

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 **Class I (8 or less employees)** or the **Class II (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 **2015**.

All entries must be returned to the Safety Committee Chairman no later than **May 13, 2016** at the following address:

**Scott Armbrust
Pennsylvania American Water
852 Wesley Drive
Mechanicsburg, PA 17055**

Thank you for your cooperation.

I. Does at least one facility employee belong to the EPWPCOA, Inc, CPWQA, and/or WPWPCA, Inc.?

Name one: _____

II. Does at least one facility employee belong to the PWEA of PA?

Name one: _____

III. Does at least one facility employee belong to the WEF?

Name one: _____

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:

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
Operations/Maintenance/Lab Personnel:	_____	_____
Administrative Personnel:	_____	_____
O&M Management Personnel:	_____	_____

2. What is the daily design flow of your facility(s)? _____ MGD

3. If you are a one employee operation, do you have a personal security system? _____ Yes _____ No
If yes, describe the system on a separate sheet of paper and attach.

4. Please indicate (X) the number of applicable processes at your facility:

Raw Sewage Pump Station at Facility	___	Carbon Filters	___
Preliminary Treatment	___	Chlorination	___
Primary Treatment	___	UV Disinfection	___
Activated Sludge	___	Aerobic Sludge Digestion	___
Trickling Filter	___	Anaerobic Sludge Digestion	___
Physical/Chemical Treatment	___	Sludge Dewatering	___
R.B.C.	___	Composting Sludge	___
NH3-N Aeration	___	Incineration	___
Chemical PO4 Removal	___	Other	___
Sand Filtration	___	Sludge Hauling (by plant staff)	___

5. Do you have an individual(s) who are responsible for your safety program? _____ Yes _____ No

6. Is your Safety Committee certified by the PA Department of Labor and Industry? _____ Yes _____ No

7. Does your facility 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

SAFETY OPERATIONS

10. Number of employees currently certified in: ___ FIRST AID ___ CPR
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
- 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 an "I" for informal tailgate sessions and an "F" for formal classroom training.
- | | | |
|-----------------------|-----------------------|------------------------------------|
| ___ 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 facility:

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

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

- | | |
|------------------------------------|---|
| _____ Shaft and Coupling Guards | _____ Chlorine Leak Alarm |
| _____ Non-Sparking Safety Tools | _____ Confined Rescue Lifting Equipment |
| _____ Equipment Alarm System | _____ Fire/Burglar Alarm System |
| _____ Tank, Pit, & Stair Handrails | _____ Digester Bldg. - Gas Leak Alarm |

21. Is your facility 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 FACILITY: _____

ADDRESS: _____

CITY/ STATE/ ZIP: _____

APPLICATION COMPLETED BY: _____

TITLE: _____

PHONE NO.: _____

eMAIL ADDRESS: _____