# TOWN OF CLAYTON

## General Safety Rules and Safe Work Practices

### POLICY STATEMENT

The Town of Clayton has a sincere concern for the welfare and safety of all Town employees and the public they serve, with the goal of eliminating suffering and the cost of avoidable personal injury and illness. The Town is dedicated to assuring that every job is conducted safely, and that operational expediency, including the use of short cuts, does not compromise the safety and well being of employees and the public.

It is the Town's responsibility to provide safe working conditions for all Town employees, comprehensive instruction covering safe work practices, and special equipment to protect employees against hazards. All employers including the Town of Clayton are held responsible for all applicable regulations to include the Occupational Safety and Health Act (1970) "General Duty Clause" (29 USC 654 Sec. 5), which stipulates that the employer must provide all employees with a workplace free of recognized and or reasonable hazards.

All Town employees are responsible for their own safety, the safety of their co-workers, and the public, and are charged with promoting accident prevention by actively supporting this policy, by abiding by other safety policies and procedures adopted by the Town, and by advising their supervisor if they observe an unsafe situation. Any Department Head, Supervisor or employee may correct unsafe acts or conditions through the regular line of authority, although the Department Head, Supervisor, or employee **may exercise emergency authority to prevent or stop unsafe acts** when immediate action is required.

This policy should not be considered to be comprehensive or sufficient as training materials for all Departments or for specific job tasks.

### TRAINING

PESH requires that employees be trained in the safe methods of performing their job. The Town of Clayton is committed to instructing all employees in safe and healthful work practices. Awareness of potential hazards, as well as knowledge of how to control them, is critical to maintaining a safe and healthful work environment and preventing injuries. To achieve this goal, we will provide training to each employee on general safety issues and safety procedures specific to that employee's work assignment.

- Every new employee will be given instruction by their requirements of their job.

- A copy of this policy will also be provided to each employee.
- All training will be documented.

Training provides the following benefits:

- Makes employees aware of job hazards
- Encourages safety suggestions
- Teaches employees to perform jobs safely
- Creates interest in the safety program
- Fulfills OSHA/PESH requirements
- Promotes two way communication

Town Employee Training will be provided at the following times:

- All new employees shall receive a safety orientation their first day on the job, at which time they will be given a copy of this policy and be required to read and sign for it.
- All employees given a new job assignment for which training has not been previously provided shall be trained before beginning the new assignment.
- Whenever new substances, processes, procedures, or equipment that represent a new hazard are introduced into the workplace.
- When the Town is made aware of a new or previously unrecognized workplace hazard.
- After all serious accidents.
- When employees are not following safe work rules or procedures.

Training topics will include, but not be limited to:

- Employee's safety responsibilities
- General Safety Rules and Safety Practices
- Safe job procedures
- Emergency procedures

Initial training (review of this procedure) will be conducted by Human Resources or Supervisors and will be documented on the new Employee Safety Orientation Form that signed by the employee and will be maintained as part of each employees personnel file by Human Resources. Specialized formal and informal employee training will be arranged for by their Department Head (for illustrative purposes only: fall protection, lockout tagout, bloodborne pathogen, asbestos awareness, etc.), will be documented and maintained by the Department Head or direct Supervisor.

## RESPONSIBILITIES AND AUTHORITY

The following identifies some of the responsibilities for various parties affected by this policy.

**Town Management (Town Board and/or their Appointed Safety Committee)**

- Ensuring that Federal, State and Local laws, regulations, codes and ordinances are followed.
- Developing accident prevention methods, procedures and programs.
- Conducting periodic safety inspections of all work locations.
- Assuring that accidents and hazardous conditions are investigated and corrective actions are implemented.

**Department Heads**

Department Heads are responsible for establishing a Safety Program within their department to promote safe and healthful working conditions and practices for employees under their supervision. Department Head responsibilities include:

- Work with the Safety Committee to ensure that the department has all pertinent safety policies and procedures
- Establishing departmental safety guidelines
- Ensure that safety procedures pertinent to their department's activities are developed and enforced.
- Observing safety conditions of the department on a regular basis
- Assure appropriate training for supervisors and employees.

**Supervisors**

Due to their constant contact with employees, supervisors must take a primary role in the prevention of accidents and the safety of employees under their supervision. Supervisor's responsibilities include:

- Providing adequate job training and instructions for their employees,
- Providing continuing safety instructions while issuing daily work assignments.
- Observing and evaluating working conditions and procedures for unsafe conditions or practices and reporting or correcting any found.
- Promptly investigating all accidents and complete required reports
- Encouraging employees to report all unsafe conditions and practices.
- Checking and ensuring that tools, equipment, and protective devices are in

place, properly maintained and used

- Being familiar with and enforcing all safety procedures and practices applicable to their work.

**Employees**

All employees are responsible for exercising care and good judgment in preventing accidents. Employees are responsible for working safely and for maintaining an organized, efficient and healthy working environment. Employees shall adhere to and follow all safety rules and practices as set forth by this and other Town policies as well as all PESH regulations. Employee responsibilities include:

- Becoming familiar with and observe established safe working procedures and practices for their work activities.
- Where prescribed by departmental or OSHA/PESH guidelines, employees will properly wear and/or use all appropriate safety equipment.
- Immediately reporting all work related accidents and injuries to their supervisors.
- Reporting all unsafe conditions and practices to their supervisors and/or Department Head and/or Safety Committee.
- Attending appropriate training as recommended by their supervisors.

