

# City of Dunedin



## *Risk/Safety Policies and Procedures*



*"Don't be safety blinded; be safety minded".*



**Dedicated to Quality Service**

# City Of Dunedin

## Risk/Safety Policies and Procedures Guidelines

### Forward

The safety and welfare of every City employee and citizen is a primary goal of this organization and the community. The Risk/Safety Policies and Procedures Guidelines have been developed as a tool to help meet this goal. It contains policies and procedures which help put the City in compliance with State and Federal regulations, promote a safe and healthy workplace, and provide reporting methods for incidents which could result in workers' compensation or liability claims. Through the successful implementation of a risk/safety program the City should realize a secondary goal of minimizing exposure to loss. These losses come in many forms: dollars, inconvenience, lost productivity, pain or suffering. Any of these losses has a detrimental impact on City operations.

The policies and procedures contained in this document effect virtually all City operations. In the future other policies and procedures may be developed which are more operationally specific to an individual cost center. Departments may choose to adopt more demanding standards on the items covered in this document.

The implementation of these policies and procedures is mandatory throughout the City. Each department is responsible for informing employees of these regulations and enforcing them. The Risk/Safety Office is available to offer assistance in implementing these policies by evaluating hazards, developing safety and accident prevention programs specific to department/division operations and providing special safety training for employees.

Recognizing that each incident may differ in many respects from a somewhat similar incident, the City retains the right to treat each occurrence on an individual basis without creating a precedent for other occurrences which may arise in the future. The following policies and procedures are not to be construed as a limitation upon the retained rights of the City, but are to be used as a guide.

## City of Dunedin Safety Policy Statement

It is the policy of the City of Dunedin to provide and maintain safe working conditions, and to establish and insist upon safe methods and work practices.

The City of Dunedin's safety program will be characterized by:

- An aggressive "before-the-fact" accident prevention effort accomplished through employee involvement, safety committees, incentives, publicity and promotion.
- The development and application of safety standards that are compatible with City of Dunedin procedures and based upon applicable local, state and federal standards.
- Current education and training programs in general safety and accident prevention methods.
- Frequent safety inspections to identify and eliminate potential hazards.
- Prompt accident investigation to determine causes of accidents and action necessary to prevent recurrence.
- Use of protective equipment for personal protection.

The development of good safety habits is the responsibility of each employee. A personal commitment by each of us to drive defensively and perform all aspects of our jobs safely, using prescribed standards and methods, will eliminate much personal suffering and loss of resources. This manual supersedes any prior Risk/Safety documents and/or policies.

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## **Self Insurance Fund Why Safety Policies and Procedures?**

Before policies and procedures can be implemented, the City believes that employees should have an understanding of the necessity of a safety program. The most obvious answer to this would be to make sure that City employees are aware of safety procedures so they can perform job functions in a way which would most ensure they avoid situations which could cause physical and/or emotional harm to themselves, their fellow workers or citizens. Although employee and citizen safety is of the utmost importance to the City, an offshoot to this safety issue would be to protect the City against liability and workers' compensation claims. Most employees are aware that the City provides insurance for the employee's medical and dental needs. What is not generally known is that the City also carries insurance to protect the City and its employees from the various liability and workers' compensation issues that can surface at any time. This section will try to explain the City's insurance program (s).

The City is classified as "Self-Insured". This term is defined as:

"Insurance of oneself or one's property by setting apart one's own funds rather than paying for an insurance policy."

This means that the City assumes a major risk for liability and workers' compensation claims in lieu of paying high premiums to an insurance company for this risk. To accomplish this, the City maintains a reserve in the Self-Insurance Fund to cover the various claims. To protect the City from high monetary claims which could substantially deplete these reserves, supplemental insurance is obtained from an insurance brokerage firm. The "deductible" is purposely set at a very high rate to keep premium costs down. In the majority of cases, this deductible is set up on a per-occasion or per-claim basis. In most of the City's policies, once this deductible is reached the insurance assumes payment up to an agreed upon amount. After that amount is reached, the City again assumes responsibility for payment.

