

NEBRASKA WATER ENVIRONMENT ASSOCIATION

2016-2017 SAFETY AWARD APPLICATION

THIS YEARS AWARD PERIOD, JULY 1 2016 THRU JUNE 30 2017

1. Name of Facility: _____

Street, P.O Box, or R.R. _____

City, State and Zip Code: _____

Contact Person: _____ Title: _____

Phone #: _____ E-Mail: _____

2. Facility Categories—Check Box and Enter Number of Personnel

1 to 4 Operators Actual Number of Certified Operators at the Facility _____
Total Number of Employees at the Facility _____

5 to 9 Operators Actual Number of Certified Operators at the Facility _____
Total Number of Employees at the Facility _____

10+ Operators Actual Number of Certified Operators at the Facility _____
Total Number of Employees at the Facility _____

Lagoons Actual Number of Certified Operators at the Facility _____
Total Number of Employees at the Facility _____

Industrial Actual Number of Certified Operators at the Facility _____
Total Number of Employees at the Facility _____

3. Name of person responsible for the safety program. If different than contact person listed above.

Name: _____ Title: _____

4. Safety Record

A. List the number of Accidents: _____

B. List the number of lost days : _____

C. List the number of lost hours: _____

5. Does your Facility or Municipality have an investigation team? Yes___ No___

If yes, briefly describe on a separate piece of paper what criteria triggers an investigation, the procedure taken, and when concluded what is done with the outcome of the investigation.

6. Training and Communication

A. How do you communicate safety with your employees (check all that apply)
Meetings ____, Handout Material ____, Tail-gate discussions ____, premade Programs ____,
Other ____ explain_____

B. How does employees communicate safety concerns with you? Briefly explain, _____

C. How does your company or municipality handle safety orientation for new employees? Briefly Describe. _____

D. Please provide a list of training topics conducted and how each topic was conducted, i.e. meeting, Hand out ect.

E. please provide a copy of how training is documented.

7. Does your facility conduct safety inspections? Yes___ No___. If yes briefly describe who, what, When and how, then state how the results of the inspection is handled.

8. Why do you feel your Facility deserves the Safety Award. (Please write on a separate paper)

The next Burke award will be given out in 2018. To be eligible for the Burke Award, Facilities need to have submitted applications the prior two years in addition to sending in an application for the 2017 -2018 year. **APPLICATION DEADLINE IS JULY 7, 2017.** Please mail this form with supporting documentation to: Todd Sukup, City of Sidney. P.O. Box 79, Sidney Ne 69162, phone: (308) 254-6185. Electronic submittals will not be accepted.