



# GAWP 2009 SAFETY AWARDS

It's time to begin planning for nominations for the GAWP 2009 Safety Awards for plants in the following categories:

- \* Surface Water Treatment
- \* Ground Water Treatment
- \* Industrial Wastewater Treatment
- \* Municipal Wastewater Treatment (WEF Burke Award)

*If you would like to nominate a plant, please fill out the nomination form with attachments, and forward it to the safety committee*

by: **AUGUST 14, 2009 – NOMINATION DEADLINE**

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## NOMINATION FORM

Name of Plant: \_\_\_\_\_

Mailing

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

Plant Category:

Surface Water Treatment

Industrial Wastewater Treatment

Ground Water Treatment

Municipal Wastewater Treatment

Date of last lost-time accident: \_\_\_\_\_

Describe: \_\_\_\_\_

Name/Phone of Contact Person: \_\_\_\_\_

\_\_\_\_\_  
*Name, Title*

\_\_\_\_\_  
*Phone*

- *Attach one page narrative that identifies the qualities of your system and includes why it should be considered for this award.*
- *Attach a map with directions to your office.*
- *Return completed questionnaire and attachments to:*

**Nicole Ivers / GAWP Safety Committee**

**c/o CDM, 3715 Northside Parkway NW, Building 300, Suite 400, Atlanta, GA 30327**

or fax to (404) 467 - 4130, Attn: Nicole Ivers

***Return Application by August 14, 2008***

***GAWP Awards***

***15***

Checklist for inspection can be found at [www.gawp.org](http://www.gawp.org) under the Awards tab.

<b>SAFETY PROGRAM</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
<b>MAXIMUM APPLICABLE POINTS IN THIS SECTION = 26</b>					
IS THERE A SAFETY PERSON ON-SITE	NO ( )		YES SOME BUT NOT ALL SHIFTS ( )		YES ALL SHIFTS ( )
DO YOU HAVE A WRITTEN SAFETY PROGRAM	NO ( )	YES ( )	SITE-SPECIFIC ( )		
IS IT IMPLEMENTED	NO ( )	YES ( )			
DO YOU HAVE AN ACCIDENT REVIEW PROGRAM	NO ( )	YES ( )			
PROOF OF A REVIEW AND THE CORRECTIVE ACTION TAKEN	NO ( )		YES ( )		
RECORDS OF ALL SAFETY TRAINING	NO RECORDS ( )		> 3 YEARS OF RECORDS ( )		
A SCHEDULE IS MAINTAINED TO ENSURE ALL SAFETY TRAINING IS KEPT CURRENT	NO ( )	YES ( )			
LOCATION MAP CLEARLY INDICATES THE EXACT LOCATIONS OF FIRE EXTINGUISHER	NO ( )	YES ( )	IDENTIFIED IN FIELD ( )		
LOCATION MAP CLEARLY INDICATES THE EXACT LOCATIONS OF EYEWASH & SHOWERS	NO ( )	YES ( )	IDENTIFIED IN FIELD ( )		
EMERGENCY PHONE NUMBERS ARE CLEARLY DISPLAYED	NO ( )	YES ( )			
ALL BULK CHEMICAL TANKS AND FUEL TANKS HAVE ADEQUATE SPILL CONTAINMENT	NO ( )		YES ( )		
FACILITY HAS A BLOOD BORN PATHOGEN CLEANUP KIT TRAINING ON USE	NO ( )	YES ( )			
FACILITY HAS A PROGRAM TO VERIFY LIFTING DEVICES AND EQUIPMENT ARE TESTED REGULARLY	NO ( )		YES ( )		
HANDRAILS ARE SECURELY IN PLACE AND IN GOOD CONDITION, SAFETY CHAINS ARE IN PLACE	NO ( )	YES ( )			
FACILITY CONDUCTS SCHEDULED PLANT SAFETY INSPECTIONS TO IDENTIFY SAFETY PROBLEMS	NO ( )	ANNUALLY YES ( )			
LIFE RINGS PROPERLY PLACED	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

