

**NEW ENGLAND WATER ENVIRONMENT ASSOCIATION**

**OPERATOR SAFETY AWARD**

**NOMINATION FORM**

**Description:** This award was established by the NEWEA Safety Committee to recognize a wastewater operator for his/her safety initiative. This type of award is encouraged by WEF and is a portion of the criteria for the WEF National Safety Award. This award is also consistent with the Committee's goals and purposes to recognize the operators of wastewater systems.

This award may be given annually as considered appropriate by the Safety Committee. The Safety Committee shall select a nomination for submittal to the NEWEA Special Awards Committee.

**Criteria:** The nominee must be an operator actively employed by a responsible operating wastewater entity on a facility site or collection system on a daily basis. Recognition is to be given to the operator for his/her safety initiative as demonstrated by improvements to a safety tool or procedure; implementation of policy or training that is now being used by the facility or system.

**Nominations forms should be submitted no later than July 1st. Please forward nominations and questions to:**

**Safety Committee Chair  
New England Water Environment Association  
100 Tower Office Park, Suite K  
Woburn, MA 01801  
mail@newea.org**

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Nominee (as it should appear on award): \_\_\_\_\_

Title: \_\_\_\_\_

Wastewater Treatment System: \_\_\_\_\_

Address of Treatment System: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Nominee's Direct Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Individuals with Direct Knowledge of the Nominee's Safety-related Achievements:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Brief Description of Nominee's Job Responsibilities: \_\_\_\_\_

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

Please Detail the Nominee's Contributions and Achievements with Respect to Safety (i.e., why is the nominee deserving of the award?): \_\_\_\_\_

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

Please Provide Any Other Information Pertinent to the Nominee's Safety Initiative: \_\_\_\_\_

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

Has the Nominee Received Any Other NEWEA Awards (please list award and date received)?\_\_

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

Is the Nominee a NEWEA Member? \_\_\_\_\_ Date Joined: \_\_\_\_\_

Nominating Individual (self-nomination encouraged):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_