

**AWWA Wendell R. LaDue Utility Safety Award - CANDIDATE FORM**

CLASS SIZE I  
(less than 10 employees)

Name of Section \_\_\_\_\_

Submitted by \_\_\_\_\_

Name of Utility \_\_\_\_\_

Address of Utility \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Number of Employees \_\_\_\_\_

Safety Record

OSHA Log (or equivalent if applicable)	200	200	200	300	200
Year:	2001	2002	2003	2004	2005

Number of Recordable injuries	_____	_____	_____	_____	_____
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Number of Lost Work Days	_____	_____	_____	_____	_____
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Number of Productive Hours Worked	_____	_____	_____	_____	_____
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Productive hours worked = all time on the job, excluding sick, vacation, jury duty, holiday, and any other time away from work

\_\_\_\_\_

With 2005 data, calculate the following:

(A)----- divided by (C) ----- x 200,000 ----- (Recordable Incidence Rate)

Reasons why utility was nominated for this award:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete attached Wendell R. LaDue Utility Safety Award Supplemental Data Sheet. This report and data sheet should be submitted by February 14th to:  
Volunteer and Technical Support Director  
Attention: Staff Secretary, AWWA Health Safety & Environment Committee  
American Water Works Association  
6666 W. Quincy Avenue  
Denver, CO 80235

**AWWA Wendell R. LaDue Utility Safety Award - CANDIDATE FORM**  
CLASS SIZE II

(10 - 100 employees)

Name of Section \_\_\_\_\_

Submitted by \_\_\_\_\_

Name of Utility \_\_\_\_\_

Address of Utility \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Number of Employees \_\_\_\_\_

Safety Record

OSHA Log (or equivalent if applicable) Year:	200 2001	200 2002	200 2003	300 2004	200 2005
Number of Recordable Injuries	_____	_____	_____	_____	_____
Number of Lost Work Days	_____	_____	_____	_____	_____
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 2005 data, calculate the following:

(A)----- divided by (C) ----- x 200,000 ----- (Recordable Incidence Rate)

Reasons why utility was nominated for this award:

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Volunteer and Technical Support Director  
Attention: Secretary, Health Safety & Environment Committee  
American Water Works Association  
6666 W. Quincy Avenue  
Denver, CO 80235

**AWWA Wendell R. LaDue Utility Safety Award - CANDIDATE FORM**

CLASS SIZE III

(100 - 500 employees)

Name of Section \_\_\_\_\_

Submitted by \_\_\_\_\_

Name of Utility \_\_\_\_\_

Address of Utility \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Number of Employees \_\_\_\_\_

Safety Record

OSHA Log (or equivalent if applicable)	200	200	200	300	200
Year:	2001	2002	2003	2004	2005

Number of Recordable Injuries	_____	_____	_____	_____	_____
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Number of Lost Work Days	_____	_____	_____	_____	_____
--------------------------	-------	-------	-------	-------	-------

Number of Productive Hours Worked	_____	_____	_____	_____	_____
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Productive hours worked = all time on the job, excluding sick, vacation, jury duty, holiday, and any other time away from work

With 2005 data, calculate the following:

(A)----- divided by (C) ----- x 200,000 ----- (Recordable Incidence Rate)

Reasons why utility was nominated for this award:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complete attached AWWA Wendell R. LaDue Utility Safety Award Supplemental Data Sheet. This report and data sheet should be submitted by February 14th to:  
Volunteer and Technical Support Director  
Attention: Secretary, Health Safety & Security Committee  
American Water Works Association  
6666 W. Quincy Avenue  
Denver, CO 80235

**AWWA Wendell R. LaDue Utility Safety Award - CANDIDATE FORM**  
CLASS SIZE IV

(over - 500 employees)

Name of Section \_\_\_\_\_

Submitted by \_\_\_\_\_

Name of Utility \_\_\_\_\_

Address of Utility \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Number of Employees \_\_\_\_\_

Safety Record

OSHA Log (or equivalent if applicable)	200	200	200	300	200
Year:	2001	2002	2003	2004	2005

Number of Recordable Injuries	_____	_____	_____	_____	_____
-------------------------------	-------	-------	-------	-------	-------