**Safety Committee**

To carry out the safety program, a Workplace Safety Committee has been established. The Committee is composed of:

- The Town's Safety Officer or designee.
- At least one employee from each Town Department shall serve at the appointment of his/her Department Head for a one-year term. A Committee member may be reappointed at the discretion of the Department Head. Appointments shall be staggered to retain continuity on the Committee.
- When determined to be necessary by the Safety Officer, in areas where the Committee has been trained and/or has the appropriate experience, the Committee may conduct its own investigation of accidents and/or alleged hazards to assist in establishing corrective actions.
- Implement the Workplace Safety Suggestion Process to encourage employees to submit safety-related suggestions and/or call to the Committee's attention to safety issues.

The Town's Workplace Safety Committee has the ongoing responsibility to provide recommendations in order to maintain and update the IIPP, to assist in the assessment of departmental compliance with applicable regulations and Town policies, to evaluate reports of unsafe conditions, and to assist in the coordination of any necessary corrective actions. This Committee may use sub-committees to assist in these responsibilities.

## GENERAL SAFETY RULES

Unsafe conditions and procedures must be identified before they can be corrected. Consequently, every employee shall be responsible for immediately reporting unsafe conditions or procedures. Safety is an individual commitment to incorporate safe work practices into every area of job operations. The following rules are established for all County employees:

1. Report all job-related injuries, accidents, and illness and near-miss situations (narrowly–avoided accidents that might have occurred if conditions were slightly different) to your immediate supervisor as soon as possible. Federal and State OSHA/PESH laws and Worker's Compensation regulations require prompt reporting of accidents and injuries.
2. Never do anything that is unsafe in order to get a job done.
3. Use the handrails on steps and other elevated areas.
4. All employees shall wear seatbelts at all times while in a moving vehicle being used for Town business, whether they are in the driver seat or a passenger.
5. The use of handheld cell phones, whether personal or Town-owned, while behind the wheel of a moving vehicle being used on Town business in strictly prohibited.
6. Employees are prohibited from texting or making use of electronic mail functions while behind the wheel of a moving vehicle being used on Town business. This includes during the time waiting for traffic signals to change.
7. Always inspect tools and other equipment before use. Report defects to supervisor and other potential users. Do not use defective equipment or tools.
8. Obey warning signs and tags. They are posted to point out hazards.
9. Operate only the equipment and machinery you have been trained and/or authorized to use.
10. Never operate equipment or machinery with guards missing or broken.
11. Never remove or disable any safety device. Never reach over moving parts of equipment or machinery.
12. Report to work in appropriate clothing suitable for the type of work performed.
13. Maintain good housekeeping practices in all work areas.
14. Wear all protective equipment as required.
15. Working under the influence of alcohol or illegal drugs or using them at work is prohibited.
16. Firearms or explosives are prohibited at work except as required for job performance.
17. Horseplay, running and fighting are prohibited.

## GOOD HOUSEKEEPING PRACTICES

Aside from the accident prevention benefits, good housekeeping contributes to efficient performance. When tools, equipment and materials are returned to their proper place after use, they are easier to find and inspect for damage and wear. The following practices are to be followed to promote good housekeeping:

1. Keep work areas and storage facilities clean, neat and orderly.
2. All aisles, stairways, exits and access ways should be kept clear.
3. Do not place supplies on top of lockers, boxes, or other movable containers at a height that is not visible from the floor.
4. When piling materials for storage, make sure the base is level and firm.
5. Lay extension cords and hoses in such a way as to minimize tripping or obstructions to traffic.
6. Clean up spills immediately to avoid hazards. In the event of clean up delay, the area must be appropriately guarded, posted or roped off.
7. Sharp or pointed objects should be stored to prevent persons from coming in contact with them.
8. All packing material should be disposed of immediately.
9. Wastebaskets should be emptied into approved containers.
10. Oily or greasy rags should be placed in a metal container designed for that purpose only.
11. All switches or drives on machinery should be shut down, locked out and properly tagged before cleaning, oiling or repairing.
12. Electrical panels and fuse boxes should be kept closed at all times and the surrounding area kept clear.

## GENERAL SAFETY PRACTICES

1. Keep desk and file drawers closed when not in use.
2. Do not open file or desk drawers above or behind someone without warning them.
3. Use only step stools and ladders (do not climb on counters or chairs).
4. Push chairs up to desk or under counter when not in use.
5. Do not carry loads, which obstruct your view, which are too heavy or without a prepared place to set them down.
6. Report any injury, including paper cuts, to your supervisor.
7. Get help to move heavy objects. The back is the number one part of the body injured. Use proper lifting techniques and avoid any twisting motion while lifting.
8. Maintain good housekeeping at all times. Wipe up spills and pick up all objects that should not be on floor.
9. Avoid slips, trips and falls by watching for hazards such as extension cords across walking areas. If you observe such hazards, notify the appropriate person (worker, supervisor, department head, etc), so that it can be corrected.
10. Approach blind areas cautiously.
11. Report defective furniture or equipment to your supervisor.
12. Know location of emergency exits and keep aisles clear to them.
13. Operate only those pieces of equipment you are authorized to use.
14. Assure all electrical equipment is disconnected before working on it.
15. Use fatigue mats when extensive standing is required.
16. Keep objects that can be used as projectiles inside desk drawers.
17. Assure clearance of at least eighteen (18) inches from any sprinkler.