TOTAL SCORE THIS PAGE

<b>CONFINED SPACE PROGRAM</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 10</b>					
DO YOU HAVE A PROGRAM	NO ( )	YES ( )			
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	Site-Specific ( )		
TRAINING RECORDS	NO ( )		YES ( )		
RECORDS OF ENTRIES FOR OPERATION & MAINTENANCE	NO ( )			ALL PERSONNEL ( )	
PROPER SAFETY SIGNS IN PLACE	NO ( )		YES ( )		
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>LOCKOUT / TAGOUT PROGRAM</b>					
<b>MAXIMUM APPLICABLE POINTS IN THIS SECTION = 12</b>					
DO YOU HAVE A PROGRAM	NO ( )	YES ( )			
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	Site-Specific ( )		
TRAINING RECORDS	NO ( )		YES ( )		
RECORDS OF LOCKOUT / TAGOUT	NO ( )			ALL PERSONNEL ( )	
PROPER SAFETY SIGNS IN PLACE	NO ( )		YES ( )		
DO YOU SEE THE ACTUAL TAGS?	NO ( )	YES ( )			
IS LOTO EQUIPMENT (LOCKS, TAGS, HASPS, ETC.) VISIBLE AND EASILY ACCESSABLE?	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>BULK CHEMICAL STORAGE</b>					
<b>MAXIMUM APPLICABLE POINTS IN THIS SECTION = 11</b>					
DO YOU HAVE A SPILL RESPONSE PROGRAM	NO ( )	YES ( )			
TANKS PROPERLY LABELED	NO ( )		YES ( )		
EYEWASH AND SHOWER AVAILABLE	NO ( )		YES ( )		
PPE AVAILABLE	NO ( )		YES ( )		
PROPER SAFETY SIGNS IN PLACE	NO ( )		YES ( )		
SPILL CONTAINMENT OR "CATCH BUCKET" AVAILABLE AT BULK DELIVERY HOOKUP FOR LIQUIDS?	NO ( )		YES ( )		
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

TOTAL SCORE THIS PAGE

<b>FALL PROTECTION PROGRAM</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 5</b>					
DO YOU HAVE A PROGRAM	NO ( )	YES ( )			
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	Site-Specific ( )		
TRAINING RECORDS	NO ( )	YES ( )			
PROPER SAFETY SIGNS IN PLACE	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>FIRST AID PROGRAM</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION =19</b>					
DO YOU HAVE A PROGRAM	NO ( )		YES ( )		
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	Site-Specific ( )		
DO YOU HAVE FIRSTAID KITS	NO ( )	YES - IN PLANT ( )	YES - IN PLT & IN VEHICLES ( )		
TRAINING RECORDS	NO ( )		YES ( )		
CPR TRAINING	NO ( )	YES - SOME STAFF ( )	YES - ALL STAFF ( )	0.5 ( )	1 ( )
AED ONSITE?	NO ( )		YES ( )		
AED TRAINING	NO ( )	YES - SOME STAFF ( )	YES - ALL STAFF ( )	0.5 ( )	1 ( )
PROPER SAFETY SIGNS IN PLACE	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>FIRE EXTINGUISHER / SPRINKLERS</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 8</b>					
DO YOU HAVE A PROGRAM	NO ( )		YES ( )		
IS THE PROGRAM WRITTEN	NO ( )		YES ( )		
ANNUAL INSPECTION	NO ( )	YES ( )			
MONTHLY INSPECTION	NO ( )	YES ( )			
PASS TRAINING	NO ( )	1 / ANNUALLY ( )			
PROPER SAFETY SIGNS IN PLACE	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

**TOTAL SCORE THIS PAGE**

<b>EYEWASH &amp; SHOWERS</b>	INADEQUATE (0)	MINIMUM POINT (1)	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 9</b>					
DO YOU HAVE A PROGRAM	NO ( )		YES ( )		
IS THE PROGRAM WRITTEN	NO ( )		YES ( )		
TRAINING RECORDS	NO ( )	YES ( )			
ARE THEY INSPECTED & FLOW TESTED	NO ( )	YES - ANNUALLY ( )	YES - AT LEAST MONTHLY ( )		
VERIFIED PROOF OF TESTS IN FIELD?	NO ( )	YES ( )			
PROPER SAFETY SIGNAGE IN PLACE	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>HEARING PROTECTION PROGRAM</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 8</b>					
DO YOU HAVE A PROGRAM	NO ( )		YES ( )		
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	Site-Specific ( )		
TRAINING RECORDS	NO ( )	YES ( )			
ANNUAL CONSERVION STUDY	NO ( )	YES ( )			
PROPER HEARING PROTECTION	NO ( )	YES ( )			
PROPER SAFETY SIGNAGE IN PLACE	NONE ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>RESPIRATORY PROTECTION</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 12</b>					
DO YOU HAVE A PROGRAM	NONE ( )		YES ( )		
IS THE PROGRAM WRITTEN	NONE ( )	YES ( )	YES & SITE-SPECIFIC ( )		
TRAINING RECORDS	NO ( )		YES ( )		
PULMONARY EXAMS PERFORMED ANNUALLY	NO ( )	YES ( )			
INSPECTIONS OF EQUIPMENT	NO ( )	ANNUALLY ( )	MONTHLY ( )	WEEKLY ( )	
EQUIPMENT IN PROPER PLACES	NO ( )	YES ( )			
PROPER SAFETY SIGNAGE IN PLACE	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

