

**ILLINOIS WATER POLLUTION CONTROL ASSOCIATION
 GEORGE W. BURKE JR., FACILITY SAFETY AWARD APPLICATION
 FOR CALENDAR YEAR _____**

Name of Facility

Address of Facility...

Telephone Number....

Person Completing the Questionnaire...

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|----------------|----------------------|----|-----|--|-------------|-------------|--------|-------------------|---------|---------------------|----------|----------------------|----------------|-------|
| YES | NO | NA | 1. | Does your facility have a safety policy statement which states the purpose of the safety program and requires active participation? | | | | | | | | | | |
| YES | NO | NA | 2. | Are JSA's available to the employees so they may check the recommended procedures for a particular job? Are they readily accessible to the employees? | | | | | | | | | | |
| YES | NO | NA | 3. | Do employees sign off for all safety training received? | | | | | | | | | | |
| YES | NO | NA | 4. | Does your safety program use any of the following for safety training (Circle all that apply).
<table border="0" style="margin-left: 200px;"> <tr> <td>Video Tapes</td> <td>Power Point</td> </tr> <tr> <td>Slides</td> <td>Safety Directives</td> </tr> <tr> <td>Posters</td> <td>Instructor Training</td> </tr> <tr> <td>Lectures</td> <td>Employee Suggestions</td> </tr> <tr> <td>Guest Speakers</td> <td>DVD's</td> </tr> </table> | Video Tapes | Power Point | Slides | Safety Directives | Posters | Instructor Training | Lectures | Employee Suggestions | Guest Speakers | DVD's |
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| Slides | Safety Directives | | | | | | | | | | | | | |
| Posters | Instructor Training | | | | | | | | | | | | | |
| Lectures | Employee Suggestions | | | | | | | | | | | | | |
| Guest Speakers | DVD's | | | | | | | | | | | | | |
| YES | NO | NA | 5. | Are there Material Safety Data Sheets for the chemicals used in your facility, are they current, and freely accessible to all employees? | | | | | | | | | | |
| YES | NO | NA | 6. | Is there one person in your organization in charge of safety? (Not necessarily at the facility). Please provide name, title, and contact information. | | | | | | | | | | |
| YES | NO | NA | 7. | Does your safety committee meet regularly? If so, how frequently? _____ | | | | | | | | | | |
| YES | NO | NA | 8. | Is defensive driving and vehicle safety part of your safety program? | | | | | | | | | | |
| YES | NO | NA | 9. | Does your facility have a written policy for disciplinary action in the instance of safety violations? | | | | | | | | | | |
| YES | NO | NA | 10. | Is safety performance considered when evaluating and promoting employees? | | | | | | | | | | |
| YES | NO | NA | 11. | Are incentives used for good safety performance? | | | | | | | | | | |
| YES | NO | NA | 12. | What method is used to report employee accidents and injuries? Circle response: FORMS / MEMOS/ REPORTS/ VERBALLY/ OTHER. Attach examples. | | | | | | | | | | |
| YES | NO | NA | 13. | Are Safety incidents or near misses tracked? | | | | | | | | | | |
| YES | NO | NA | 14. | Does your facility track days operated without a lost time accident? If so provide that number _____ | | | | | | | | | | |

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|-----|----|----|------------|---|
| YES | NO | NA | 15. | Does your facility have a “Noise Exposure Program”? |
| YES | NO | NA | 16. | Has sound testing been performed at the facility? |
| YES | NO | NA | 17. | Are plant personnel offered immunization vaccines for typhoid, hepatitis and tetanus? |
| YES | NO | NA | 18. | Does your facility have a respirator policy? |
| YES | NO | NA | 19. | Is PPE inspected regularly? |
| YES | NO | NA | 20. | Does your facility have an Electrical Safety policy that meets the current NFPA 70-E Arc- Flash Standard? |
| YES | NO | NA | 21. | Does your Laboratory have a chemical Hygiene Plan? |
| YES | NO | NA | 22. | Do you regularly check the draw on Laboratory fume hoods? |

INNOVATIVE SAFETY:

Describe any innovative safety policies or ideas which you feel set your facility apart. Attach all supporting documentation.

** Please mail completed application and all supporting documentation to*

**Mark Termini, IWEA Safety Committee Chairman
711 N. Addison Rd.
Addison, IL 60101**