



# Pacific Northwest Clean Water Association

P.O. Box 1075  
Caldwell, ID 83606

208.455.8381 fax 208.455.8382

<http://www.pncwa.org>

## PNCWA SAFETY AWARD APPLICATION FOR (PREVIOUS) CALENDAR YEAR: \_\_\_\_\_

1) NAME OF ORGANIZATION \_\_\_\_\_

2) MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3) APPLICATION PREPARED BY \_\_\_\_\_

Name

E-mail

Phone #

### ALL INFORMATION ENTERED BELOW REPRESENTS CALENDAR YEAR \_\_\_\_\_

4) (a) TOTAL NO. OF EMPLOYEES \_\_\_\_\_

(b) TOTAL HOURS WORKED \_\_\_\_\_ HR

5) INFORMATION ENTERED IN 4a AND 4b REPRESENTS HOURS WORKED IN:

(a) WASTEWATER TREATMENT \_\_\_\_\_

(b) WASTEWATER COLLECTION SYSTEM \_\_\_\_\_

(c) WASTEWATER TREATMENT & COLLECTION \_\_\_\_\_

6) TOTAL NO. LOST TIME INJURIES\* \_\_\_\_\_ TOTAL LOST TIME (in days) \_\_\_\_\_

\* A lost time injury is an injury causing death, permanent impairment or temporary inability to perform employee's regular duties for one or more days following the injury. If the injured employee reports to work the workday following the injury, it is not counted as a lost time injury.

7) DATE OF **LAST** FACILITY LOST TIME ACCIDENT IF YOU **DID NOT** HAVE ONE IN PREVIOUS CALENDAR YEAR: (Month/Day/Year) \_\_\_\_\_

*If exact date is unavailable please put in a date as close as possible, such as 4/2006*

8) LOST TIME INJURY *FREQUENCY RATE*:

**No. of disabling injuries x 200,000 / total work hours:** \_\_\_\_\_ = \_\_\_\_\_

**I certify that the information entered above is true and accurate to the best of my knowledge.**

Signature

Title

Date

Representing (item no. 1 above) \_\_\_\_\_

**RETURN TO:**

**Due Date: See [www.pncwa.org](http://www.pncwa.org) or call 208-455-8381**

PNCWA Awards  
P.O. Box 1075  
Caldwell, ID 83606

**FOR MORE INFORMATION** on how to fill out form:  
Mike Myers, PNCWA Safety Awards Subcommittee, (360) 537-0060

Or Fax to 208.455.8382