**TOTAL SCORE THIS PAGE**

<b>PPE</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 14</b>					
DO YOU HAVE A PROGRAM	NONE ( )		YES ( )		
IS THE PROGRAM WRITTEN	NONE ( )	YES ( )	YES & SITE-SPECIFIC ( )		
TRAINING RECORDS	NO ( )		YES ( )		
INVENTORY SHEET ON WHAT IS GIVEN	NO ( )	YES ( )			
PROPER SAFETY SIGNAGE IN PLACE	NO ( )	YES ( )			
DO YOU HAVE BOTH AN "EVERYDAY" SET AND AN "EMERGENCY SET"?		EVERYDAY SET ONLY ( )	BOTH SETS ( )		
DO YOU PERFORM LOCKER INVENTORY / CHECK OF PPE FOR EACH EMPLOYEE?	NO ( )		YES ( )		
DO YOU HAVE PPE ON HAND AND AVAILABLE FOR VISITORS?	NO ( )		YES ( )		
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>COMPRESSED GASES PROGRAM</b>					
<b>MAXIMUM APPLICABLE POINTS IN THIS SECTION = 7</b>					
DO YOU HAVE A PROGRAM	NO ( )		YES ( )		
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	YES & SITE-SPECIFIC ( )		
ARE BOTTLES SECURE	NO ( )	YES ( )			
PROPER PPE	NO ( )	YES ( )			
PROPER SAFETY SIGNAGE IN PLACE	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>EMERGENCY PLAN</b>					
<b>MAXIMUM APPLICABLE POINTS IN THIS SECTION = 11</b>					
DO YOU HAVE A PROGRAM	NO ( )		YES ( )		
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	YES & SITE-SPECIFIC ( )		
HAVE PRACTICE DRILL'S	NO ( )	YES ( )	MONTHLY ( )	ANNUALLY ( )	
IF 2500 POUNDS OR MORE IS ON SITE, DOES FACILITY HAVE A DOCUMENTED R. M. P.	NONE ( )	DOCUMENTED ( )	ANNUAL TRAINING ( )	SEMI-ANNUAL ( )	QUARTERLY ( )
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

                     TOTAL SCORE THIS PAGE

<b>LAB SAFETY</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 12</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
DO YOU HAVE A PROGRAM	NO ( )		YES ( )		
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	YES & SITE-SPECIFIC ( )		
TRAINING RECORDS	NO ( )	YES ( )			
A FUNCTIONAL FUME HOOD	NO ( )	YES ( )			
CHEMICALS ARE STORED IN A SAFE MANNER	NO ( )		YES ( )		
LAB HAS WRITTEN DISPOSAL PROCEDURE FOR HAZARDOUS CHEMICALS	NO ( )	YES ( )			
WRITTEN HYGIENE PLAN	NO ( )	YES ( )			
COMPLETE SET OF LAB MSDS	NO ( )	YES ( )			
CHEMICALS PROPERLY LABELED	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>MACHINE GUARDING</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 9</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
DO YOU HAVE A PROGRAM	NO ( )		YES ( )		
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	YES & SITE-SPECIFIC ( )		
TRAINING RECORDS	NO ( )	YES ( )			
ARE GUARDS IN PLACE	NO ( )		YES ( )		
INSPECTIONS OF GUARDING PERFORMED	NO ( )	YES ( )			
PROPER SAFETY SIGNAGE IN PLACE	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

