



# Florida Water & Pollution Control Operators Association

A Non-Profit Association Serving Water and Wastewater Professionals in the State of Florida

## SAFETY AWARD APPLICATION FORM

(Application Deadline June 1st)

Company or Municipality Name: \_\_\_\_\_

Name & Title of Safety Officer or Person Preparing Application: \_\_\_\_\_

Phone Number: ( ) - Fax Number: ( ) - E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Plant/System Name: \_\_\_\_\_

Type of System / Plant (**Check Only One**). Submit additional applications if needed.

### Treatment Plants:

Water	A	_____	B	_____	C	_____	D	_____
Wastewater	A	_____	B	_____	C	_____	D	_____
Multiple (i.e., package)	Water	_____	_____	_____	Wastewater	_____	_____	_____

### Systems:

Collection	_____	Distribution	_____	D.C. Combined	_____
Stormwater	_____	Reuse	_____	Other	_____

Number of full-time non-clerical employees: \_\_\_\_\_

Combined number of hours worked including overtime: \_\_\_\_\_

Total number of injuries causing an employee to miss a shift or be re-assigned to restricted duty: \_\_\_\_\_

Total number of shifts/days missed or on restricted duty due to injuries: \_\_\_\_\_

Date of last lost-time/restricted duty accident: \_\_\_\_\_ Number of days since accident: \_\_\_\_\_

Do you have a: \_\_\_\_\_ Safety Officer \_\_\_\_\_ Safety Committee \_\_\_\_\_ Safety Policy \_\_\_\_\_ Training Programs  
(Describe the above, and safety equipment available, on a separate sheet, or document.)

Do your operators receive the following training:

Blood-Born Pathogens:	Yes	_____	No	_____	N/A	_____	% Trained	_____	Date Last Trained	_____
Chlorine Safety:	Yes	_____	No	_____	N/A	_____	% Trained	_____	Date Last Trained	_____
Competent/Trench Safety:	Yes	_____	No	_____	N/A	_____	% Trained	_____	Date Last Trained	_____
Confined Space:	Yes	_____	No	_____	N/A	_____	% Trained	_____	Date Last Trained	_____
Lockout/Tag Out:	Yes	_____	No	_____	N/A	_____	% Trained	_____	Date Last Trained	_____
Defensive Driving:	Yes	_____	No	_____	N/A	_____	% Trained	_____	Date Last Trained	_____
CPR/First Aid:	Yes	_____	No	_____	N/A	_____	% Trained	_____	Date Last Trained	_____
Other Safety Training:	Yes	_____	List any other Safety Training on a separate sheet or document.							

Documentation: The following information is requested *but not required* to accompany application form for documentation.

- Copy of OSHA 200/300 Log
- Copy of Vehicle Loss Run of Avoidable Accident Form
- Copies of Safety Committee Minutes or Sign-in Sheets for Applicable Year
- Copy of Company Safety Policy/Manual/Program
- Copies of Sign-in Sheets for Safety Training Classes

Application Verification: I hereby certify that the information contained in this application is complete and accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email to: Charles Nichols, FWPCOA Safety Chairman, charlesnichols@polk-county.net Phone: 863-581-0111