## ELECTRICAL SAFETY PRACTICES

1. Extension cords should:
   - A. be as short as possible.
   - B. not be used in areas where they will be stepped on and tripped over.
   - C. not be used on surfaces where liquids are present.
   - D. only be used as temporary wiring. Extension cords cannot be used as a replacement for permanent wiring.
2. Never attempt to repair or adjust electrical equipment unless authorized.
3. Do not use faulty or malfunctioning equipment unless the nature of the fault or malfunction is fully understood and is known not to be hazardous.
4. All electrical equipment should have an equipment ground (three-prong plug) or will be double-insulated.
5. Pull on the plug, not the cord, when unplugging a cord from the power source.
6. Report damaged or frayed cords. Take the equipment/tool out of service for repair or replacement.
7. Do not use portable electrical equipment if standing on a wet surface or if hands are wet. Always use ground fault circuit interrupters (gfci) when electrical equipment or tools are used near water.
8. Do not block access to electrical control panels.
9. Know where the main control panel for your department is located. Learn how to disconnect circuit in case of accident or emergency.
10. Report all accidents immediately.
11. Contact your supervisor, if you need a power strip/surge protector.

# IDENTIFYING UNSAFE CONDITIONS

## SYSTEM FOR IDENTIFYING UNSAFE CONDITIONS AND PRACTICES

Identification of unsafe conditions and practices may include, but not be limited to a review of pertinent safety policies and procedures, safety inspections/audits, review of accident statistics, and information obtained from qualified outside sources. Written documentation from these sources shall be used to document compliance with requirements.

## CONDUCTING A JOB SAFETY ANALYSIS (JSA)

**The following guidelines shall be used by Supervisors/Department Heads to conduct a Job Safety Analysis and the finished product may be used as a training tool. See the** Job Safety Analysis form [Form 5].

### *Select the Tasks*

Initially select those tasks with the worst safety records. Review workers' compensation statistics and OSHA Form 300 (Log of Work-Related Injuries and Illnesses) to determine which tasks have the highest incident rates. Examples could include:

- Handling of chemicals.
- Servicing of lawnmower.
- Stacking boxes.
- Lifting heavy objects.
- Shoveling.
- Driving Town vehicles.
- Working in traffic.

### *Define the Scope*

Carefully determine the scope of the task. The task should be a specific job, not necessarily all the elements of an employee's job description.

### *Identify Steps*

Organize the task into a sequence of logical steps.

### *Select and Brief the Employee*

Select an employee to perform the task. The employee should be experienced in the job and willing to share his or her ideas. Tell the employee that he or she was selected on the basis of experience and capability. Explain to the employee that the task is being evaluated, not the employee, and that the goal of the analysis is to make the job safer.

### *Identify Hazards*
Observe the employee performing the task. Identify all real and potential environmental and physical hazards. These may include:

- Being struck by an object.
- Getting caught on, in, or between objects.
- Slipping or falling from one level to another.
- Causing a strain due to pushing, pulling, or lifting.
- Being exposed to environmental hazards, e.g., gases, vapors, mists, fumes, dust, heat, cold or radiation.

Repeat the job observation until all hazards and potential accidents have been identified. Check with the observed employee to see if anything has been missed or overlooked.

### *Develop Solutions*
After determining the environmental and physical hazards of a job, develop solutions to minimize or eliminate the hazards. The priority for correcting hazards should be engineering controls, administrative controls and lastly PPE (Personal Protective Equipment). The principal means of eliminating hazards include:

- Finding a new way to do the job.
- Changing the physical conditions that create the hazards.
- Changing the job procedure to eliminate hazards.
- Questioning the necessity for, or frequency of, doing a hazardous task.

### *Prepare Procedures*
When writing procedures, be specific and concrete. Do not say, "be careful" or "use caution." State exactly what needs to be done to eliminate accident potential. State specifically what to do and how to perform the procedure, e.g.:

> "Place socket over spark plug. Exert slight pressure to ensure grip. Brace yourself against the body of the engine or take a stable stance with your feet to prevent loss of balance if the socket slips."

### *Review Procedures*
Review the new procedures with workers. This review helps ensure that the proposed procedures are practical and usable.

### *Update Job Safety Analysis*
Redo the job safety analysis when work procedures change, when "close calls" are reported or when injury rates increase.

## PERIODIC SAFETY INSPECTIONS

Inspection frequency (i.e., daily, weekly, monthly or annually) will depend on the type of inspection to be completed. The following shall be used as a guideline:

### Daily/Prior to Use
High hazard or frequently changing operations or equipment (forklifts, confined space equipment, trenching equipment)

### Weekly
High hazard areas (flammable storage areas and construction sites)

### Monthly
Workshops, maintenance buildings, fleet services offices, grounds, parking lots

### Annually
Comprehensive, inclusive inspections (refer to **"Safety Inspection Checklist" [ Form 6]**), including:

- ✓ Buildings and structures.
- ✓ Physical layout.
- ✓ Employee health.
- ✓ Storage facilities.
- ✓ Working surfaces.
- ✓ Housekeeping.
- ✓ Walkways and roadways.
- ✓ Equipment.