TOTAL SCORE THIS PAGE

<b>MEANS OF EGRESS</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 7</b>					
ALL WALKWAYS ARE CLEAR	NO ( )		YES ( )		
NO DOORWAYS ARE BLOCKED	NO ( )		YES ( )		
ALL EXIT SIGNS WORKING	NO ( )	YES ( )			
PROPER SAFETY SIGNAGE IN PLACE	NO ( )	YES ( )			
MEANS OF EGRESS FOR TANKS, BASINS, PITS, ETC. PROPERLY GUARDED WITH CHAINS, GATES OR CABLES?	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>HAZARD COMMUNICATION</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 7</b>					
DO YOU HAVE A PROGRAM	NO ( )		YES ( )		
IS THE PROGRAM WRITTEN	NO ( )	YES ( )	YES & SITE-SPECIFIC ( )		
TRAINING RECORDS	NO ( )	YES ( )			
MSDS STATION	NO ( )	YES ( )			
PROPER SAFETY SIGNAGE IN PLACE	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>DISINFECTION SAFETY</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 7</b>					
CLEANLINESS, CONDITION AND ORGANIZATION OF THE ENTIRE AREA	UNACCEPTABLE ( )	CLEAN ( )	GOOD CONDITION ( )	ORGANIZED ( )	
ADEQUATE LIGHTING IS PROVIDED TO ALLOW NORMAL INSPECTION, ADJUSTMENT, OR WORK.	NO ( )	YES ( )	ALL WORKING ( )		
ALARM SYSTEM IN PLACE	NO ( )	YES ( )			
ALARM SYSTEM TESTED REGULARLY	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

TOTAL SCORE THIS PAGE

<b>CHLORINE DISINFECTION</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 20</b>					
CHLORINE LEAK DETECTOR - CONSTANT MONITOR - AUDIBLE ALARM AND VISUAL ALARM.	NONE ( )	YES ( )			
GAS EVACUATION FAN - LOCATED AT LOWEST ELEVATION IN ROOM.	NONE ( )	YES ( )	AUTOMATIC ON ( )	ALWAYS ON ( )	
CHLORINE REPAIR KIT	NO ( )	YES ( )			
EMPLOYEES HAVE BEEN TRAINED IN CHLORINE SAFETY AND CYLINDER LEAK REPAIR.	NO ( )	MOST TRAINED ( )	ALL EMPLOYEES ( )		
ADEQUATE LIGHTING IS PROVIDED TO ALLOW NORMAL INSPECTION, ADJUSTMENT, OR WORK.	NO ( )	YES ( )	ALL WORKING ( )		
CYLINDERS ARE SECURED BY CHAINS, BLOCKS, OR APPROPRIATE DEVICES THAT PREVENT MOVEMENT.	NO ( )	YES ( )			
PROPER TOOLS AND AN AMPLE SUPPLY OF NEW LEAD WASHERS ARE AVAILABLE FOR CYLINDERS.	NO ( )	YES ( )			
AMMONIA IS AVAILABLE TO DETECT CHLORINE LEAKS.	NO ( )	YES ( )			
CORROSION CONTROL OF METAL SURFACES.	NONE ( )	PRIMED ( )	PAINTED ( )		
PROTECTIVE CAPS ON ALL CYLINDERS NOT IN USE.	NO ( )	YES ( )			
SELF CONTAINED BREATHING APPARATUS.	NONE ( )	OUTSIDE CL2 AREA ( )			
AREA NEAT, CLEAN AND UNCLUTTERED.	UNACCEPTABLE ( )	CLEAN ( )	GOOD CONDITION ( )	ORGANIZED ( )	OUTSTANDING ( )
	Column Total	Column Total	Column Total	Column Total	Column Total

### BLEACH DISINFECTION

<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 8</b>					
AREA NEAT, CLEAN AND UNCLUTTERED.	UNACCEPTABLE ( )	CLEAN ( )	GOOD CONDITION ( )	ORGANIZED ( )	OUTSTANDING ( )
EMPLOYEES HAVE BEEN TRAINED IN BLEACH SAFETY.	NO ( )	MOST TRAINED ( )	ALL EMPLOYEES ( )		
PROPER SAFETY SIGNS POSTED	NO ( )	YES ( )			
PROPER CONTAINMENT IN PLACE.	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