The Self-Insurance Fund is an Internal Service Fund. This means that it relies on the various City departments/divisions (cost centers) to fund its operations by a transfer of funds from their budget to the Self-Insurance Fund. This money is used to fund Risk/Safety's expenses, which includes:

- operational costs (salary, benefits, education/training)
- premium and claims expenses (workers' comp, liability, and property)
- fund reserves (required by Commission)

These charges are assessed during the budget process. A cost center's portion of these expenses is largely dependent on liability and workers' compensation claims which were charged to the cost center during the previous year(s). If a cost center had a "bad year" in which numerous claims were processed, the proportion they have to pay to the Self Insurance Fund could be high and could seriously affect other parts of the cost center's operations, including items which could benefit employees. Employee awareness of safety issues is vital to reduce the City's risk and subsequently save the City and the employees' cost center money.

The following chart is a brief synopsis of the various insurance policies which the City currently holds and what they cover. At the time of the printing of this manual, the City pays approximately \$1,000,000 in annual premiums to help cover any perceived disaster or liability issue. What is also shown is that once an accident or incident occurs, the City assumes a substantial up front expense. In addition to these premiums, due to the magnitude and complexity of the liability and workers' compensation issues, the City contracts with a company (third party administrator) to help monitor and arbitrate the liability and workers' compensation claims. In order to keep these costs at a relatively reasonable rate, it is imperative that employees are cognizant and active in limiting any potential situations which could result in a liability, workers' compensation or damage claim being processed.

## City of Dunedin Insurance Coverages

<b>Auto Physical Damage</b>		<b>Boiler &amp; Machinery</b>	
▪ Covers (not all inclusive)	Automobiles with a value of over \$50,000	▪ Covers (not all inclusive)	Repair and replacement of all boilers & machinery in the City which cause an interruption in business or a hazard.
▪ Deductible (Paid by the City)	First \$50,000/occurrence	▪ Deductible	First \$10,000 – direct damage/occurrence
▪ Insurance pays	Up to \$5,000,000 aggregate coverage	▪ Insurance Pays	Up to \$50,000,000 w/repair & replacement included
▪ Examples of Safety Concerns	Accidents to garbage, fire and dump trucks, fire and flood damage to vehicles	▪ Examples of Safety Concerns	Physical damage to property, equipment, boilers and HVAC machinery caused by explosion or breakdown.
<b>Computer</b>		<b>Crime &amp; Faithful Performance</b>	
▪ Coverage (not all inclusive)	All City computer hardware, data and media (software)	▪ Coverage (not all inclusive)	Public employee dishonesty, forgery or alteration, computer fraud, theft (in/out)
▪ Deductible	First \$5,000/occurrence	▪ Deductible	First \$25,000/occurrence
▪ Insurance Pays	Up to \$551,475 in scheduled equipment	▪ Insurance Pays	Employee Dishonesty- \$250,000 Forgery/Alteration, Theft of Money/Security - \$50,000 Computer Fraud - \$100,000
	City resumes payment on overage		City resumes payment on overage
▪ Examples of Safety Concerns	Surge suppression, fire and neglect	▪ Examples of Safety Concerns	Theft or unauthorized sale of City property,
<b>EMT Professional Liability</b>		<b>Marina Operators Legal Liability</b>	
▪ Coverage (not all inclusive)	Acts of negligence and liability for work performed by the City's firefighters/paramedics/EMTs in the performance of their City related duties.	▪ Coverage (not all inclusive)	Liability as the operator of a Marina. Covers vessels while in the custody of the City.
▪ Deductible	First \$2,500/claim	▪ Deductible	First \$1,000/occurrence
▪ Insurance Pays	Up to \$1,000,000/occurrence \$3,000,000 aggregate	▪ Insurance Pays	Up to \$1,000,000/occurrence \$2,000,000 aggregate
▪ Examples of Safety Concerns	Mistreatment or misdiagnosis during emergency medical treatment	▪ Examples of Safety Concerns	Liability exposures for the care, custody and control of watercraft.