Annual checklists shall be sent to Administrative Services for review, monitoring and filing.

Inspection records must be maintained for at least one (1) year.

## CORRECTING HAZARDS

Hazards discovered either as a result of a scheduled periodic inspection or during normal operations must be corrected by the Supervisor/Department Heads in control of the work area, or by cooperation between the department in control of the work area and the manager/supervisor of the employees working in that area. Supervisors/ Department Heads of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard.

Specific procedures that can be used to correct hazards include but are not limited to the following:

- Locking out and tagging unsafe equipment "Do Not Use Until Repaired," and providing a list of alternatives for employees to use until the item is repaired.
- Stopping unsafe work practices and providing retraining and documentation on proper procedures before work resumes.
- Reinforcing and explaining the need for proper personal protective equipment and ensuring its availability.
- Barricading areas that have chemical spills or other hazards and making arrangements to have the chemical spill or other hazard mitigated.

If necessary, Supervisors/Managers/ and employees can seek assistance in developing appropriate corrective actions by submitting a **"Report of Unsafe Condition"** [**Form 7**] to the Safety Officer and Workplace Safety Committee. Supervisors/Managers should use the **"Management/Workplace Safety Committee Investigation of Employee Report of Unsafe Condition or Hazard"** [**Form 8**] to document corrective actions, including projected and actual completion dates.

### IMMINENT HAZARDS

If a problem that poses an immediate danger of serious harm or bodily injury cannot be corrected immediately, the operation shall be stopped until the necessary repairs can be made. Equipment may be physically locked or tagged out in an obvious way and affected employees and Supervisors/Department Heads should be notified of the situation.

If an imminent hazard exists, work in the area should cease, and the appropriate Supervisor/Department Heads must be contacted immediately. Any employee has the authority to stop work when an imminent hazard exists. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to be removed from the area except those qualified and necessary to correct the condition. These qualified individuals shall be equipped with necessary safeguards before addressing the situation.

# INVESTIGATING INJURIES & ILLNESSES

## INJURY REPORTING

Employees who are injured at work should report the injury immediately, but no later than the end of their shifts to their Supervisors/Department Heads. If immediate medical treatment beyond first aid is needed, such as for loss of consciousness, serious bleeding, broken bones or suspected spinal or head injuries, call **911**.

The Supervisors/Department Heads of the injured employee shall work with Human Resources to ensure that the appropriate paperwork is completed promptly and properly and submitted to relevant agencies.

OSHA requires employers to immediately report any serious injury, illness or death of an employee by telephone or facsimile to the nearest District Office.

If the injured employee sees a physician, the Supervisor/Department Head shall obtain a physician's medical release form from the employee before allowing the employee to return to work. The form will then be submitted to Human Resources by the Supervisor/Department Head for the employee's personnel file. The health care provider may stipulate work tasks that must be avoided or work conditions that must be altered before the employee resumes his or her full duties.

## INJURY INVESTIGATION

The employee's Supervisor/Department Head, in conjunction with Human Resources is responsible for performing an investigation to determine and correct the cause(s) of the injury or illness. The investigation shall be completed within 24 hours of the occurrence or the next business day if the injury occurs during a weekend or holiday. Specific procedures to be used to investigate workplace accidents and hazardous substance exposures include:

The Supervisor's/Department Head's findings and corrective actions should be documented and presented to the Safety Officer and Safety Committee using the **"Immediate Supervisor's Report of Employee Injury" [Form 10].** If the Supervisor/Department Head is unable to determine the cause(s) and appropriate corrective actions, other resources should be sought. Available resources include the Safety Committee and Human Resources.

Using the **"Immediate Supervisor's Report of Employee Injury" [Form 10]**, the Safety Committee will review accident or injury reports referred to it by the Safety Officer to ensure that all corrective actions are completed. Investigations and/or corrective actions that are found to be incomplete shall be routed back to the Supervisor/Department Head for further follow-up, with specific recommendations noted by the Safety Committee. Corrective actions that are not implemented in a reasonable period of time shall be brought to the attention first of the Department Head and, if not resolved, then to the Safety Officer and the Town Supervisor, by the Safety Committee.

## COMMUNICATING WITH EMPLOYEES

Supervisors/Department Heads are responsible for communicating with all workers about safety and health issues in a form readily understandable by all workers. All department personnel are encouraged to communicate safety concerns to their Supervisors/Managers without fear of reprisal. Supervisors/Department Heads may use the **Safety Meeting Report [Form 4].**

The Safety Committee is another resource for communication regarding health and safety issues for employees. All employees are represented on the Safety Committee and will be informed of hazardous corrections and committee activities.

Safety Committee minutes and other safety-related items are emailed and posted on department bulletin boards. Employees will also be informed about safety matters by email, voice mail, or by distribution of written memoranda. Occasionally, the Safety Committee will also sponsor seminars or speakers or coordinate other means to communicate with employees regarding health and safety matters.

