AWEA
ARKANSAS WATER ENVIRONMENT ASSOCIATION

INDUSTRIAL SAFETY AWARD

Nomination Form

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

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Organization Information

Organization Name:
_____

Address:
_____

_____

_____

Number of Employees:
_____

Submitter's Contact Information

Name:
_____

Employer:
_____

Telephone:
_____

Email:
_____

Industrial 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: (please 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