



## 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 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:

NEWEA  
10 Tower Office Park, Suite 601  
Woburn, MA 01801

***Applications must be received at the address above no later than 4:00 p.m. on June 1<sup>st</sup>.***

**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.

6. On-going Safety Training Program. What type of on-going safety training is provided to employees? Provide information about the content, type, duration, and frequency of training, as well as whether it is provide by facility staff, by outside professionals, or a combination. If no formal program exists, show evidence that training is on-going (i.e., list courses attended or required, etc.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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

7. Inventory of Safety Equipment. Please list the safety equipment/supplies currently available for use at your facility. To ensure that the Committee understands the purpose and value of each piece of equipment, please list the equipment by category (i.e., confined space entry, HAZMAT, first aid, disease prevention, electrical safety, etc.). Feel free to make up your own category headings and use as many categories as you feel are necessary to provide clarity.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Please list any safety equipment that has been formally requested, but that has not yet been purchased or budgeted. Provide evidence of the formal equipment request.

---

---

---

---

---

---

---

---

---

---

8. Injury Occurrence Statistics. Please provide a summary of the injury occurrence statistics for your facility over the last five (5) years. Attach copies of OSHA logs or other recognized reporting forms. Also provide the Workman's Compensation Rating Factor from your insurance company.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Is there an injury reporting program? \_\_\_\_\_ Is there a written program? \_\_\_\_\_ If so, include a copy.

9. Safety Committee. What type of Safety Committee has been established to oversee safety at your facility?

---

---

---

---

---

Who are the participants on the Committee and how often are meetings held?

---

---

---

---

---

Are formal Minutes kept? \_\_\_\_\_ If so, include copies of the Minutes for the previous year.

10. Evidence of Worker Participation in the Safety Program. How is worker participation evaluated?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

What measures are taken to ensure that employees follow established policies and procedures?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



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: \_\_\_\_\_