#### PENNSYLVANIA WATER ENVIRONMENT ASSOCIATION

#### **FACILITIES (WWTP) SAFETY AWARD APPLICATION**

#### FOR

# **EPWPCOA, CPWQA, AND WPWPCA SECTIONS**

Please answer all questions that apply to your facility for the <u>Class 1</u> (8 or less employees) or the <u>Class II</u> (9 or more employees) Section Safety Award. The questions on this sheet are for general information, while questions 1 thru 22 will be evaluated on a point system. Facilities 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.

l.	Does at least one facility employee belong to the EPWPCOA, Inc, CPWQA, and Inc.? Name one or type none:	d/or WPWPCA,
II.	Does at least one facility employee belong to the PWEA of PA?  Name one or type none:	
III.	Does at least one facility employee belong to the WEF?  Name one or type none:	
IV.	Indicate the number of hours per day your facility is manned.	HRS.
V.	What Class is your facility? (Class I or II – see definitions above)	
VI.	List past safety awards in the last five (5) years and dates of the awards.	

# **SURVEY AND AWARDS QUESTIONNAIRE**

# **GENERAL FACILITY INFORMATION**

1.	Fill in the following, listing the number of people employed at your facility:					
	Position		<u>Full Time</u>	Part Time		
	Operations/Maintenance/Lab Personne	el:				
	Administrative Personnel:					
	O&M Management Personnel:					
2.	What is the daily design flow of your f	acility(s	)?			MGD
3.	If you are a one employee operation, do you have a personal security system? If yes, describe the system on a separate sheet of paper and attach.		•	Yes	No	
4.	Please indicate (X) the number of appl	icable p	processes at your	facility:		
	Raw Sewage Pump Station at Facility		Sand Filtration			
	Preliminary Treatment		Chemical PO4 R	emoval		
	Primary Treatment		Carbon Filters			
	Activated Sludge		Chlorination			
	Trickling Filter		Aerobic Sludge	Digestion		
	Physical/Chemical Treatment		Anaerobic Sludg	ge Digestion		
	R.B.C.		Sludge Dewater	ing		
	NH3-N Aeration		Composting			
	Sludge Incineration		Other			
	Sludge Hauling (by plant staff)		•			
					Yes	No
5.	Do you have an individual or individuals who are responsible for your safetprogram?		for your	Yes	No	
6.	Is your Safety Committee certified by the Pennsylvania Department of Labor and Industry?		ment of Labor	Yes	No	
7.	Does your facility have written safety policies which are available to all			ble to all		
8.	employees?  Are safety instructions and warning signs posted properly?			Yes	No	
	same, menerale and manning o	J. 13 P C	F P 1.		Yes	No
9.	Is there emergency response informa	tion ava	ailable to the emp	loyees?		
SAFET	Y OPERATIONS					

10.	Number of employees currently certified in:		
	C.P.R.:		
11.	Are inoculations provided for your employees?	Yes	No
	Hepatitis A & B Tetanus	Voo	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?		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
	monthly every other month quarterly  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		
8.	Please indicate the <u>documented</u> training that was given to your employees during the year.  "T" for informal tailgate sessions and the "actual number of classroom hours" for forms training. If both tailgate and formal training are given list both, i.e. <u>T/4</u> Fall Protection.  Ladder safety Confined Space Hazard Communicate Blood borne pathoge.  AED Lock-out/Tag-out Blood borne pathoge.  Excavation safety Forklift safety Power tools/equipme.  Laboratory safety Fall protection Proper Lifting / Back.  Driver's safety Asbestos training Personal Protective Entraffic safety Personal hygiene Fire/ fire extinguished.  MSDS Chemical safety Others (list)	on ns nt safety a safety Equipment	

19. Indicate (x) if there is an appropriate quantity of each of the items below incorporated into your facility:						
	Hard Hats	Fire Extinguishers				
	Safety Glasses	Harnesses & Full Body Harness				
	Ear Protection	Portable Gas Testing Monitor(s)				
	Eye Wash Stations	Pressure Demand SCBA				
	Gloves, Boots, Coveralls, etc.	Confined Space Ventilators				
	Rescue Litters	First Aid Kits				
	Safety Showers	Resuscitators				
	Electrical Lockout, Pad Locks	Life Preservers				
20.	Indicate (x) if there is an appropriate quan incorporated into your facility:  Shaft and Coupling Guards Equipment Alarm System Chlorine Leak Alarm Fire/Burglar Alarm System	Non-Sparking Safety Tools Tank, Pit, & Stair Handrails Confined Rescue Lifting Equipment Digester Bldg Gas Leak Alarm				
21.	Is your facility in compliance with Pennsyl	lvania'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.)					
	type or print clearly: OF FACILITY:					
ADDR	ESS:					
CITY/	STATE/ ZIP:					
APPLI	CATION COMPLETED BY:					
TITLE:						
PHON	E NO.:					