American Water Works Association

*Dedicated to the World's Most Important Resource™*

***AWWA Wendell R. LaDue Utility Safety***

***Award 2021 Candidate Nomination Form***

**Candidate Class**

☐ **Class I** (Less than 10 employees)
☐ **Class II** (10 – 100 employees)
☐ **Class III** (100 – 500 employees)
☐ **Class IV** (Over 500 employees)

Number of Employees (FTE): _____

**Candidate Contact Information**

Name of Utility_____

Address of Utility _____

_____

Telephone_____Fax _____

E-mail _____

**Section Making Nomination**

Name of Section _____

Submitted by _____

Telephone _____ Fax _____

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E-mail _____

Complete the Wendell R. LaDue Award Candidate Form and attached Safety Award Supplemental Data Sheet and email to awards@awwa.org or hit the "submit form" button below.

**The application package must be received annually by February 14**.

**Submit Form**

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# AWWA Wendell R. LaDue Utility Safety Award
# 2021 SUPPLEMENTAL DATA SHEET

The AWWA Health Safety & Environment Committee will use the following information to evaluate water utilities nominated for the AWWA Wendell R. LaDue Utility Safety Award in each of the four class sizes. The completed form should be attached to the AWWA Wendell R. LaDue Utility Safety Award – CANDIDATE NOMINATION FORM and submitted, with all other required information, to AWWA **by the section's safety chair. If your section has no chair, your entry must be pre-approved by your section chair.**

Name of Utility: _____

AWWA Section: _____

**I.** **Work Force Allocation** (Estimate the number of employees or percent of work force in the following classifications)

a) Administrative & Office_____
b) Construction _____
c) Distribution _____
d) Treatment _____
e) Other (specify) _____

**II.** **Safety Record**

| **OSHA Log (or equivalent if applicable)** | 300 | 300 | 300 | 300 | 300 |
|---|---|---|---|---|---|
| **Year:** | 2016 | 2017 | 2018 | 2019 | 2020 |
| **A.** Number of Recordable Injuries Involving Days Away or Restricted Duty | | | | | |
| **B.** Number of Productive Hours Worked | | | | | |

Productive hours worked = all time on the job, excluding sick, vacation, jury duty, holiday, and any other time away from work.

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With 2020 data, calculate the following:

**A.**_____ divided by **B**. X 200,000 = _____ (DART Rate)

## III. Safety & Health Program Best Practices

Check all of the items that are a part of the utilities safety program.

Management Commitment:

- ☐ written safety & health policy
- ☐ written safety & health program manual
- ☐ safety & health program coordinator
  - ☐ full-time
  - ☐ part-time

Other:

Training:

- ☐ new employee orientation
- ☐ written training records
- ☐ standard operating procedures
- ☐ tailgate/tool box safety talks

Other:

Accountability/Recognition:

- ☐ job descriptions that include safety & health expectations
- ☐ written disciplinary action policy that includes clear safety & health expectations
- ☐ performance evaluations that include safety & health expectations
- ☐ safety awards

Other:

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Hazard Identification and Control:

- ☐ baseline hazard survey
- ☐ regular safety inspections
- ☐ job hazard analysis
- ☐ preventative maintenance program
- ☐ written hazard communication program

Other:

Accident Investigation:

- ☐ written accident investigation procedures
- ☐ near-miss reporting
- ☐ root-cause analysis

Other:

Employee Involvement:

- ☐ safety & health committee
- ☐ safety & health suggestion program

Other:

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## IV. Specific Questions

**Instructions:** Limit answers to the specific questions and provide no more than three (3) typewritten pages (12-point font).

1. How are commitment, involvement, and accountability (in terms of recognition and discipline) for safety and health practices demonstrated by upper, middle, and line management? Give examples.
2. How does management involve workers in the safety and health effort? Give examples.
3. What training programs or activities has the employer provided in occupational safety and health?
4. Describe the steps the utility has taken in the past five years to improve safety. What was the most effective safety improvement?
5. Has the utility employed any innovative or original safety practices?
6. How do the above activities or actions of the employer contribute to a reduction in injuries, illnesses, or fatalities in the workplace? Provide available statistical information to support improvement.

### Nomination Checklist

***Have you...***

***Received approval of your Section Safety Chair or Section Chair?***
*Without your Section approval, your entry will be disqualified.)*

- ☐ Completed the Candidate Nomination Form?
- ☐ Completed the Supplemental Data Sheet?
- ☐ Limited your answers to the "Specific Questions" to three (3) typewritten pages using a 12 pt font.
- ☐ Verified the information is true and accurate?
- ☐ Included both the Candidate Nomination Form and the Supplemental Data Sheet?
- ☐ Submitted the nomination annually by 1st deadline?

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