Supervisors/Department Heads are responsible for ensuring that employees are supplied access to hazard information pertinent to their work assignments. Information concerning the health and safety hazards of tasks performed by department staff is available from a number of sources. These sources include, but are not limited to, Material Safety Data Sheets (MSDS), equipment operating manuals, container labels and work area postings. For additional information on these sources, contact your Supervisor/Department Heads.

### MATERIAL SAFETY DATA SHEETS

Material Safety Data Sheets (MSDS) provide information on the potential hazards of products or chemicals. Hard copies of MSDS for the chemicals used in the department are available in that department in a designated place. If an MSDS is found to be missing, a new one can be obtained by faxing a written request to the manufacturer. A copy of this request should be kept until the MSDS arrives. It is the responsibility of all Town employees to request and obtain MSDSs when purchasing chemical products.

For further information, contact your Supervisor/Department Head for a fact sheet explaining how to use MSDS. Videos and training on how to read and understand the information presented on an MSDS are also available from Human Resources.

## RECORD KEEPING

Documents related to the Safety Program shall be maintained by the Safety Officer or his/her designee. These records include, but may not be limited to:

- Records of scheduled and periodic workplace inspections, including the persons conducting the inspection, any identified unsafe conditions or work practices, and corrective actions [Forms 6, 7, 8].
- Employee safety training records, including the names of all attendees and instructors, the training date, and the type of training including the material covered [Forms 3, 4].
- Reports of Unsafe Conditions or Hazards [Form 7].
- Safety Meeting Documentation [Form 4].
- Hazard Correction Reports [Form 8].
- Accident, Injury or Illness Investigation Reports [Forms 9, 10].

## MISCELLANEOUS

THE FOLLOWING SPECIFIC PROGRAMS ARE PART OF THE OVERALL INJURY AND ILLNESS PREVENTION EFFORT. EACH HAS ITS OWN WRITTEN PROGRAM OR POLICY AND FALLS UNDER THIS SAFETY PROGRAM:

- BLOODBORN PATHOGENS & EXPOSURE CONTROL PLAN
- EMERGENCY ACTION PLANS, INCLUDING BUILDING EVACUATION PLANS
- HAZARD COMMUNICATION
- LOCKOUT/TAGOUT
- PERSONNEL POLICIES AND PROCEDURES
- RESPIRATORY PROTECTION

## FORM 1 – EMPLOYEE SAFETY ORIENTATION

NAME: _____ DATE EMPLOYED: _____

DEPARTMENT/DIVISION ASSIGNED: _____

JOB ASSIGNMENT: _____

The following items shall be discussed during orientation:

_____ Town safety policies and programs - employee to be given a copy of the General Safety Program and be required to read it.

_____ Safety rules, both general and specific to job assignment.

_____ Safety rule enforcement (disciplinary procedures).

_____ Where, when and how to report injuries.

_____ Where, when and how to report unsafe conditions.

_____ Review of fire and emergency evacuation plan.

_____ Location and use of fire extinguishers.

_____ Requirements for safe work clothing and footwear.

_____ Importance of housekeeping (spills, orderliness, etc.)

_____ Special job hazards (chemicals, special precautions, etc.)

_____ Assignment and use of personal protective equipment

_____ Proper lifting procedures (include demonstration)

_____ Proper Use of Town Vehicles, if applicable (include demonstration)

ADDITIONAL TRAINING REQUIREMENTS:

_____

_____

_____

IMPORTANT: If employee is transferred to another job, a new safety orientation form shall be completed.

SIGNED: _____ DATE: _____
Employee

SIGNED: _____ DATE: _____
Supervisor/Manager

ORIGINAL: Employee Personnel File

# FORM 2 - JOB SAFE PRACTICE ORIENTATION

**PRINT ALL INFORMATION**

Employee Name _____

Job Title _____ ☐ New Hire ☐ Transfer/ Change

Department/Division Name _____

Date Orientation Started _____ Supervisor/ Manager _____

## SECTION I - FACILITY DISCUSSION

1. Safety Bulletin Boards/Posters..... ☐
2. Exits, Stairs and Signs..... ☐
3. Fire Extinguishing Equipment/Alarm..... ☐
4. First Aid Supplies/Room..... ☐
5. Emergency Evacuation Procedures..... ☐
6. Storage of Hazardous Materials..... ☐
7. Storage of Supplies/Materials..... ☐
8. Disposal of Hazardous Materials..... ☐
9. Disposal of Trash/Waste..... ☐
10. High Risk, Hazardous, Dangerous Areas..... ☐
11. Location of MSDS Binders.... ☐

Date Completed _____ Supervisor's Signature _____

## SECTION II - PERSONAL SAFETY DISCUSSION

1. Eye Glasses, Goggles, Face Shields..... ☐
2. Shoes, Boots..... ☐
3. Gloves..... ☐
4. Ear Plugs, Muffs..... ☐
5. Hard Hats / Caps..... ☐
6. Protective Leggings, Aprons, Clothing..... ☐
7. Respirators, Masks..... ☐
8. Decontamination Procedures..... ☐

Date Completed _____ Supervisor's Signature _____

## SECTION III - TOOLS, MACHINES AND EQUIPMENT INDOCTRINATION

In addition to a thorough discussion of safety rules, regulations and practices, Supervisors/Managers are required to conduct "hands on" demonstrations on the safe use of all power tools, machines and equipment to be used by the employee. Special instruction and emphasis will be given on guards and safety devices and mandatory use of them by the employee.

| | TOOL, MACHINE OR EQUIPMENT NAME | NUMBER/ I.D. | DATE | SUPERVISOR'S MANAGER'S INITIALS |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Date Completed _____ Supervisor's/Manager's Signature _____

I have received demonstrations on the safe use of the tools, machines and equipment listed above and am aware that use of guards and safety devices is mandatory.

