

APPLICATION FOR SAFETY PLANT OF THE YEAR

Checklist of Awards Criteria:

- ☐ At least one person from agency must be a CWEA member.
- ☐ Copies of OSHA Form 300A *Summary of Work Related Injuries and Illnesses* for Year 2022 & 2023

All nominations must use the below form OR the online form. Other formats will not be accepted.

If using the printed form, please provide an index for all referenced attachments and supplemental documents so that they can be easily recognized and located. Submit only the requested documentation.

Submit this nomination form and all attachments in each size category (small, medium & large) online via awards.cwea.org to your local section by your local section awards deadline.

Local Section Instructions

No more than one nomination for the Plant Safety Award may be submitted by each Local Section as their Local Section Winner. Submittal of more than one nomination in each category will invalidate that Local Section's entry. If you win at the Local Section level you will need to complete the application to the state competition, that will be made available to you when you are selected as the local winner.

If you won in the past year in this category, you are not eligible to apply in the current year.

The CWEA Plant Safety Awards are coordinated by the CWEA Plant Safety Committee. The team is comprised of the Awards Subcommittee Chair, Committee Chair, and equal representation from the Northern and Southern regions.

The Safety committee will evaluate all winning nominees for this award that are submitted by the Local Section.

All award nominees will be notified of their award status prior to the CWEA Annual Conference.

Questions: CWEA State Safety Chair, [Andrew Corral](#)

APPLICATION FOR SAFETY PLANT OF THE YEAR

Nominator Information Please type or print legibly in ink. Illegible applications will be returned.

First name:	MI:	Last name:
Nominator Agency:		
Alternate Contact Name:	Email:	
Tour address:		
City:	State:	Zip:
Work phone:	Cell or home phone:	

GENERAL INFORMATION

Name of Plant:
Plant Address:
What is the total number of PLANT employees represented by the information in application? Include all employees (regular, part time, etc.) who are required to be included on the OSHA 300A log.
Do not include collections personnel – WWTP staff only: _____
Based on the total number of PLANT employees represented by the information in the application, how would you categorize the SIZE of your PLANT?

Award Type	Check One	
Small (Less than 25 Employees)	<input type="checkbox"/>	
Medium (Between 25 & 75 Employees)	<input type="checkbox"/>	
Large (More than 75 Employees)	<input type="checkbox"/>	
Person responsible for the safety program:		Phone:
Title:	Email:	

SAFETY PROGRAM

Incident Investigation

What criteria (i.e. under what conditions) does your agency use to conduct an in-depth, formal incident investigation?

--

Provide a detailed description of the Incident Investigation procedure, including any resources used to facilitate an immediate and thorough investigation.

--

Communication and Training

How do you communicate safety to your employees? (Include documentation that supports your program).

How do your employees communicate safety to you? (Include documentation that supports your program).

What method(s) is used so that employees can report unsafe conditions anonymously?

EXCEPTIONAL SAFETY PROGRAMS & PRACTICES

Provide any **exceptional** (above and beyond) and/or **unique** safety programs or practices that you believe demonstrate that your agency has an “award-winning” safety program. Provide documentation and/or resources to support how these programs/practices are implemented and performed.

SAFETY CULTURE

Complete the following to demonstrate how your agency encourages and promotes an award-winning safety culture at your agency:

Are employees encouraged, including monetary support, to attend professional organizations that enhance their safety awareness and knowledge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

List the organizations and provide the work groups that participate and attend:

Describe any safety incentive programs your agency uses to encourage safety awareness, to increase participation in the safety program, and to reduce worker injuries and illnesses.