<b>Insurance Coverages (Cont.)</b>			
<b>Property Insurance</b>		<b>Public Officials &amp; Employment Practices Liability</b>	
▪ Coverage (not all inclusive)	Buildings, contents, extra expenses, business income, autos on premises	▪ Coverage (not all inclusive)	Wrongful act coverage for City Commission, employees and boards and committees (harassment, discrimination, wrongful discipline & dismissal, etc.)
▪ Deductible	First \$250,000 All Other Perils	▪ Deductible	First \$25,000
▪ Insurance Pays	Up to \$30,000,000	▪ Insurance Pays	Up to \$2,000,000 per occurrence/aggregate
▪ Examples of Safety Concerns	Fire Hazards, Hurricane damage, Roofing problems and structural damage caused by a covered peril.	▪ Examples of Safety Concerns	Verbal and sexual harassment, civil rights violations, discrimination & retaliation
<b>Storage Tanks</b>		<b>Workers' Compensation (Excess)</b>	
▪ Coverage (not all inclusive)	Underground and above ground storage and distribution tanks	▪ Coverage (not all inclusive)	Florida Self Insurance, Business Operations
▪ Deductible	First \$10,000	▪ Deductible	\$350,000 self insurance retention
▪ Insurance Pays	\$1,000,000 first incident \$2,000,000 aggregate	▪ Insurance Pays	\$1,000,000 employers liability
▪ Examples of Safety Concerns	Seepage, spillage, deteriorated valves and pumps, rust.	▪ Examples of Safety Concerns	Back injuries, unsafe work conditions, equipment, and conduct
<b>Summer Camp Liability</b>			
▪ Coverage	Sexual abuse and molestation, general third party liability		
▪ Deductible	N/A		
▪ Insurance Pays	\$1,000,000/occurrence \$2,000,000 aggregate		
▪ Examples of Safety Concerns			

## **Workers' Compensation Insurance**

This information is provided to give the employee an understanding of the processes and the City's position concerning Workers' Compensation. It is intended to reinforce to the employee the need to follow safe procedures in conducting day to day operations.

Workers' Compensation is defined as:

“The system by which no fault statutory benefits prescribed in state law are provided by an employer to an employee (or the employee's family) due to a job related injury (including death) resulting from an accident or occupational disease.”

The City's workers' compensation program is dictated by Florida Statutes, Section 440. The Division of Workers' Compensation under the Department of Labor and Employment Security is the State's supervising authority over workers' compensation issues. All work related accidents must be reported to this agency and they monitor the activities of a particular claim to make sure both parties are following the rules and regulations of workers' compensation.

All workers' compensation issues are monitored through the Self-Insurance Fund by the Human Resources and Risk/Safety Department. Due to the complex nature and specialties associated with workers' compensation, the City contracts with a company to monitor activities and facilitate appointments for individual claims. This company is called a third party administrator (TPA). This TPA contracts with a series of doctors/specialists, attorneys, and others to assist the employee and the City during the term of injury and rehabilitation.

The policies and procedures for filing an injury report are noted in this manual. Depending on the complexity of the injury, once this information is received by the Risk/Safety Office it may be forwarded to the TPA who will assume responsibility for notifying the State of Florida, setting medical and other appointments, arranging payment for services and monitoring the case. The City's philosophy is that it is not in the best interest of the employee or the City to have an employee absent from the work environment due to an extended workers' compensation issue. Therefore, every effort will be made to return the employee back to work as soon as possible, even if it is temporary light or altered duty once approved by a physician and the City.

Although the welfare of the employee is the major concern of the City and every effort will be made to rehabilitate the injury, it should be noted that the TPA works for the City. As such, the best interest of the City will be a strong factor in analyzing workers' compensation cases. An employee's compensation benefits may be reduced if the employee knowingly violates a safety rule that has been adopted by the City or the Federal or State governments or knowingly fails to wear a safety device required by the City and an injury results. Should there be some concern by the TPA or the City that the employee's injury and complaints are suspicious in nature, every effort will be made to investigate these concerns. If any allegations of fraud are substantiated, the City will make every effort to seek remedial action up to and including termination and prosecution.

## **Liability Claims Reporting Procedures**

Purpose:

To establish policies and procedures for the investigation and reporting of injuries and/or property claims from the general public.

Related State or Federal Guidelines:

None.