I understand that I will be subject to discipline if I operate any tool, machine or equipment with guards or safety devices removed, disconnected or otherwise made inoperable. Also, I understand that I will be subject to discipline if I attempt to operate any tool, machine or equipment that is locked-out, tagged-out, being repaired or is otherwise designated as "out-of-service."

Employee's Signature _____ Date _____

ORIGINAL: Employee Personnel File

FORM 3 - SAFETY TRAINING RECORD

**DEPARTMENT (Check one)**

- ☐ Administrative Services
- ☐ Parks & Recreation
- ☐ Highway
- ☐ Docks/Pool
- ☐ Transfer Site
- ☐ Other _____

**DATE OF TRAINING:** _____

**LOCATION OF TRAINING:** _____

**TRAINING TOPIC:** _____

**CONTENTS OR SUMMARY OF TRAINING:**

_____

_____

**NAME(S) AND QUALIFICATIONS OF PERSON(S) CONDUCTING TRAINING:**

| Name | Qualifications/Title |
|---|---|
| | |
| | |
| | |

**TRAINING SESSION ATTENDEES:**

| Name | Job Title | Signature |
|---|---|---|
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Original: Human Resources
Copy: Safety Binder

## FORM 4 - SAFETY MEETING REPORT

**Date:** _____

**Department:** _____

**Division:** _____

**Manager/Supervisor:** _____

**Safety Subject:** _____

**Names of Employees Present:**

_____

_____

_____

_____

_____

**Injuries reviewed:**

_____

_____

**Vehicle collisions reviewed:**

_____

_____

**Suggestions/recommendations:**

_____

_____

_____

**Action taken/Supervisor's/Employee's comments:**

_____

_____

**Supervisor's/Department Head's signature:**

_____

Instructions to Supervisor/Department Head: Provide a copy of this form to HR and keep this form on file in your office for two years as evidence of an ongoing Safety Program.

## FORM 5 - JOB SAFETY ANALYSIS (JSA) FORM

JOB/PROCEDURE:_____
DEPARTMENT/DIVISION: _____ DATE: _____
ANALYSIS BY: _____
REVIEWED BY (Supervisor):_____
APPROVED BY (Department Head): _____
REQUIRED AND/OR RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT (State whether required or recommended.):

_____
_____
_____
_____

| TASK STEP (Sequence) | POTENTIAL HAZARDS (Job task difficulties: Environmental/Physical) | SAFE TASK PROCEDURE (Recommendations: Eng, Admin, PPE) |
|---|---|---|
| | | |
| | | |
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| | | |

ORIGINAL: HUMAN RESOURCES
COPY: SAFETY BINDER

# For Use With Form 5

## CONDUCTING A JOB SAFETY ANALYSIS

***Select the Tasks***

Initially select those tasks with the worst safety records. Review workers' compensation statistics and OSHA 300 logs to determine which tasks have the highest incident rates. Examples could include:

- Servicing of lawnmower
- Stacking boxes
- Working in Traffic

***Define the Scope***

Carefully determine the scope of the task. The task should be a specific jobs, not necessarily all the elements of an employee's job description.

***Identify Steps***

Organize the task into a sequence of logical steps.

***Select and Brief the Employee***

Select an employee to perform the task. The employee should be experienced in the job and willing to share his or her ideas. Tell the employee that he or she was selected on the basis of experience and capability. Explain to the employee that the task is being evaluated, not the employee; and the goal of the analysis is to make the job safer.

***Identify Hazards***

Observe the employee performing the task. Identify all real and potential environmental and physical hazards. These may include:

- Being struck by an object.
- Getting caught on, in, or between objects.
- Slipping or falling from one level to another.
- Causing a strain due to pushing, pulling, or lifting.
- Being exposed to environmental hazards, e.g., gases, vapors, mists, fumes, dust, heat, cold, or radiation.

Repeat the job observation until all hazards and potential accidents have been identified. Check with the observed employee to see if anything has been missed or overlooked.

***Develop Solutions***

After determining the environmental and physical hazards of a job, develop solutions to the hazards. The priority for correcting hazards should be engineering controls, administrative controls and lastly Personal Protective Equipment (PPE). The principal means of eliminating hazards include:

- Finding a new way to do the job.
- Changing the physical conditions that create the hazards.
- Changing the job procedure to eliminate hazards.
- Questioning the necessity for or frequency of doing a hazardous task.

***Prepare Procedures***

When writing procedures, be specific and concrete. Do not say, "be careful" or "use caution." State exactly what needs to be done to eliminate accident potential. State specifically what to do and how to perform the procedure, e.g.: "Place socket over spark plug. Exert slight pressure to ensure grip. Brace yourself against the body of the mower or take a stable stance with your feet to prevent loss of balance if the socket slips."

