

Umpqua Basin Operators Section 2016 Safety Award Application

Application Deadline: April 15th, 2017

Please submit electronic applications ONLY to ubosoregon@gmail.com

Subject Line: UBOS 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 2016 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 UBOS Annual Meeting.

Will a representative from your facility be attending this meeting? ___ YES ___ NO

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Accident Potential Rating: <i>Please identify all processes used at your facility with an "X"</i>	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: <i>Please Identify Type and Amount used (pounds or gallons per day)</i>	Type (if applicable)	Amount Used
Chlorine		
SO2		
Alum		
Methanol		
Lime		
Ozone		
Polymer		
Potassium Permanganate		
Caustic		
Hydrogen Peroxide		
Chlorine Compounds		
Acid: <i>Please Identify Type and Amount used (gallons per day)</i>	Amount Used	
1.		
2.		
3.		
4.		
Other Chemicals Used: <i>Please Identify Type and Amount used (pounds or gallons per day)</i>	Amount Used	
1.		
2.		
3.		