Responsibility:

All employees

Forms:

A. Incident/Liability Report

Policy:

- A. All claims requiring the collection of damages (primarily monetary) by the general public shall be filed with the Human Resources and Risk/Safety Department.
- B. The affected department/division shall obtain the necessary information from the claimant, to satisfy their departmental needs and if restitution is being requested shall request the claimant to call the Human Resources and Risk/Safety Department to place a claim on file.
- C. In the event of an occurrence of a serious nature the Human Resources and Risk/Safety Department is to be notified immediately by phone, e-mail or fax. The Human Resources and Risk/Safety Department will notify the Third Party Administrator (TPA) immediately.
- D. The Human Resources and Risk/Safety Department will file the appropriate claim notice and/or take the appropriate action.

Procedure:

- A. For property or personal injury claims received from any source, the following procedure will be followed:
  - 1. All claims received by any City personnel will be directed to the Human Resources and Risk/Safety Department.
  - 2. Initial determination will be made whether or not the claim arose within the geographical limits of the City or whether or not the property or surrounding circumstances were within City control.
  - 3. Departmental personnel, with the assistance of the Human Resources and Risk/Safety Department if necessary, shall conduct a basic investigation to determine the salient facts and prepare the initial report. If appropriate, a case file will be opened.

4. Depending on the complexity of the claim, a copy of the claim or report of the claim and a copy of the initial risk/safety investigation will be forwarded to the City's Third Party Administrator (TPA).
  5. Upon receipt, the City's TPA will thoroughly investigate the claim and the surrounding facts. The TPA will determine the legitimacy of the claim and the potential amount of the damages and will establish a loss/claim amount.
  6. The TPA will recommend to the Human Resources and Risk/Safety Department payment or non-payment of the claim.
  7. The Human Resources and Risk/Safety Department will review the recommendation and will set in motion the action necessary for a settlement decision.
  8. The settlement decision will be made in the following manner:
    - \$0 - \$10,000.00 – Settlement recommendation will be made within this range by the Human Resources and Risk/Safety Department and the TPA.
    - \$10,001.00 to \$20,000.00 – The Human Resources and Risk/Safety Department will consult with the Risk/Loss Committee regarding the settlement recommendation.
    - \$20,001.00 and up – The City Attorney will be notified of a settlement recommendation. The City Attorney will inform the City Commission of this recommendation and they will make the final decision of acceptance or rejection.
  9. In the event of settlement, the TPA will obtain the necessary release/settlement forms to fully protect the City from the claims.
- B. If statutory personal injury notice (per Florida Statute Section 768.28) is received, the following procedures will be followed:
1. All notices are to be forwarded to the Human Resources and Risk/Safety Department.
  2. The Human Resources and Risk/Safety Department will send the notice to the TPA and the City Liability Attorney.
  3. The TPA or the City's legal representative will respond to the claimant and will commence communication/investigation effort with plaintiff's counsel and/or other interested parties to fully understand the nature and potential liability of the claim.
- C. In the event that litigation is commenced by suit being served upon the City, the following procedures will be followed:
1. The original service copy of any lawsuit will be forwarded to the Human Resources and Risk/Safety Department.
  2. The Human Resources and Risk/Safety Department will forward copies of the lawsuit to the TPA and the City Liability Attorney.
  3. The TPA, the Human Resources and Risk/Safety Department and the City Liability Attorney will confer on appropriate legal representation.
  4. The TPA will notify the defense counsel selected within five days of service of the suit and will continuously monitor the defense of the case.
  5. The TPA and/or the legal representative will report to the Human Resources and Risk/Safety Department on the case status on a regular basis.

6. The TPA and/or the legal representative will help coordinate City Staff participation in the litigation.
7. If settlement is possible, the potential for such settlement will be referred to the Risk/Loss Committee. This group will give the TPA and/or legal representative settlement range authority for the purpose of before trial or during trial settlement negotiations.
8. Should there be a settlement offer, the TPA or the City's legal representative will convey this offer to the Human Resources and Risk/Safety Department. Depending on the settlement amount as outlined above, approval must be obtained by either the Human Resources and Risk/Safety Department, the Risk/Loss Committee, or the City Commission.

