

**Application Guidelines (*NEW*)**

* **Domestic Wastewater Facilities are eligible to apply – Multiple small facilities managed by a single organization should be submitted as a single application.**
* **Application Deadline: Tuesday, January 31, 2025**
* Award application and all supporting documentation must be submitted electronically as one or two .pdf document(s)
* DO NOT send applications to this email. Use the submission link found on the FWEA Website.
* Contact Jacqueline Hall at [safety@tohowater.com](mailto:safety@tohowater.com) with any questions

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**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, 2024)***:** \_\_\_\_\_\_\_\_\_

**Number of Recordable injury cases during 2024:**

**Number of DART Injury Cases during 2024:** \_\_\_\_\_\_\_\_\_

**Provide a copy of the OSHA 300 Injury/Illness log or a list of all recordable injury/illness cases**

**(*names should be redacted*)**

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

**FACILITY REPRESENTATIVE CONTACT INFORMATION**

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

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

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

As part of the application, please include any of the following:

Description / summary of you facility’s Safety Program – can include the full document or the Table of Contents. Be sure to include in your package the number and frequency of safety training sessions, topics, and collective training hours during the 2024 calendar year. Applicants are encouraged to demonstrate the different components of their overall safety program in their submittal.

Provide a brief description of any special programs or other considerations you feel make your facility’s safety operation stand out among facilities similar to yours.

*\*Please include photos of* *overall facilities, plant staff, and safe operations & training in your pdf submission.*

**These awards are presented at the FWEA Awards Presentation during FWRC May 4-7th.**

|  |  |  |
| --- | --- | --- |
| **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.** |  | |