

SARBS 2008 NOMINATION FORM

Plant Safety Award

(Small, Medium and Large WWTP's)

The nomination form for the SARBS 2008 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 page

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 2008 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 five 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 October 17, 2008.
6. Nominees will be contacted regarding interviews by October 31, 2008.
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.

GOOD LUCK!

CWEA 2008 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 (26-76 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)?
2. Copy of the table of contents from safety and contingency manuals only, do not copy entire manual.
3. Four copies of the nomination packet.
4. Examples of forms requested attached to application.

Instructions:

1. Applicants must use the attached form, other formats will not be accepted.
2. Submitted materials will not be returned
3. A single nomination for each category of this award may be submitted by each local section for their Local Section winner and CWEA Standing Committee (other than Safety).
4. The CWEA Plant Safety Awards are coordinated by the CWEA Safety Committee
5. The team will evaluate all nominees for this award.
6. All award nominees will be notified of their status prior to the CWEA Annual Conference.

7. Send State Award Nominations to CWEA Awards program, 7677 Oakport Street, Suite 600, Oakland, CA 94621. Emails will not be accepted.
8. **All state awards must be received by FRIDAY January 9, 2009, postmarks will not be accepted.**
9. Questions: Call Sibely Calles, CWEA State Safety Awards Program Coordinator, (209) 577-6209 or email: scalles@modestgov.com.

I. GENERAL INFORMATION:

- A. Name of Plant:
Address: _____
- B. What is the 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. What is the total number of Recordable Incidents for the Wastewater Plant (do not include Collections) for the prior year (01/01/07 – 12/31/07)? _____ (Total # of incidents)
 2. What is the total number of Recordable Incidents for the Wastewater Plant (do not include Collections) for the current year (01/01/08 – 06/30/08)? _____ (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 (01/01/07-12/31/07)? _____ (Days)
 2. What is the total number of Lost Time days for the Wastewater Plant (do not include Collections) for the prior year (01/01/08-06/30/08)? _____ (Days)
- C. Include a copy of the CalOSHA 300A Summary Forms for both time periods (2007 and 2008) 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, 2007 through June 30, 2008? 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 2007 or 2008 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:

