

**PENNSYLVANIA WATER ENVIRONMENT ASSOCIATION**

**WASTEWATER COLLECTION SYSTEM SAFETY AWARD APPLICATION  
FOR  
EPWPCOA, CPWQA, AND WPWPCA SECTIONS**

Please answer all questions that apply to your system for Section Safety Award. The questions on this sheet are for general information, while questions 1 thru 22 will be evaluated on a point system. Systems 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 system employee belong to the EPWPCOA, Inc, CPWQA, and/or WPWPCA, Inc.?

Name one: \_\_\_\_\_

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

Name one: \_\_\_\_\_

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

Name one: \_\_\_\_\_

IV. Indicate the number of hours per day your facility is manned. \_\_\_\_\_ HRS.

V. List past safety awards in the last five (5) years and dates of the awards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SURVEY AND AWARDS QUESTIONNAIRE**

**GENERAL SYSTEM INFORMATION**

1. Fill in the following, list the number of people *on the collection system crew*:

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
Collection System Personnel:	_____	_____
Administrative Personnel:	_____	_____
Collection System Management:	_____	_____

2. Does your system include:

- CSO regulators \_\_\_\_\_
- CSO Outfalls \_\_\_\_\_
- Inverted siphons \_\_\_\_\_
- Air relief valves \_\_\_\_\_

3. What is the average weighted age of your system? \_\_\_\_\_ Years

4. How many pumping stations do the employees listed in question number 1 operate, service and maintain? \_\_\_\_\_

A pumping station is defined as:

- A. Having a design flow of 5,000 gpd and/or the capacity to handle 20 Equivalent Dwelling Units (EDU's).
- B. Designed to handle primarily raw wastewater and located upstream of any wastewater treatment process.
- C. Individual home style grinder units are not considered as pump stations.

**SAFETY OPERATIONS**

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 system 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 \_\_\_\_\_

10. Number of employees currently certified in: First Aid \_\_\_\_\_ CPR \_\_\_\_\_

11. Are inoculations provided for your employees? Hepatitis A & B \_\_\_\_\_ Tetnus \_\_\_\_\_

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 \_\_\_\_\_ Safety equipment inspections \_\_\_\_\_

Confined space entry \_\_\_\_\_ Gas monitor calibrations \_\_\_\_\_

Unsafe conditions \_\_\_\_\_ 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         | ___ Power tools - equipment safety | ___ Personal hygiene               |
| ___ Confined Space        | ___ Laboratory safety              | ___ Fire/ fire extinguisher safety |
| ___ Hazard Communication  | ___ Fall protection                | ___ MSDS                           |
| ___ AED                   | ___ Proper Lifting / Back safety   | ___ Chemical safety                |
| ___ Lock-out/Tag-out      | ___ Driver's safety                | ___ Others (list)                  |
| ___ Blood borne pathogens | ___ Asbestos training              |                                    |
| ___ Excavation safety     | ___ Personal Protective Equipment  |                                    |
| ___ Forklift safety       | ___ Traffic safety                 |                                    |

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

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> Shaft and Coupling Guards | <input type="checkbox"/> Tank, Pit, & Stair Handrails      |
| <input type="checkbox"/> Non-Sparking Safety Tools | <input type="checkbox"/> Fire/Burglar Alarm System         |
| <input type="checkbox"/> Equipment Alarm System    | <input type="checkbox"/> Confined Rescue Lifting Equipment |

21. Is your system 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 SYSTEM/FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ STATE/ ZIP: \_\_\_\_\_

APPLICATION COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

eMAIL ADDRESS: \_\_\_\_\_