

# 2009 SARBS NOMINATION FORM

## Plant Safety Award

The nomination form for the SARBS 2009 Plant Safety Award is the same as the form used at the state level by the CWEA. This nomination form is found on the following pages.

The criteria for winning the SARBS award is the same as winning the state level (CWEA) award. See the following pages.

### Instructions for applying for a SARBS award:

1. Applicants must use the attached form, other formats will not be accepted. Applicants must answer all questions that follow. Submitted materials will not be returned. USE THE ATTACHED FORM EVEN THOUGH THE FORM TITLE STATES 'CWEA 2009 NOMINATION FORM'
2. Send completed awards nomination form to  
  
South Orange County Wastewater Authority  
34156 Del Obispo Street  
Dana Point, CA 92629  
Attention: Brian Peck  
  
E-mails and faxes will not be accepted.
3. Send six copies of the completed nomination form.
4. The nominator will be notified that the nomination form has been received.
5. All nominations must be received or postmarked by November 13, 2009.
6. Nominees will be contacted regarding interviews by November 25, 2009.
7. SARBS will send the application for the successful nominee (SARBS Award Winner) to the CWEA for consideration in the state level competition.
8. For questions contact Brian Peck at [bpeck@socwa.com](mailto:bpeck@socwa.com).

GOOD LUCK!

# Plant Safety Award

(Small, Medium and Large WWTP's)

*(Note: Nominations submitted for the wrong category or with incomplete forms will automatically be assessed 10-point penalties for each transgression)*

**Nominator:**

Name:

Agency:

Address:

City, Zip Code:

Work Phone:

Fax:

Email Address:

Local Section:

**Nominee:**

Name:

Agency:

Address:

City, Zip Code

Work Phone:

Fax:

Email Address:

Local Section:

Size Category:

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

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

1. CWEA Membership (at least one person at agency).
2. Copy of the table of contents from safety and contingency manuals only. Do not copy the entire manual.
3. Submit four copies of the nomination packet.
4. Examples of forms requested must be attached to application.

**Instructions:**

9. Applicants must use the attached form. Other formats will not be accepted.
10. Submitted materials will not be returned.
11. A single nomination for each category of this award may be submitted by each Local Section on behalf of their Local Section winner and CWEA Standing Committee.
12. The CWEA Plant Safety Awards are coordinated by the CWEA Safety Committee
13. The team will evaluate all nominees for this award.
14. All award nominees will be notified of their status prior to the CWEA Annual Conference.
15. Send State Award Nominations to CWEA Awards Program, 7677 Oakport Street, Suite 600, Oakland, CA 94621. Emails will not be accepted.
16. **All state awards must be received by FRIDAY January 8, 2010. Postmarks will not be accepted.**
17. Questions: Contact Sibely Calles, CWEA State Safety Awards Program Coordinator. Phone: (209) 577-6209; email: scalles@modestogov.com.

**I. GENERAL INFORMATION:**

- A. Name of Plant:  
Address:
- B. Total number of PLANT employees represented by the information in application:  
*(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. Total number of Recordable Incidents for the Wastewater Plant (do not include Collections) for the prior year (01/01/08 – 12/31/08): \_\_\_\_\_ (Total # of incidents)
  2. Total number of Recordable Incidents for the Wastewater Plant (do not include Collections) for the current year (01/01/09 – 06/30/09): \_\_\_\_\_ (Total # of incidents)
- B. Lost Time Incidents:
1. Total number of Lost Time days for the Wastewater Plant (do not include Collections) for the prior year (01/01/08-12/31/08): \_\_\_\_\_(Days)
  2. Total number of Lost Time days for the Wastewater Plant (do not include Collections) for the prior year (01/01/09-06/30/09): \_\_\_\_\_(Days)
- C. Include a copy of the CalOSHA 300A Summary Forms for both time periods (2008 and 2009) 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 1, 2008 through June 30, 2009?  Yes  No

**III. SAFETY PROGRAM:**

- A. Incident Investigation:
1. What criteria (i.e. under what conditions) does your agency 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:
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 2008 or 2009 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). \_\_\_\_\_
4. Safety Equipment Inspections: Check all that receive a routine inspection.

	Frequency
Fire Extinguisher:	<input type="checkbox"/> _____
Eye Wash/Shower:	<input type="checkbox"/> _____
Emergency Lighting:	<input type="checkbox"/> _____
First Aid Kits:	<input type="checkbox"/> _____
A.E.D:	<input type="checkbox"/> _____
Oxygen:	<input type="checkbox"/> _____
SCBA:	<input type="checkbox"/> _____

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 Response:

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. HAZCOM:

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: \_\_\_\_\_

