

**PENNSYLVANIA WATER ENVIRONMENT ASSOCIATION**

**FACILITIES (WWTP) SAFETY AWARD APPLICATION**  
FOR  
**EPWPCOA, CPWQA, AND WPWPCA SECTIONS**  
*Revised 1/2017*

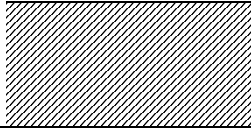
Please answer all questions that apply to your facility for the Class 1 (8 or less employees) or the Class II (9 or more employees) Section Safety Award. The questions on this sheet are for general information, while questions 1 thru 22 will be evaluated on a point system. Facilities with the most points may be inspected by representatives of the Safety Committee.

Information requested on this application is for the calendar year **2017**.

All entries must be returned to the Safety Committee Chairman no later than **JULY 31, 2018** at the following address:

**Joe Rost**  
**100 Litman Rd**  
**Butler, PA 16001**  
***jrost@basapa.org***

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? If yes, describe the system on a separate sheet of paper and attach. Yes No

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

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

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 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: \_\_\_\_\_

C.P.R.: \_\_\_\_\_

11. Are inoculations provided for your employees?  
 \_\_\_\_\_ Hepatitis A & B  
 \_\_\_\_\_ 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
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16. Are regularly scheduled documented (non-tailgate) safety meetings held?  
 \_\_\_\_\_ monthly      \_\_\_\_\_ every other month      \_\_\_\_\_ quarterly

	Yes	No
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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		
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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 facility:

<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 facility:

<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"/>	Chlorine Leak Alarm	<input type="checkbox"/>	Confined Rescue Lifting Equipment
<input type="checkbox"/>	Fire/Burglar Alarm System	<input type="checkbox"/>	Digester Bldg. - Gas Leak Alarm

21. Is your facility in compliance with Pennsylvania's Right-to-Know Law?

Yes	No
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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.:

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