

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: <u>mail@newea.org</u>, 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.

	Incident Description (Describe injury, body part affected, and object/situation that injured person)	Job Assignment at time of Injury	Incident Month	# lost work days	# restricted work days
	Example: Knee sprain from falling off truck bed	Loading pressure washer	July	0	14
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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 <u>Fax</u>: 781-939-0907 <u>Mail</u>: NEWEA Safety Committee; 10 Tower Office Park, Suite 601; Woburn, MA 01801. **Online**: http://www.newea.org/about-us/committees/safety-committee/wastewater-safety-survey/

Thank you in advance for your participation.