

INSTRUCTIONS FOR MWEA SAFETY SURVEY AND AWARD

The purpose of the Safety Survey is to gather injury data in an effort to make our work places safer and to determine eligibility for MWEA's Annual Wastewater Treatment Facility and/or Collection System Safety Awards. MWEA presents an award to the organization with the best Safety record for a Wastewater Treatment Facility with 10 or less employees, and 11 employees or more, and a Collection System with 10 or less employees, and 11 employees, or more. If submitting a survey for both a Collection System and a Wastewater Treatment plant, please make a copy of the survey and submit one for each system. **You Do Not need to be a Member of MWEA to be considered for a SAFETY Award!!!**

Some past winners of these awards have had accidents, even lost time accidents, so please fill out the survey and submit.

Results of the survey will be reported to all who enter and posted in the MWEA newsletter following the annual meeting.

The winner of each category will receive a plaque.

Section A Self explanatory

Section B If the exact man-hours are not known, assume that one full time employee works 235 days per year or 1,880 man-hours per year. You can fill out just the treatment plant information or just the collection system information, or both!

Section C If miles of sewers are not known but the number of manholes are, miles of Sewers maintained = (number of manholes x 250 feet) divided by 5,280 feet per mile.

Section D Self explanatory

Please complete this questionnaire and return via, mail, or e-mail, generally due for previous year data by January 12, 2024. If you have questions regarding the survey, please do not hesitate to contact me, see below.

MWEA Safety, Security, & Occupational Health Committee

Chris Safford

csafford@donohue-associates.com

MWEA SAFETY SURVEY FOR CALENDAR YEAR

SECTION A. General Information for All Applicants

1. Name of Organization _____
2. Mailing Address _____
_____ Zip Code _____
3. Person Completing this Form _____ Phone _____
4. Title _____ Date _____

SECTION B. Safety and Accident Data

	Wastewater Collection System	Wastewater Treatment System
1. Number of employees including Supervisors	_____	_____
2. Total man-hours worked	_____	_____
3. Total number of injuries on the job	_____	_____
4. Total number of injuries from #3 requiring first aid only (minor injuries)	_____	_____
5. Number of injuries from #3 requiring medical assistance, but not resulting in a full lost work day (8 hours)	_____	_____
6. Total number of injuries from #3 which involved one or more full lost work days (8 hours)	_____	_____
7. Total number of full days lost to work injuries (8 hours)	_____	_____
8. Number of Fatal Accidents	_____	_____

SECTION C. Data on Wastewater System

Wastewater

Wastewater

	Collection System	Treatment System
1. Average daily flow (million gallons)	_____	_____
2. Population Served (estimate)	_____	_____
3. Miles of sewer maintained (estimate)	_____	_____
4. Number of manholes (estimate)	_____	_____
5. Do you have a formal safety program (i.e. designated safety coordinator, training materials, tailgate talks seminars, management involvement etc.)	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>
6. How many injuries (from Sec. B. #3) occurred to employees with wastewater or collection system certification	_____ (#certified)	_____ (#certified)
7. How many employees are members of MWEA	_____	_____

Treatment Facilities Only:

1. Name and Address of Facility: _____
2. Location of Treatment Facility: _____
3. Facility NPDES Permit Number: _____
4. Check Applicable Process Element used at the WWTF:

Lagoon	_____	Land Application	_____
Aerated Lagoon	_____	Tricking Filter	_____
Raw Sewage Pumps	_____	Activated Sludge	_____
Screens	_____	Aerobic Digestion	_____
Comminutors, grinders	_____	Anaerobic Digestion	_____
Primary Treatment	_____	Disinfection	_____
Odor Scrubbers	_____	Gravity Belt	_____
Incineration	_____	Belt Filter Press	_____
Pure Oxygen System	_____	Centrifuge	_____ Sand/Disk
Filters	_____	Effluent Pumping	_____
Sludge Thickeners	_____	Drying Beds	_____

List other process elements here: _____
 (such as Class A Biosolids, , power generation, etc.)

SECTION D. Disabling Injuries

Indicate the total number of work related (lost time, 8 hour day) accidents. The total A thru Q should equal the number reported in Section B., question #6.

1. Type of Injury

- _____ A. Wound (concussion, abrasion, incision, laceration)
- _____ B. Contusion (mashed, bruised)
- _____ C. Sprain
- _____ D. Strain (muscular)
- _____ E. Hernia
- _____ F. Fracture
- _____ G. Amputation
- _____ H. Fumes and gases
- _____ I. Burn or scald
- _____ J. Foreign body, imbedded
- _____ K. Foreign body, loose
- _____ L. Flash burn - electric
- _____ M. Flash burn - welding
- _____ N. Shock - electric
- _____ O. Poison ivy, oak, etc.
- _____ P. Multiple injuries
- _____ Q. Not elsewhere classified. Specify _____

2. Causes of Injury

- _____ A. Striking against
- _____ B. Struck by
- _____ C. Caught in, on or between
- _____ D. Fall on same level
- _____ E. Fall to different level
- _____ F. Body reaction or slips
- _____ G. Overexertion
- _____ H. Exposure to temperature extremes
- _____ I. Inhalation, absorption, ingestion
- _____ J. Electric flash
- _____ K. Electric contact
- _____ L. Not elsewhere classified. Specify _____
- _____ M. Hazardous arrangement. Specify _____

3. Site Location

- _____ A. Preliminary treatment (screen, grit removal, comminution, etc.)
- _____ B. Tanks or settling basins/pit ponds
- _____ C. Chemical disinfection equipment
- _____ D. Sludge handling equipment (incinerator, digester, etc.)

- _____ E. Manholes (in and around, including traffic site)
- _____ F. Pump stations, wet or drywells
- _____ G. Pipes, valves, overhead fixtures, and similar equipment
- _____ H. Electrical equipment (motors, generators, junction boxes, etc.)
- _____ I. Walkways
- _____ J. Laboratory
- _____ K. Off sites work-related injury (excavation, construction, service call)
- _____ L. Internal housekeeping/maintenance (painting, washing down walls)
- _____ M. External housekeeping/maintenance (moving objects, washing equipment, spraying)
- _____ N. Motor vehicle (in and around)
- _____ O. Maintenance shop/yard (welding, lathes, milling machines, equipment repair)
- _____ P. Other – Specify _____

4. Part of Body Injury

- | | |
|---------------------|-----------------------------------|
| _____ A. Head, Face | _____ I. Fingers |
| _____ B. Eyes | _____ J. Legs |
| _____ C. Neck | _____ K. Ankle |
| _____ D. Back | _____ L. Foot (Feet) |
| _____ E. Trunk | _____ M. Toes |
| _____ F. Internal | _____ N. Multiple parts |
| _____ G. Arms | _____ O. Not elsewhere classified |
| _____ H. Hands | _____ |

5. Injured Employees work Experience (number of injuries based on employee wastewater work experience)

- | | |
|----------------------------|-----------------------|
| _____ A. Less than 2 years | _____ D. >10-15 years |
| _____ B. >2-5 years | _____ E. > 15 years |
| _____ C. >5-10 years | |