



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: _____

Mail to: Peter M. Tyson, FWPCOA Safety Chairman, PO Box 510071, Key Colony Beach, FL 33051-0071
Phone: (H) 305-743-7672 - (C) 305-797-8201