AWEA
ARKANSAS WATER ENVIRONMENT ASSOCIATION

CITY SAFETY AWARD

Nomination Form

To be considered for the AWEA City Safety Award, please answer the questions listed below. Send all responses and supporting documentation to info@awea-ar.org

Select the award category for your submission:
_____ Cities/Service Areas with populations less than 20,000
_____ Cities/Service Areas with populations over 20,000

Organization Information

Organization Name:
_____

Address:
_____
_____
_____

Number of Employees:
_____

City/Service Area Population:
_____

Submitter's Contact Information

Name:
_____

Employer:
_____

Telephone:
_____

Email:
_____

City Safety Questionnaire

1. Explain how your Safety Process is transmitted to the employees at the facility. If you have a formal policy statement, please attach copy.
2. List Safety and Health Training provided to your employees for the year (include dates).
3. Tell us how you conduct employee safety meetings.
4. Describe your Safety/Health inspections.
5. Describe the structure of your Safety Committee/Team.
6. Describe Employee Health Programs that have been put in place at your facility (include dates) (i.e. Hepatitis B vaccinations, Pulmonary Function Testing, Fitness Programs, etc.).
7. Describe your facilities Incident/Accident reporting procedures: (provide a copy of your program).
8. Do you conduct drug and/or alcohol testing? If yes, what type of testing?
9. Please tell us about your year's accident record (lost time cases and medical attention cases).
10. Briefly explain why this organization should be considered for the Safety Award.