

CWEA NOMINATION FORM

Plant Safety Award

(Small, Medium and Large WWTP's)

(*Note:* Nominations in the wrong category or without completing the following will automatically be assessed a 10 point penalty, respectively.)

Nominee:

Name:

Agency:

Address:

City, Zip Code

Work Phone:

Fax:

Email Address:

Nominating Local Section:

Nominator:

Name:

Agency:

Address:

City, Zip Code:

Work Phone:

Fax:

Email Address:

Nominating Local Section:

Size Category:

Small (1-25 Employees)	<input type="checkbox"/>
Medium (26-75 Employees)	<input type="checkbox"/>
Large (76 or greater)	<input type="checkbox"/>

Checklist of Awards Criteria: You must include all of the following to be eligible for the award.

1. CWEA Member (at least one person at agency) Member Name _____
2. Copies of OSHA Form 300A Summary of Work Related Injuries and Illnesses for Year 2010 and Year 2011
3. Copy of current OSHA Form 300 Log of Work Related Injuries and Illnesses updated through 6/30/2011
4. The Nomination Packet submitted to the Local Sections must include the original application plus four (4) additional copies. Submitted materials will not be returned.

Safety Award Application Process:

1. Applicants must use the CWEA 2009 Plant Safety Award Nomination form; other formats will not be accepted.
2. Please reference all attachments and supplemental documents in a manner that can be easily recognized and located. Submit only the requested documentation.
3. Send the Nomination Packet to your Local Section awards committee for Section Plant Safety Award consideration.
4. Each Local Section may submit a single nomination in each size category (small, medium, & large) representing the winning nomination for that Local Section. The Local Section will send the Local Section winning applications (the original application plus three (3) additional copies) to the CWEA by the deadline indicated below.
5. Send State Award Nominations to: **CWEA Awards Program, 7677 Oakport Street, Suite 600, Oakland, CA, 94621** Award Nomination Packets may be hand delivered, however applications received by Email will not be accepted.
6. **Nomination packets must be received at CWEA by Friday, January 13, 2012.** Postmarks will not be accepted.
7. The CWEA Plant Safety Awards are reviewed and evaluated by the CWEA State Safety Committee. A physical plant tour and inspection may be required to determine the final state award winners.
8. All award nominees will be notified of their status prior to the CWEA Annual Conference.

Lorri McAuliffe, CWEA State Safety Awards Program Coordinator, usslorri@comcast.net OR (707)226-1410

I. GENERAL INFORMATION:

- A. Name of Plant:
Address: _____
- B. What is the total number of PLANT employees represented by the information in application? Include all employees (regular, part time, etc.) who are required to be included on the OSHA 300 log.
(DO NOT INCLUDE COLLECTIONS PERSONNEL - WWTP staff only)
- C. _____ Person responsible for the safety program: _____ Phone: _____
Title: _____ Email: _____

II. SAFETY RECORD:

- A. Recordable Incidents:
1. What is the total number of Recordable Incidents for the Wastewater Plant (do not include Collections) for the prior year (01/01/10 – 12/31/10)? _____ (Total # of incidents)
 2. What is the total number of Recordable Incidents for the Wastewater Plant (do not include Collections) for the current year (01/01/11 – 06/30/11)? _____ (Total # of incidents)
- B. Lost Time Incidents:
1. What is the total number of Lost Time days for the Wastewater Plant (do not include Collections) for the prior year (01/01/10-12/31/10)? _____ (Days)
 2. What is the total number of Lost Time days for the Wastewater Plant (do not include Collections) for the prior year (01/01/11-06/30/11)? _____ (Days)
- C. Include a copy of the CalOSHA 300A Summary Forms for both time periods (2010 and 2011) and line through any employee(s) who is not represented by this application (e.g. collections).
- D. Has your agency reported a serious injury or illness to CalOSHA during the period of January 2010 through June, 2011 Yes No
- E. Include a copy of the CalOSHA 300 log January 1, 2011 through June 1, 2011 and line through employees who is not represented by this application (e.g. collections)

III. SAFETY PROGRAM:

- A. Incident Investigation:
1. What criteria (i.e. under what conditions) does your agency use to conduct an in-depth, formal incident investigation? _____
 2. Provide a detailed description of the Incident Investigation procedure, including any resources used to facilitate an immediate and thorough investigation. _____
- B. Communication and Training:
1. How do you communicate safety to your employees? (Include documentation that supports your program). _____
 2. How do your employees communicate safety to you? (Include documentation that supports your program). _____
 3. What method(s) is used so that employees can report unsafe conditions anonymously? _____

4. Provide a detailed description of your agency's New Employee Safety Orientation program. Include any resources used to facilitate this program. _____
5. Provide a detailed description of how initial and refresher safety training is managed (i.e. How it is scheduled and tracked for compliance?) Include any resources used to manage safety training requirements. _____
6. Provide the 2010 or 2011 documentation of the following training topics:
 - Confined Space Entry & Rescue
 - Fire Extinguishers
 - Bloodborne Pathogens
 - Respiratory Protection
7. Provide at least one example of how a safety tailgate training topic is documented.

C. Safety Inspections:

1. Provide a detailed description of your agency's scheduled safety inspections. Include WHO, WHAT, WHEN and HOW in this description. _____
2. Include a completed copy of a recent plant safety inspection. _____
3. Describe in detail the procedure for managing unsafe conditions (documenting, tracking, and correcting). _____

D. Multi-Employer Program:

Provide a detailed description of your agency's Contractor Safety program (i.e. Multi-Employer). Include any resources used to facilitate this program. _____

E. Emergency Action Planning:

1. Provide a detailed description of your agency's Evacuation procedures including any resources used to facilitate this program. _____
2. Provide a detailed description of your agency's Shelter-in-Place procedures including any resources used to facilitate this program. _____
3. How often does your agency perform an Emergency Evacuation Drill? Provide documentation to support this. _____
4. How often does your agency perform a Shelter-in-Place Drill? Provide documentation to support this. _____

F. Hazardous Materials Minimization:

Discuss any efforts your agency has made to reduce hazardous chemicals in the workplace. _____

G. Lockout/Tagout:

1. Provide examples of equipment lockout procedures for five pieces of equipment (or groups of equipment) at your facility. _____
2. Has your agency conducted an arc-flash analysis in accordance with the NFPA70E/NEC 2005?
 - Yes
 - No

IV. EXCEPTIONAL SAFETY PROGRAMS & PRACTICES:

Describe safety programs or practices that you believe demonstrate an “award-winning” approach to solving and/or implementing safety issues and programs. Provide any resources to show how these programs/practices are implemented and performed. _____

V. BUSINESS CONTINUITY:

Does your agency have a written Business Continuity plan that addresses catastrophic events that could cause major long-term business interruptions or significant public health issues? Yes No

If Yes: Provide a Table of Content of the agency’s Business Continuity Plan. _____

VI. SAFETY CULTURE:

Provide examples of how the following employee work groups encourage and promote an award-winning safety culture at your agency?

- A. Upper Management: _____
- B. Middle Management (Supervisors): _____
- C. Non-Management employees: _____