

# INSTRUCTIONS

## MWEA SAFETY SURVEY FOR CALENDAR YEAR 2013

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 need not be a member of MWEA to be considered for an award.

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.

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 facsimile, mail, or e-mail by **January 29 2014**

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## SAFETY SURVEY

### MWEA SAFETY SURVEY FOR CALENDAR YEAR 2013

#### 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. 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 Collection System	Wastewater 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.)	Yes    No	Yes    No
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 Elements:

Lagoon	_____	Land Application	_____
Aerated Lagoon	_____	Trickling Filter	_____
Raw Sewage Pumps	_____	Activated Sludge	_____
Screens	_____	Aerobic Digestion	_____
Comminutors, grinders	_____	Anaerobic Digestion	_____
Grit Removal	_____	Chemical Treatment	_____
Primary Treatment	_____	Vacuum Filters	_____
RBC's	_____	Filter Press	_____
Incineration	_____	Belt Press	_____
Pure Oxygen Generation	_____		_____
Sand Filters	_____	Effluent Pumping	_____
Sludge Thickeners	_____	Drying Beds	_____

List other process elements Here: \_\_\_\_\_  
(such as Class A Biosolids generation, etc.)

## SECTION D. Disabling Injuries

Indicate the total number of work related (lost time, 8 hour day) accidents. The total of 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. Bodily 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 dry wells
- 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

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> A. Less than 2 years | <input type="checkbox"/> D. >10-15 years |
| <input type="checkbox"/> B. >2-5 years        | <input type="checkbox"/> E. >15 years    |
| <input type="checkbox"/> C. >5-10 years       |  |