



**New England Water Environment Association
2014 WASTEWATER SAFETY SURVEY**

Please provide the following information *for the period from 01/01/14 through 12/31/14*. Your responses will be kept *confidential* and are for the sole purpose of gathering statistical information. **Please return completed surveys by May 15, 2015** via email: mail@newea.org; FAX to: 781-939-0907 or mail to: NEWEA Safety Committee; 10 Tower Office Park, Suite 601; Woburn, MA 01801.

General Information:

Name of Facility: _____

Mailing Address: _____

Location (if different): _____

Phone: _____ Fax: _____ Email: _____

Contact(s): _____ Title: _____

of employees on staff: _____

Incident Review:

For each *work-related* incident in *calendar year 2014*, please describe the incident in the table below and identify the month in which the incident occurred as well the number of lost work days and/or restricted work days (if any). If more than ten incidents occurred, please use an additional sheet of paper to describe them.

Check here if there were no injuries at your facility in 2014.

	Incident Description <i>(Describe injury, body part affected, and object/situation that injured person)</i>	Job Assignment at time of Injury	Incident Month	# lost work days	# restricted work days
	<i>Example: Knee sprain from falling off truck bed</i>	<i>Loading pressure washer</i>	<i>July</i>	<i>0</i>	<i>14</i>
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2					
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10					

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What do you see as being your biggest safety-related challenge or hazard in 2015?

Please list at least one way the NEWEA Safety Committee could assist your facility with safety:

Survey Completed By: _____ Title _____

Please return completed surveys by May 15, 2015.

Email: mail@newea.org

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Mail: NEWEA Safety Committee; 10 Tower Office Park, Suite 601; Woburn, MA 01801.

Thank you in advance for your participation.