***Review Procedures***

Review the new procedures with workers. This review helps ensure that the proposed procedures are practical and usable.

***Update Job Safety Analysis***

Redo the job safety analysis when work procedures change, when close calls are reported or when injury rates increase.

# FORM 6 - SAFETY INSPECTION CHECKLIST

## Safety Inspection Checklist

Instructions: Safety inspections are to be completed by authorized personnel on a regular basis. A copy of the completed inspection checklist must then be forwarded to the Risk Manager and shall be maintained for a period of one (1) year. All safety hazards discovered during the inspection must be reported immediately to your Safety Committee representative

**Complete portions of Check-List that pertain to area being inspected:**

**Area Inspected:** **Inspector:**

Check Appropriate Box S: satisfactory UN: Unsatisfactory NA: Not Applicable

| **Building/Structures** | | | | **Storage Facilities** | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FLOORS | | | | BINS | | | | | | | |
| ROOFS | | | | RACKS | | | | | | | |
| CEILING | | | | CABINETS | | | | | | | |
| FENCING | | | | SHELFS | | | | | | | |
| WALLS | | | | CLOSETS | | | | | | | |

| **Physical Layout** | | | | **Working Surfaces** | | | | **Structural Openings** | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| AISLE MARKINGS | | | | LADDERS | | | | WINDOWS | | | |
| BLIND CORNERS | | | | FLOORS | | | | DOORS | | | |
| AREA MARKINGS | | | | PLATFORMS | | | | STAIRWAYS | | | |
| UTILITY COLOR CODING | | | | | | | | FLOOR OPENINGS | | | |
| | | | | | | | | | | | |
| **Fire Protection** | | | | **Housekeeping** | | | | **Electrical Equipment:** | | | |
| ALARMS/ DETECTORS | | | | FLOORS | | | | SWITCHES/ BREAKERS | | | |
| FIRE DOORS | | | | WINDOWS/SCREENS | | | | OUTLETS | | | |
| EXTINGUISHERS | | | | DOORS | | | | CABELS | | | |
| EXTINGUISHER TRAINING | | | | RAILING/STEPS | | | | EXTENSION CORDS | | | |
| CLEAR AISLES | | | | WORK STATIONS | | | | FIXTURE CORDS | | | |
| MARKED EXITS | | | | WASTE DUST/DIRT | | | | TEMPORARY WIRING | | | |
| EGRESS MAPS | | | | BATHROOMS/ LOCKERS | | | | LO/TO TOOLS & PROCEDURES | | | |
| EMERGENCY EVACUATION PLANS | | | | STORAGE | | | | ELECTRICAL PANEL CLEARANCE | | | |
| | | | | | | | | | | | |
| **Janitor Closets** | | | | **Walkways & Roadways** | | | | **Personal Service, 1st Aid** | | | |
| CHEMICAL STORAGE | | | | RAMPS | | | | DRINKING FOUNTAINS | | | |
| CHEMICAL LABELS | | | | SIDEWALKS | | | | WASH BASINS | | | |
| MSDS | | | | WALKWAYS | | | | SOAP DISPENSERS | | | |
| SPILL CLEAN-UP | | | | AISLES | | | | FIRST AID SUPPLIES | | | |
| PERSONAL PROTECTIVE EQUIPMENT | | | | VEHICLE WAYS | | | | OSHA POSTER | | | |
| **Employee Health** | | | | **Material Handling** | | | | **Copy Rooms** | | | |
| NOISE | | | | DOLLIES | | | | TONER STORAGE | | | |
| LIGHTING | | | | CARTS | | | | OVERHEAD STORAGE | | | |
| DUST | | | | | | | | SHREDDERS | | | |
| VENTILATION | | | | | | | | PAPER CUTTERS | | | |
| ERGONOMICS | | | | | | | | PINCH HAZARDS | | | |

**Comments or Misc. items:**

**Inspectors Signature:** **Date/Time:**

FORM 7 - EMPLOYEE REPORT OF UNSAFE CONDITION OR HAZARD

# I. Employee Report of Unsafe Condition or Hazard

Town employees may use this form to report any unsafe condition or hazard to the Town. The Town will investigate the safety issue to determine if mitigations are needed. Form can be submitted anonymously if desired. Employees are advised that it would be illegal for an employer to take any action against an employee in reprisal for exercising their rights to report safety issues.

Name: (optional) _____

Department/Division: _____

Job Title: _____

Location of condition believed to be unsafe/hazardous:

_____

_____

Date/time condition or hazard was observed: _____

Description of unsafe condition or hazard:

_____

_____

_____

_____

_____

_____

_____

What changes would you recommend to correct the condition or hazard?

_____

_____

_____

_____

_____

_____

_____

Employee Signature: (optional) _____

Date: _____

ORIGINAL: Supervisor/Department Head
COPY: Human Resources/Safety Committee

FORM 8 - MANAGEMENT/WORKPLACE SAFETY COMMITTEE INVESTIGATION

# II. Management/Workplace Safety Committee Investigation

*OF*

# Employee Report of Unsafe Condition or Hazard

Name of person investigating unsafe condition or hazard: _____

Results of investigation (What was found? Was condition unsafe or a hazard?) Attach additional sheets if necessary:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Proposed action to be taken to correct hazard or unsafe condition:

_____
_____
_____
_____
_____
_____
_____

Signature of Investigating Party: _____

Date: _____

ORIGINAL: Human Resources/Safety Committee

COPY OF COMPLETED FORM SHALL BE PROVIDED TO EMPLOYEE REPORTING UNSAFE CONDITION OR HAZARD.

