) safety meetings held?
 monthly every other month quarterly Yes No
 Are regularly scheduled weekly informal "tailgate" safety meetings held? Yes No
17. Are current accurate records kept for:
 accidents
 confined space entry
 unsafe conditions
 safety equipment inspections
 gas monitor calibrations
 safety committee meetings
18. Please indicate the documented training that was given to your employees during the year. **Indicate with a "T" for informal tailgate sessions and the "actual number of classroom hours" for formal classroom training. If both tailgate and formal training are given list both, i.e. T/4 Fall Protection.**
- | | | |
|-------------------------|-------------------------|--------------------------------------|
| _____ Ladder safety | _____ Confined Space | _____ Hazard Communication |
| _____ AED | _____ Lock-out/Tag-out | _____ Blood borne pathogens |
| _____ Excavation safety | _____ Forklift safety | _____ Power tools/equipment safety |
| _____ Laboratory safety | _____ Fall protection | _____ Proper Lifting / Back safety |
| _____ Driver's safety | _____ Asbestos training | _____ Personal Protective Equipment |
| _____ Traffic safety | _____ Personal hygiene | _____ Fire/ fire extinguisher safety |
| _____ MSDS | _____ Chemical safety | _____ Others (list) |

19. Indicate (x) if there is an appropriate quantity of each of the items below incorporated into your system:

<input type="checkbox"/>	Hard Hats	<input type="checkbox"/>	Fire Extinguishers
<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	Harnesses & Full Body Harness
<input type="checkbox"/>	Ear Protection	<input type="checkbox"/>	Portable Gas Testing Monitor(s)
<input type="checkbox"/>	Eye Wash Stations	<input type="checkbox"/>	Pressure Demand SCBA
<input type="checkbox"/>	Gloves, Boots, Coveralls, etc.	<input type="checkbox"/>	Confined Space Ventilators
<input type="checkbox"/>	Rescue Litters	<input type="checkbox"/>	First Aid Kits
<input type="checkbox"/>	Safety Showers	<input type="checkbox"/>	Resuscitators
<input type="checkbox"/>	Electrical Lockout, Pad Locks	<input type="checkbox"/>	Life Preservers

20. Indicate (x) if there is an appropriate quantity of each of the items below incorporated into your system:

<input type="checkbox"/>	Shaft and Coupling Guards	<input type="checkbox"/>	Non-Sparking Safety Tools
<input type="checkbox"/>	Equipment Alarm System	<input type="checkbox"/>	Tank, Pit, & Stair Handrails
<input type="checkbox"/>	Fire/Burglar Alarm System	<input type="checkbox"/>	Confined Rescue Lifting Equipment

21. Is your system in compliance with Pennsylvania's Right-to-Know Law? Yes No

22. **PLEASE** include with your questionnaire a description of your safety program and any additional material that will support your submittal. (Submitted material will be held by the safety committee for three years. If submitted in a prior year, please state the year the material was submitted in order to receive credit for your documentation.)

Please type or print clearly:

NAME OF SYSTEM/FACILITY: _____

ADDRESS: _____

CITY/ STATE/ ZIP: _____

APPLICATION COMPLETED BY: _____

TITLE: _____

PHONE NO.: _____