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<b>UV DISINFECTION</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 6</b>					
PROTECTIVE SAFETY EQUIPMENT STORED IN DIRECT VICINITY OF UV EQUIPMENT.	NONE ( )	ANOTHER AREA ( )	YES ( )		
CLEANLINESS, CONDITION AND ORGANIZATION OF THE ENTIRE UV AREA	UNACCEPTABLE ( )	CLEAN ( )	GOOD CONDITION ( )	ORGANIZED ( )	
UV WARNING SIGNAGE OF APPROPRIATE SIZE POSTED IN PLAIN VIEW.	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>OZONE DISINFECTION</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 4</b>					
OXYGEN TANKS PROPERLY LABELED	NO ( )	YES ( )			
GUARDS ARE IN PLACE AND PROPERLY ATTACHED.	NO ( )	YES ( )			
PROPER SAFETY SIGNS IN PLACE	NO ( )	YES ( )			
REQUIRED VENTILATION	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

<b>DECHLORINATION SYSTEMS</b>					
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 4</b>					
DECHLORINATION CHEMICALS ARE CLEARLY MARKED AND STORED IN A SAFE MANNER.	NO ( )	YES ( )			
GUARDS ARE IN PLACE AND PROPERLY ATTACHED.	NO ( )	YES ( )			
PROPER SAFETY SIGNS IN PLACE	NO ( )	YES ( )			
REQUIRED VENTILATION	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

TOTAL SCORE THIS PAGE

# HOUSEKEEPING, GROUNDS, AND MISCELLANEOUS

MAXIMUM APPLICABLE POINTS THIS SECTION = 18					
	INADEQUATE (0)	MINIMUM POINT (1)	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
GROUNDS WELL KEPT, GRASS MOWED, BUSHES TRIMMED, FLOWER BEDS WEEDED.	NO ( )	YES ( )			
ALL WALKWAYS CLEAR, HOSES NEATLY STORED, MACHINERY GUARDS IN PLACE.	NO ( )	MOSTLY ( )	YES ( )		
DUMPSTERS, RAG CANS, TRASH BARRELS, AND OTHER DEBRIS CONTAINERS.	MESSY ( )	CLEAN & CONTAINED ( )	CLEAN, CONTAINED, & ODOR MASKING ( )		
ALL BUILDINGS CLEARLY MARKED.	NO ( )	YES ( )			
DIRECTIONAL SIGNS CLEARLY ROUTE VISITORS, SALES, OR DELIVERY TO APPROPRIATE LOCATIONS.	NONE ( )	SOME SIGNS ( )	MANY SIGNS ( )		
SIGN AT FRONT GATE TO FACILITY IDENTIFIES THE MUNICIPALITY AND PURPOSE OF THE FACILITY.	NONE ( )	YES ( )			
PLANT VEHICLES ARE CLEAN AND IN GOOD CONDITION.	NO ( )	YES ( )	YES & INSPECTED ( )		
REST ROOMS ARE NEAT, CLEAN AND WELL MAINTAINED.	NO ( )	YES ( )			
ALL EMPLOYEES ARE PROPERLY ATTIRED	NO ( )	YES-WORK CLOTHES ( )	YES-UNIFORMS ( )		
ALL BUILDINGS ARE CLEAN AND PAINTED, WITH ALL WINDOWS IN TACT, AND NO LIGHTS BURNED OUT.	NO ( )	1 OF 4 ( )	2 OF 4 ( )	3 OF 4 ( )	ALL ( )
	Column Total	Column Total	Column Total	Column Total	Column Total

## LIME

MAXIMUM APPLICABLE POINTS THIS SECTION = 4					
	INADEQUATE (0)	MINIMUM POINT (1)	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
PROPER VENTILATION	NO ( )	YES ( )			
PROPER PPE	NO ( )	YES ( )			
CLEANLINESS	NONE ( )	YES ( )			
PROPER SAFETY SIGNAGE IN PLACE	NO ( )	YES ( )			
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE \_\_\_\_\_

