

**Burke Award application**

Pacific Northwest Clean Water Association

PO Box 100

Hansen, ID 83334

www.pncwa.org

208.455.8381

**You may use the online form instead of this fillable form if you wish, at www.pncwa.org.**

**INSTRUCTIONS:**

A. Fill out the application. Materials submitted will not be returned.

B. All required information should be for the period January through December for the year previous to the year in which the application is being made. If you are applying in 2015, the info requested should be from 2014, etc.

C. Submit application by deadline listed at www.pncwa.org

D. If you have any questions, please call the PNCWA office at 208.455.8381

E. The award is based on your application and what is submitted. This will be a very difficult task to determine the

 winner, so what information you can provide will be of benefit to the safety committee as well the applicant. There

 is no need to send large plans, manuals or documents, just a copy of the cover and table of contents.

**GENERAL INFORMATION**:

Name of Plant:

Address:

Average Flow:

Design Flow:

Number of Employees in:

 Operations:       Collections:       P lant Maintenance:       Lab:

**SAFETY RECORD**:

Total number of lost time days in previous year (     ) due to injuries:      days

Total number of reportable accidents

**REPORTING**

Do you have a formal accident review procedure?

 Yes [ ]  No [ ]

Briefly describe how your accident review procedure works.

Provide copies if possible:

**SAFETY PROGRAM**

Do you hold regularly scheduled safety meetings?

 Yes [ ]  No [ ]

If yes, describe type, frequency, and how recorded and filed.

Who coordinates the safety program?

What type of accident record keeping does your organization maintain? Briefly describe and/or submit example.

What type of emergency communication does your plant have if the telephone system is down?

Describe safety programs that you feel are unique to your organization. Provide documentation if possible.

**SAFETY TRAINING**

Who provides training and where?

Frequency of training sessions? Provide documentation.

Examples of topics covered:

How many of your employees are CPR certified?

Is CPR training provided at agency expense and time? Yes [ ]  No [ ]

Has your agency made up a safety manual? Yes [ ]  No [ ]

Do you have in-house contingency plans for major disasters? Yes [ ]  No [ ]

If so please submit a sample of the contingency plans

How often does your agency meet with other local agencies such as fire and paramedics to coordinate emergency response?

How often does your agency hold response drills?

Due date: See www.pncwa.org. Please use online form at www.pncwa.org or submit this form and additional documentation electronically to awards@pncwa.org or mikerainey@pncwa.org. Mailing address if necessary is P.O. Box 100, Hansen, ID 83334