# FORM 9 - EMPLOYEE'S REPORT OF INJURY / ILLNESS

Employee's Report of Injury / Illness
(Complete within 24 hours of injury/illness)

Name: _____ Dept/Position: _____
Date of Birth: _____ Home address: _____
Phone Number: _____
Date of injury/illness: _____ Time of day: _____ Did it occur on employer's premises? ☐ yes ☐ no
Location where injury/illness occurred (address): _____
_____
Describe injury or illness: _____ Body part(s) affected: _____
Did you see a physician? ☐ YES ☐ NO Were you hospitalized? ☐ YES ☐ NO
Name/address of physician: _____
Name/address of hospital: _____
Name(s) of witness(es): _____
_____
How did this injury/illness occur? _____
_____
_____

What factors do you think could have contributed to your injury/illness? Mark ALL that apply:

**PROCEDURES**
- ☐ None developed
- ☐ Developed but not understood
- ☐ Developed but not trained
- ☐ Developed but not accurate
- ☐ Developed but unable to follow

**COMMUNICATION**
- ☐ Insufficient planning
- ☐ Breakdown in communication between workers
- ☐ Breakdown between workers and manager/supervisor
- ☐ Breakdown between work teams
- ☐ Confusion after communication

**PUBLIC SAFETY ONLY**
- ☐ Due to high risk nature of activity (explain): _____
_____

**HAZARDS**
- ☐ Created by man
- ☐ Created by external factors
- ☐ Documented but not repaired
- ☐ Unidentified
- ☐ Identified but accepted
- ☐ Repaired but deficient repair
- ☐ Conditions changed
- ☐ Improper communication
- ☐ Lack of communication

**IN A HURRY**
- ☐ Insufficient planning
- ☐ Employee perceived need
- ☐ Friendly competition
- ☐ Due to external factors
- ☐ Workload too heavy
- ☐ Lack of teamwork
- ☐ Taking shortcuts

**TRAINING**
- ☐ Insufficient training
- ☐ Circumstances not addressed in training
- ☐ Tool used incorrectly

**FACILITIES/EQUIP**
- ☐ Faulty equipment
- ☐ Poor design
- ☐ Corrosion or wear
- ☐ Ergonomic Factors

**OTHER FACTORS**
- ☐ Weather or temperature
- ☐ Working long hours
- ☐ Physical overexertion
- ☐ Personal protective equipment
- ☐ Improper body position

How do you think this injury/illness could have been prevented? _____
_____
_____
_____

Employee Signature: _____ Date: _____

ORIGINAL: Employee Personnel File
COPY: Supervisor/Department Head

# FORM 10 - IMMEDIATE SUPERVISOR'S REPORT OF EMPLOYEE INJURY

**FORWARD TO PERSON RESPONSIBLE FOR FILING FIRST REPORT OF INJURY - PERSONNEL DEPARTMENT**

| | | | | |
|---|---|---|---|---|
| Department | | **IMMEDIATE SUPERVISOR'S REPORT OF EMPLOYEE INJURY** (Please Complete In Detail) | | |
| Name of Injured | | Age | Married? | Male ☐ Female ☐ |
| Date of Accident | Hour a.m. p.m. | Job Title | | |
| Nature of Injury | | | | |
| Who gave First Aid, if any? | | Names of Witnesses | | |
| Name & address of physician | | Was injured acting in regular line of duty? | | |

| | | | |
|---|---|---|---|
| Did injured leave work? | Date | Time | a.m. p.m. |
| Did injured return to work? | Date | Time | a.m. p.m. |

Describe the accident and where it occurred

**IMMEDIATE SUPERSIVOR'S EVALUATION**

**Analysis of Accident** Please mark the reasons that, in your opinion, caused the accident. In most cases there will be several reasons under both unsafe conditions and unsafe acts contributing to the accident. Fill out in detail.

AN UNSAFE CONDITION EXISTED (Check all that apply)

- ☐ Defective equipment – tools
- ☐ Equipment not properly guarded
- ☐ Poor working conditions (light, ventilation)
- ☐ Other (specify)
- ☐ Slippery or uneven walking surfaces
- ☐ Faulty layout of facilities
- ☐ Poor housekeeping

What have you done to eliminate this condition?

AN UNSAFE ACT RESULTED FROM (Check all that apply)

- ☐ Lack of training
- ☐ Not following rules
- ☐ Haste; chance taking
- ☐ Other (specify)
- ☐ Not using personal safety devices
- ☐ Physical or mental handicap
- ☐ Boredom; inattention
- ☐ Horseplay
- ☐ Improper work method
- ☐ Improper body position

What have you done to correct this act?

| | |
|---|---|
| Date injured worker given claim form | Time |
| Supervisor's signature | Dept. Head signature |
| Date of report | Dept. Safety Officer |