TOTAL SCORE THIS PAGE \_\_\_\_\_

<b>BONUS POINTS</b>	INADEQUATE (0)	MINIMUM (1) POINT	GOOD (2) POINTS	VERY GOOD (3) POINTS	EXCELLENT (4) POINTS
<b>MAXIMUM APPLICABLE POINTS THIS SECTION = 26</b>					
INNOVATIVE TRAINING PROGRAM THAT IS CERTIFIED BY THE STATE AVAILABLE TO ALL PERSONNEL.	NO ( )	YES ( )			
100 % OF ALL EMPLOYEE'S CERTIFIED IN CPR & FIRST AID	NONE ( )	YES ( )	DOCUMENTATION ( )		
VEHICLE INSPECTIONS DONE	NONE ( )	YES ( )	MONTHLY ( )	WEEKLY ( )	DAILY ( )
FACILITY HAS HAD NO LOST-TIME ACCIDENTS WITHIN THE PAST TWELVE MONTHS.	NO ( )	YES ( )			
FACILITY HAS IMPLEMENTED ADEQUATE SECURITY MEASURES TO PROTECT AGAINST TERRORIST ACTS	NONE ( )	FENCE ONLY ( )	SOME ADDITIONAL ( )	MULTIPLE ( )	
FACILITY HAS AN EMPLOYEE SUGGESTION PROGRAM WITH PROOF THAT AT LEAST ONE IDEA WAS USED.	NO ( )	YES -(NO PROOF) ( )	YES - WITH PROOF ( )		
FACILITY HAS PROGRAM THAT WOULD ENCOURAGE OR PROMOTE EMPLOYEES TO ATTAIN SUPPLEMENTAL SAFETY TRAINING (EXCLUDING CPR OR 1ST AID).	NO ( )	YES ( )			
ALL PIPING IS COLOR CODED AND/OR MARKED AS TO WHAT TYPE OF FLUID OR GAS IS IN IT.	NO ( )	COLOR OR MARK ( )	BOTH ( )		
PLANT INCORPORATES INCENTIVES TO IMPROVE SAFETY AWARENESS.	NO ( )	YES ( )			
FORKLIFT INSPECTION	NO ( )	YES ( )	MONTHLY ( )	WEEKLY ( )	DAILY ( )
USAGE OF HOTWORKS PERMITS	NO ( )	YES ( )			
ARC FLASH TRAINING AND PROPER SAFETY SIGNAGE IN PLACE	NO ( )	YES ( )			
REPORTS NEAR MISSES	NO ( )	YES ( )			
SAFETY RECORDS ORGANIZED (IN A BINDER AT MINIMUM FOR 1 POINT)	NO ( )	YES ( )	COMPUTERIZED DATABASE SYSTEM ( )		
	Column Total	Column Total	Column Total	Column Total	Column Total

MAXIMUM POINTS APPLICABLE TO THIS FACILITY ON THIS PAGE

**TOTAL SCORE THIS PAGE**

# GEORGIA ASSOCIATION OF WATER PROFESSIONALS

## SAFETY AWARD COMPETITION 2009

### PLANT EVALUATION SCORE SHEET

DATE OF INSPECTION: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_  
 FACILITY LOCATION: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 CONTACT PHONE: (    ) \_\_\_\_\_

AREA	PAGE #	MAXIMUM APPLICABLE POINTS	CHECK IF APPLICABLE TO FACILITY	ACTUAL POINTS EARNED
SAFETY PROGRAM	1	28	✓	
CONFINED SPACE	2	10	✓	
LOCKOUT/TAGOUT	2	12	✓	
BULK CHEMICAL STORAGE	2	11	✓	
FALL PROTECTION	3	5	✓	
FIRST AID	3	19	✓	
FIRE EXTINGUISHER/SPRINKLER	3	8	✓	
EYEWASH/SHOWER	4	9	✓	
HEARING PROTECTION	4	8	✓	
RESPIRATORY PROTECTION	4	12	✓	
PPE	5	14	✓	
COMPRESSED GASES	5	7	✓	
EMERGENCY PLAN	5	11	✓	
LAB SAFETY	6	12	✓	
MACHINE GUARDS	6	9	✓	
MEANS OF EGRESS	7	7	✓	
HAZARD COMMUNICATION	7	7	✓	
DISINFECTION SAFETY	7	7	✓	
CHLORINE DISINFECTION	8	20		
BLEACH DISINFECTION	8	8		
ULTRAVIOLET DISINFECTION	9	6		
OZONE DISINFECTION	9	4		
DECHLORINATION	9	4		
HOUSEKEEPING, GROUNDS, & MISCELLANEOUS	10	18	✓	
LIME	10	4		

**BONUS**

Note: Items that are pre-checked should apply to all facilities.

*Note: Bonus points not counted in Applicable Points Total.*

11	26	✓	
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Inspector's notes and comments : \_\_\_\_\_

TOTAL APPLICABLE POINTS

TOTAL POINTS EARNED

(A) \_\_\_\_\_

(B) \_\_\_\_\_

(B) / (A) = \_\_\_\_\_  
 FINAL SCORE

\_\_\_\_\_  
 Inspector - signature

\_\_\_\_\_  
 Inspector - print name