

2016 Safety Awards of Excellence Annual Report Form

Entrant Information

1. Utility Information *

Member Organization

Mailing/Street Address (No PO Box please)

City

State

Zip

Organization Name for Award Plaque*

City for Award Plaque*

State for Award Plaque*

2. Organization Type *

- Electric Utility
- Joint Action Agency**
- State Association/Agency**
- Federal Agency**
- Other

Summary of Accident Experience

3. Employment Information *

A. Total Electrical Worker-Hours of Exposure for
Year 2016

B. Average Number of Electrical Employees

4. Reportable Injuries and Illnesses *

Cases are listed in order of seriousness, with "fatality" as the most serious and "medical treatment" as the least serious. Only mark down each case once, e.g., if a "medical treatment" case led to a "days away from work" case, only mark down the incident as one case and classify it as a "days away from work" case. See the [Safety Awards of Excellence Rules and Regulations](#) for definitions and explanations. For "4.F. Incidence Rate," the total number of cases [4.E] and the total worker-hours of exposure [3.A] are used to determine the incidence rate, as explained in the Rules and Regulations, Rule 5.

A. Number of fatality cases

B. Number of "days away from work" cases

C. Number of "restricted or job transfer" cases

D. Number of "medical treatment" cases

E. Total number of cases (add 4.A, 4.B, 4.C, and 4.D)

F. Incidence Rate = (Total Number of cases[4.E] X 200,000)
/ (Total Worker-hours of exposure[3.A])

5. Time Charges (Calendar Days Only) *

Number of days away from work - injuries/illnesses

Number of days restricted or job transfer work -
injuries/illnesses

Total number of days away from work and restricted
(sum of above)

Number of Cases Attributed

6. Generation *

Hydro

Geothermal

Fossil Fuel

Nuclear

Other

Total

7. Distribution *

Overhead

Underground

Substations/other

Switchyards

Tree Trimming

Other

Total

8. Transmission *

Construction

Operations

Other

Total

9. Services *

Administration

Meter Reading

Custodial

Warehousing

Other

Total

Respondent Information

10. Submitted by: *

Name

Title

Phone

Email (confirmation will be sent to this address)