D. The Risk/Loss Committee shall be comprised of the persons occupying the following positions:

1. A representative from the TPA
2. The Director of Human Resources and Risk/Safety
3. The Human Resources and Risk/Safety Manager or designee
4. The City Attorney
5. The department director, if appropriate or designee
6. The trial attorney, if appropriate



**City of Dunedin  
Incident/Liability Report**

(To report anything that is alleged to have happened or where the city could be held liable.  
Not for Vehicle, Equipment or Employee Personal Injury reporting)

Department:  Division/Section:

Reported By:  Cost Center # if applicable:

**Occurrence Information**

Date:  Time:  Location:

Were Police/Fire/EMS Notified?  Was a citizen involved?  If known, provide the following:

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Description of incident and extent of damage: (attach additional information if available):

**Witness(es) Information**

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

(Rev. July 2010)

## Anti-Graffiti Program

### Purpose:

To establish policies and procedures for the investigation, reporting and clean up of graffiti caused by vandalism.

### Chapter Three 2009 International Property Maintenance Code:

**302.9 Defacement of property.** No person shall willfully or wantonly damage, mutilate or deface any exterior surface of any structure or building on any private or public property by placing thereon any marking, carving or graffiti. It shall be the responsibility of the *owner* to restore said surface to an *approved* state of maintenance and repair.

Website: <http://www.iccsafe.org>

### Related State or Federal Guidelines:

806.13 Criminal mischief; penalties; penalty for minor.--

- (1)(a) A person commits the offense of criminal mischief if he or she willfully and maliciously injures or damages by any means any real or personal property belonging to another, including, but not limited to, the placement of graffiti thereon or other acts of vandalism thereto.
- (b)
1. If the damage to such property is \$200 or less, it is a misdemeanor of the second degree, punishable as provided in s. [775.082](#) or s. [775.083](#).
  2. If the damage to such property is greater than \$200 but less than \$1,000, it is a misdemeanor of the first degree, punishable as provided in s. [775.082](#) or s. [775.083](#).
  3. If the damage is \$1,000 or greater, or if there is interruption or impairment of a business operation or public communication, transportation, supply of water, gas or power, or other public service which costs \$1,000 or more in labor and supplies to restore, it is a felony of the third degree, punishable as provided in s. [775.082](#), s. [775.083](#), or s. [775.084](#).

*Note: This is only a portion of the full statutes. The entire statute can be reviewed over the internet at <http://www.leg.state.fl.us/statutes/index.cfm>*

### Responsibility:

All employees

### Forms:

A. Incident/Liability Report

### Policy & Procedures:

- A. When graffiti is discovered, report it to Pinellas County Sheriff's office at 582-6200 or the City of Dunedin Public Services Division at 298-3232.
1. Provide the address or closest location of the graffiti as well as the particular item or property tagged. (When an item or property is marked with graffiti, it is generally referred to as being "tagged".)
  2. If you observe someone in the act of tagging, provide a description of the person (clothing) and direction of travel if they leave the scene. **DO NOT CONFRONT THE PERSON!**
  3. The City's Public Services Division will complete and forward to the Human Resources and Risk/Safety Department the Incident/Liability Report.

- B. Every effort will be made to address reported or observed graffiti within 24–48 hours.
  - 1. The City and the Pinellas County Sheriffs Office track by database, the locations and costs associated with this criminal activity.
  - 2. The City and the Pinellas County Sheriffs Office will seek restitution from the perpetrators.
  - 3. Graffiti on city-owned property will be removed by the City.
  - 4. The City will contact private property owners and utility companies so that they can arrange for their own graffiti removal.



**City of Dunedin  
Incident/Liability Report**

(To report anything that is alleged to have happened or where the city could be held liable.  
Not for Vehicle, Equipment or Employee Personal Injury reporting)

Department:  Division/Section:

Reported By:  Cost Center # if applicable:

**Occurrence Information**

Date:  Time:  Location:

Were Police/Fire/EMS Notified?  Was a citizen involved?  If known, provide the following:

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Description of incident and extent of damage: (attach additional information if available):

**Witness(es) Information**

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

(Rev. July 2010)

## **Sidewalk Trip Step Policy**

Purpose:

To establish procedures for the investigation and reporting of damaged sidewalks which have the potential to cause bodily harm or property damage.

