**Application Deadline: March 3rd, 2017**

Please submit electronic applications ONLY to HolowaskoWS@gru.com

Subject Line: FWEA Safety Award- Facility Name: 1 of ? *(if sending multiple emails)*

**FACILITY INFORMATION**

**Facility Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Phone Number:** (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Mailing Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Location Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(If different than mailing address)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Category (A, B, C, or D):** \_\_\_\_\_\_\_\_\_

**Average Daily Flow (MGD):** \_\_\_\_\_\_\_\_\_

**Number of Employees at Facility:** \_\_\_\_\_\_\_\_\_

**Number of Man-hours worked at the Facility** *(January 1st - December 31st, 2016)***:** \_\_\_\_\_\_\_\_\_

**Number of Lost Days during 2016:** \_\_\_\_\_\_\_\_\_

**List type of accidents:**

**1.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When was last accident resulting in a fatality?** *(If applicable)*\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITY REPRESENTATIVE CONTACT INFORMATION**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In a separate attachment, please include the following:

Description / summary of you facility’s Safety Program. Be sure to include in your description the number and frequency of safety training sessions, topics, and collective training hours during the 2015 calendar year. Applicants are encouraged to demonstrate cumulative hours of safety training completed at their facility (i.e. attendance rosters, training certificates, etc) in their submittal.

Brief description of any special programs or other considerations you feel make your safety operation stand out among facilities similar to yours.

Multiple emails may be sent if required due to size restrictions- please number multiple emails in the subject line, as described above, to ensure the entire application is received. You will receive an emailed confirmation of receipt.

*\*Please include digital photos of* *overall facilities, plant staff, and safe operations & training.*

**These awards are presented during the** [**2017 Florida Water Resources Conference**](http://fwrc.org/) **in Orlando.**

**Will a representative from your facility be attending this conference?** \_\_\_\_ **YES** \_\_\_\_ **NO**

|  |  |  |
| --- | --- | --- |
| **Accident Potential Rating:*****Please identify all processes used at your facility with an “*X*”*** | **Yes** | **No** |
| **Raw Sewage Pumping**  |  |  |
| **Screening** |  |  |
| **Grit Removal** |  |  |
| **Primary Clarifiers** |  |  |
| **Activated Sludge** |  |  |
| **Filters** |  |  |
| **Sludge hauling** |  |  |
| **Blowers** |  |  |
| **Pure Oxygen Generation** |  |  |
| **Mechanical Mixers** |  |  |
| **Secondary Clarifiers** |  |  |
| **Sludge drying** |  |  |
| **Reuse/Effluent Pumping** |  |  |
| **Post Aeration** |  |  |
| **Anaerobic Digestion** |  |  |
| **Aerobic Digestion** |  |  |
| **Sludge Thickening – Gravity** |  |  |
| **Sludge Thickening Mechanical** |  |  |
| **Vacuum Filters** |  |  |
| **Drying Beds** |  |  |
| **Incineration** |  |  |
| **Land Application** |  |  |
| **Lagoon/Polishing Ponds** |  |  |
| **Aerated Lagoon** |  |  |
| **Composting** |  |  |
| **Lime Stabilization** |  |  |
| **Hazardous Chemicals:** ***Please Identify Type and Amount used (pounds or gallons per day)*** | **Type** *(if applicable)* | **Amount Used** |
| **Chlorine** |  |  |
| **SO2** |  |  |
| **Alum** |  |  |
| **Methanol** |  |  |
| **Lime** |  |  |
| **Ozone** |  |  |
| **Polymer** |  |  |
| **Potassium Permanganate** |  |  |
| **Caustic** |  |  |
| **Hydrogen Peroxide** |  |  |
| **Chlorine Compounds** |  |  |
| **Acid:** ***Please Identify Type and Amount used (gallons per day)*** | **Amount Used** |
| **1.**  |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **Other Chemicals Used:*****Please Identify Type and Amount used (pounds or gallons per day)*** | **Amount Used** |
| **1.** |  |
| **2.** |  |
| **3.** |  |