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New England Water Environment Association  
WASTEWATER SAFETY SURVEY

Please provide the following information for the period from 01/01/19 through 12/31/19. Your responses will be kept confidential and are for the sole purpose of gathering statistical information. Please return completed surveys by May 15, 2020 via email: mail@newea.org, Fax to: 781-939-0907, mail to: NEWEA Safety Committee; 10 Tower Office Park, Suite 601; Woburn, MA 01801, or the survey may be completed online by following the link provided on the back of this form.

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 2019, please describe the incident in the table below and identify the month in which in 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 2019.

<table>
<thead>
<tr>
<th>Incident Description (Describe injury, body part affected, and object/situation that injured person)</th>
<th>Job Assignment at time of Injury</th>
<th>Incident Month</th>
<th># lost work days</th>
<th># restricted work days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Knee sprain from falling off truck bed</td>
<td>Loading pressure washer</td>
<td>July</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
What do you see as being your biggest safety-related challenge or hazard in 2020?

_____________________________________________________________________________________________________________________________________________________________________________________________________________________________________

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, 2020.

Email: mail@newea.org
Fax: 781-939-0907
Mail: NEWEA Safety Committee; 10 Tower Office Park, Suite 601; Woburn, MA 01801.

Thank you in advance for your participation.