
EXCELLENCE IN STORAGE AWARD APPLICATION

Applications are site specific. Please complete a separate application for each facility you wish to submit for consideration.

STORAGE

- This storage facility stores: (check all that apply)
 - Straight salt (sodium chloride.)
 - Salt/abrasive mixture (including abrasives containing salt to prevent freezing)
 - Calcium chloride or other deicing chemicals
 - Abrasives only, no salt, even to prevent freezing
 - This storage building stores _____ % of annual requirement of _____ tons of salt.
 - This facility has been operational for at least one full winter season. Yes No
To be eligible, this facility must have been operational one full winter season.
 - Do you have a written policy for snow and ice control operations? Yes No
Please attach a copy of your written policy for snow and ice control and label it EXHIBIT A.
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SAFETY

- This facility has a **written safety program.** Yes No
Please attach a copy and label it EXHIBIT B.
 - This facility is fenced or otherwise secured to prevent unauthorized access. Yes No
 - This facility has received safety violation citations by government regulatory agencies in the past 24 months. Yes No
 - This facility has outside lighting for night operation. Yes No
 - This facility has inside lighting for night operation. Yes No
 - This facility conducts employee safety meetings: (check most frequent interval) Monthly
Please attach a written copy of meeting policy and label it EXHIBIT C. Quarterly
 Semi-annually
 Annually
-

HOUSEKEEPING

- This salt storage facility is kept free of debris/trash or equipment not related to snow and ice control. Yes No
- This facility has a fenced, walled or secured area where any and all recyclable materials are stored. Yes No
- Solid waste generated at this facility, whether near the storage area or otherwise, is contained for proper removal/disposal. Yes No
- We have a **written procedure** requiring that all salt and/or salt/abrasive mixtures spilled during loading or unloading operations are cleaned up and placed under cover before the end of each working day or at conclusion of a storm event. Yes No
Please attach a copy of procedure and mark it EXHIBIT D.
- This facility has a **written policy** requiring cleanup of loading and spreading equipment after each storm event. **Attach a copy and label it EXHIBIT E.** Yes No
- This storage-facility has a **written** housekeeping policy. **Please attach a copy and label it EXHIBIT F.** Yes No

ENVIRONMENTAL

1. This facility has a **written** pollution prevention plan or environmental policy for salt storage. Yes No

Please attach a copy and mark it EXHIBIT G.

2. This facility complies with all zoning ordinances. Yes No

3. This facility complies with all applicable building and sanitation codes. Yes No

4. Our primary storage pile is: (check one)

- covered by a rigid, roofed structure
- covered by a temporary, waterproof cover
- not covered

5. Our primary storage facility contains *ALL* salt and/or salt/*abrasive mixtures* stored at this facility. Yes No

5.(a) If “no” to question (5), all additional salt or salt/*abrasive mixtures* are stored: (check one)

- covered by a rigid, roofed structure
- covered by a temporary, waterproof cover
- not covered

6. What percentage of salt and/or salt/*abrasives mixtures* (not liquids, only dry materials) are stored:

on a concrete pad..... _____ %
on an asphalt pad _____ %
on another type of pad: (please specify) _____ %
on the ground without pad _____ %
..... Total 100 %

6. (a) All salt transferred into or out of this facility/building and when loading spreader trucks is done on an asphalt, concrete or other impervious pad. Yes No

7. This storage facility has a **written inspection program** to periodically assure integrity of and make necessary repairs to the pad, structure or covering, lighting and other items. Yes No

Please attach a copy labeled EXHIBIT H.

8. Runoff of salt brine from this storage facility is:

- (a) controlled on property owned by the agency Yes No
- (b) collected for disposal in accordance with applicable permits Yes No
- (c) discharged into sanitary or storm sewers Yes No
- (d) allowed to run off onto property not owned by this agency Yes No

9. This facility has been cited for an environmental violation within the past 12 months. Yes No

9.(a) If “yes” to question (9), please explain:

10. This facility has a **written policy** for disposal of wash water from trucks and spreaders as follows.

Please attach a copy and label it EXHIBIT I.

- (a) controlled on property owned by the agency Yes No
- (b) collected for disposal in accordance with applicable permits Yes No
- (c) discharged into sanitary or storm sewers Yes No
- (d) allowed to run off onto property not owned by this agency Yes No
- (e) a washing facility is located on the premises..... Yes No

Use the following space to describe why Excellent Storage (written policies, housekeeping, safety, etc.) is important to you. This will be evaluated for scoring and may be used for a press release should you win.

Please sign and return this application, together **with a good quality current photograph(s)** and where possible electronic pictures of this facility. **Important: be sure to include all written procedures requested** to assist judges in determining whether this facility qualifies for the Salt Institute's *Excellence In Storage Award*. Judging and winner selection will be based upon your **response to this application, supporting documents and on-site inspection** by Salt Institute personnel.

Written documents supporting specific questions are extremely important. Please only send the written documents supporting the questions as requested. Clearly LABEL EACH supporting document with the EXHIBIT LETTER as indicated in this application.

Written documents must be original policies and procedures specific to this facility; not news articles, manufacturers' advertisements/bulletins or other second-hand reports.

Please do not send site plans, building specifications, bidding information or documents not related to the storage of salt at this specific facility except as requested.

TYPE OR CLEARLY PRINT ALL INFORMATION

STORAGE FACILITY NAME/TITLE <i>(as you would like it to read on the plaque, should you win)</i>	
NAME OF AGENCY	
STREET ADDRESS	
MAILING ADDRESS	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE	
AREA CODE / PHONE	DATE
E-MAIL	
THIS IS A REPEAT WINNER APPLICATION. <input type="checkbox"/> Yes. <input type="checkbox"/> No.	
APPLICANT CERTIFICATION I certify that the foregoing is a true and accurate response and would welcome an on-site inspection by Salt Institute personnel. SIGNATURE	SUPERVISOR CERTIFICATION I affirm that the foregoing information is complete and correct. SIGNATURE
NAME (PRINT)	NAME (PRINT)
TITLE	TITLE

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