

GEORGE W. BURKE JR. FACILITY SAFETY AWARD APPLICATION

DESCRIPTION

The Water Environment Federation (WEF) George W. Burke, Jr. Facility Safety Award is presented through the New England Water Environment Association (NEWEA) to a selected municipal or industrial wastewater facility in recognition of an on-going safety initiative documented by the development, implementation, and/or improvement of a comprehensive safety program. The award is presented to the selected facility at the annual Winter NEWEA meeting.

PURPOSE

- To encourage active and effective safety programs in wastewater facilities of all sizes.
- To stimulate the collection and reporting of injury data.
- To demonstrate the relationship between effective safety programs and improved worker safety.

SELECTION

The applicants are evaluated and selected based upon the criteria listed below as determined by their response to this application and accompanying materials. An on-site visit by the NEWEA Safety Committee may also be included during the evaluation process. Each category will be evaluated based on the effectiveness of formal policies and procedures, written documentation, and integration of safety into the workplace. The evaluation criteria include, but are not limited to, demonstration of the following:

- Established Safety Goals
- Personal safety awareness program
- Safety orientation program
- On-going safety training program
- Inventory of safety equipment
- Injury occurrence statistics
- Safety Committee activities for the previous year
- Evidence of worker participation in the safety program
- Personnel check-off system of skills
- Safety program that extends beyond the wastewater treatment facility
- Safety-related articles/publication/presentations done by the facility
- Highlights of the current safety program
- Outstanding safety-related feature
- Member affiliation with WEF/NEWEA
- Overall responsiveness and quality of the application

Please note: The Committee recognizes that smaller treatment facilities may have less extensive programs and documentation than larger facilities. Facility size is taken into account during review of each application.

APPLICATION PROCEDURE

All applicants must complete the attached application form and supply supporting documentation where applicable. ***The application form and supporting documents must be in a single, bound package not to exceed 4-inches in thickness, including binding.*** Applicants are reminded that safety is not just a matter of having lots of written procedures and impressive (and thick) documents. Implementation and employee participation in safety programs should also be clearly demonstrated by each applicant.

Applications should be sent to:

Safety Committee Chair
New England Water Environment Association
100 Tower Office Park, Suite K
Woburn, Massachusetts 01801

Applications must be received at the address above no later than 4:00 p.m. on March 31st.

**GEORGE W. BURKE JR. FACILITY SAFETY AWARD
APPLICATION FORM**

Please provide an answer to each of the following questions demonstrating how each specific evaluation criteria is fulfilled at your treatment facility. Attach additional paper where necessary. Be sure to include copies of written policies, procedures, and other supporting documentation where applicable. *The application and supporting documents must be contained in a single, bound package not to exceed 4-inches in thickness, including binding.*

1. Applicant Information.

Facility Name: _____

Address: _____

Contact Person for Application: _____ Telephone: _____

Flow: _____ (mgd)

List of Treatment Processes: _____

Number & Types of Personnel: _____

2. Status of Safety Program. Please describe the status of the safety program at your facility including, but not limited to: how long the program has been in effect, the method used to develop the program, who is tasked with developing/maintaining the program, if formal and/or written policies and procedures exist, and whether all policies/procedures have been implemented. For elements of the program that are not fully established, explain the progress to date and schedule for future completion.

Is there a formal program? _____ Is there a written program? _____ If so, include a copy.

3. Personal Safety Awareness Program. How does your facility teach awareness of and encourage personal safety?

Is there a formal program? _____ Is there a written program? _____ If so, include a copy.

4. Established Safety Goals. What are the goals of the safety program at your facility?

Are there formalized goals? _____ Are there written goals? _____ If so, include a copy.

5. Safety Orientation Program. What type of safety-related orientation and/or initial training are provided to new employees or those transferred from other departments (this may include one-on-one, hands-on, formal classroom, or other orientation/training efforts)?

Is there a formal program? _____ Is there a written program? _____ If so, include a copy.

11. Is there a process for evaluating the qualifications of personnel to perform specific tasks or operate pieces of equipment? Is a written record of these personnel qualifications readily available to supervisors?

Is there a formal program?_____Is there a written program?_____If so, include a copy.

12. Safety Program that Extends Beyond the Wastewater Treatment Facility. Do policies, procedures, and training efforts encompass and/or encourage safety awareness and behavior outside of the workplace and after hours (i.e., when not at work)? Please elaborate.

Does your facility conduct any “outreach” training or have other programs that benefit/encourage safety in the community, contractors and mutual response operations? Please explain.

Is there a formal program?_____Is there a written program?_____If so, include a copy.

13. Safety-related Articles/Publications/Presentations Done by the Facility or Its Staff Members. Please list and provide copies of any articles/publications/presentations/etc. on safety-related topics prepared by staff at the facility as a facility or individual effort.

14. Highlights of the Current Safety Program. Please comment on parts of your program that were successful, improvements made to the program, safety initiatives and suggestions implemented, ways that illness or injury were prevented as a result of the program, and any other highlights of your program during the previous year.

15. Outstanding Safety-related Feature. Please take this space to describe any safety-related feature that you believe sets your facility apart from other facilities of similar size, design, and staffing.

Is there a formal program? _____ Is there a written program? _____ If so, include a copy.

16. Member affiliation with WEF/NEWEA. Please provide verification of membership for facility personnel.

Total number of employees _____ Number of WEF/NEWEA members _____

I, _____ (print name), do solemnly swear that all the information presented in this application is true in substance and effect.

Signature _____

Date: _____