Number of Lost Work Days	_____	_____	_____	_____	_____
--------------------------	-------	-------	-------	-------	-------

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

With 2005 data, calculate the following:

(A)----- divided by (C) ----- x 200,000 ----- (Recordable Incidence Rate)

Reasons why utility was nominated for this award:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Volunteer and Technical Support Director  
Attention: Secretary, Health Safety & Security Committee  
American Water Works Association  
6666 W. Quincy Avenue  
Denver, CO 80235

AWWA Wendell R. LaDue Utility Safety Award  
SUPPLEMENTAL DATA SHEET

The AWWA Health Safety & Security Committee will use the following information to evaluate water utilities nominated for the AWWA Wendell R. LaDue 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 FORM and submitted, with all other required information, to AWWA by the section's safety 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 Program**

- a) Does the utility have a formal safety program? Yes \_\_\_ No \_\_\_
- b) Were examples of programs submitted? Yes \_\_\_ No \_\_\_
- c) Is the utility's safety manager full-time? Yes \_\_\_ No \_\_\_
- d) If part-time, what other functions are included?
- e) Is there an employee/management safety committee? Yes \_\_\_ No \_\_\_  
If yes, how often are meetings held?
- f) Which of the following items are a part of the safety activity:

- |                                      |   |
|--------------------------------------|---|
| _____ Safety Posters                 | _____ Tailgate/Tool Box Safety Talks            |
| _____ Safety Program Manual          | _____ Employee Safety Awards                    |
| _____ Accident Investigation/Reviews | _____ Safety Suggestion Program                 |
| _____ First Aid Kits                 | _____ Employee Safety Program Knowledge Testing |
| _____ Job Hazard Analysis            |   |

List any other items used: \_\_\_\_\_

**III. Personal Protective Equipment Provided (check)**

- |                                     |                        |                        |
|-------------------------------------|------------------------|------------------------|
| _____ Hard Hats                     | _____ Safety Shoes     | _____ Eye Protection   |
| _____ Gloves                        | _____ Ear Muffs/ Plugs | _____ Reflective Vests |
| _____ Respirators                   | _____ Rain Gear        |                        |
| _____ Seasonal Gear (Winter/Summer) |                        |                        |

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Safety Award Supplemental Data Sheet (page 2)

**IV. Safety Training** (check programs provided)

- |   |   |
|---|---|
| <input type="checkbox"/> CPR                        | <input type="checkbox"/> First Aid/Bloodborne     |
| <input type="checkbox"/> Defensive Driving/CDL      | <input type="checkbox"/> Lockout/Tagout           |
| <input type="checkbox"/> Excavations                | <input type="checkbox"/> Ladder Safety            |
| <input type="checkbox"/> Electrical Safety          | <input type="checkbox"/> Hearing Conservation     |
| <input type="checkbox"/> Process Safety Mgt./RMP    | <input type="checkbox"/> Laboratory Safety        |
| <input type="checkbox"/> Emergency Preparedness     | <input type="checkbox"/> Hand Powered tools       |
| <input type="checkbox"/> Respiratory Protection     | <input type="checkbox"/> Back Safety              |
| <input type="checkbox"/> Eye Safety                 | <input type="checkbox"/> Workplace Violence       |
| <input type="checkbox"/> Forklift Safety            | <input type="checkbox"/> Asbestos & AC Pipe       |
| <input type="checkbox"/> Fire Extinguisher Training | <input type="checkbox"/> Fall Protection          |
| <input type="checkbox"/> Other (specify)            | <input type="checkbox"/> Traffic/Work Zone Safety |

**V. Safety Preventive Maintenance**

- |  |   |
|--|---|
| <input type="checkbox"/> Eye wash flushing       | <input type="checkbox"/> Fire Extinguisher checks   |
| <input type="checkbox"/> Safety shower testing   | <input type="checkbox"/> Emergency Lighting Testing |
| <input type="checkbox"/> Smoke Alarms            | <input type="checkbox"/> Sprinkling systems         |
| <input type="checkbox"/> Chlorine leak detectors | <input type="checkbox"/> Ammonia leak detectors     |

**VI. General Remarks**

Describe other accident prevention activities which are a part of your safety program and have not been stated elsewhere on this questionnaire.

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