Responsibility:

All employees and citizens

Form:

A. Incident/Liability Report

Procedures:

- A. All employees should be alert for dangerous or hazardous walkways that have the potential to cause injury.
  - 1. Employees should immediately report the dangerous site to their supervisor.
  - 2. Employee should barricade and/or mark the area with fluorescent spray paint.
  - 3. Repair to the site should be made within a reasonable time period.
  
- B. When a call or other form of notification is received stating that there is a problem or safety issue with a sidewalk that has caused, or has the potential to cause, personal injuries or property damage:
  - 1. Immediately refer to the “City of Dunedin Incident/Liability Report”.
    - a. If you are unable to complete the report at the time of the notification, get the phone number of the caller so that appropriate staff can return the call to complete the report.
    - b. The report should include the Work Order number in the “Description of Accident” field.
  - 2. Photos should be taken at the site of the incident.
    - a. Make sure that all photos include a date stamp. If possible, add text to the photo with a description of what is in the photo. Indicate who took the photo.
    - b. Measure the irregularities in the sidewalk or hazard that may have caused the incident. Record the measurement both in writing and by taking a photo of the measurement.
    - c. Make note of any current or previous known construction work that may have led to damages to the sidewalk.
  - 3. Contact the Public Services Division to report the damage and to order a barricade to secure the area before leaving the site.
  - 4. Enter a Work Order in H.T.E., and forward the Incident/Liability Report form for appropriate signatures.
  - 5. Fax the form immediately to the Human Resources & Risk/Safety Department for further reporting if necessary.
  - 6. The Public Services Division will retain a copy of the report.



**City of Dunedin  
Incident/Liability Report**

(To report anything that is alleged to have happened or where the city could be held liable.  
Not for Vehicle, Equipment or Employee Personal Injury reporting)

Department:  Division/Section:

Reported By:  Cost Center # if applicable:

**Occurrence Information**

Date:  Time:  Location:

Were Police/Fire/EMS Notified?  Was a citizen involved?  If known, provide the following:

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Description of incident and extent of damage: (attach additional information if available):

**Witness(es) Information**

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

(Rev. July 2010)

# Emergency Response Plan

## Purpose:

The City of Dunedin Emergency Response Plan, in cooperation with the State of Florida Department of Emergency management and the Pinellas County Division of Emergency Management, establishes uniform policies and procedures for the effective coordination of actions necessary to prepare for, respond to, and recover from, a wide variety of natural or manmade disasters which might effect the health, safety and welfare of the residents and visitors of the City of Dunedin to accomplish the following purposes:

1. Minimize suffering, loss of life, personal injury, and damage to property resulting from hazardous and emergency conditions.
2. Minimize disaster-related material shortages and service disruptions that would have an adverse impact on the residents, businesses, visitors, and economy of the City of Dunedin.
3. Provide for the immediate relief and promote short-range and long-range recovery operations following a disaster.

## Related State and Local Guidelines:

- State of Florida Statutes Section 252.38 Emergency management powers of political subdivisions.--Safeguarding the life and property of its citizens is an innate responsibility of the governing body of each political subdivision of the state.
- State of Florida Executive Order Number 80-29
- Pinellas County Comprehensive Emergency Management Plan
- City of Dunedin Code of Ordinances Chapter 18

## Responsibility:

All Employees

## Policy and Procedures:

- A. All employees must follow the emergency plan designed for their Department/Division.
- B. Each Supervisor will review the emergency plan with all employees in their Department/Division.

## **Participant Injury Reporting Procedures**

Purpose:

To establish policies and procedures for the investigation and reporting of injuries to participants of City sponsored programs, activities or events.

Related State or Federal Guidelines:

None.

Responsibility:

All employees responsible for the supervision of registered participants at City sponsored programs.

Forms:

- A. Release, Waiver and Indemnification for Participation Forms
  - Note: Forms must have the approval of the City Attorney.
- B. Participant Injury Report

Policy and Procedures:

- A. All individuals participating in a City sponsored activity, which requires them to register, will sign a "Release, Waiver and Indemnification Form" before being allowed to participate. The attached forms have been approved by the City Attorney. Any changes, alterations or the introduction of any new forms must be approved by the City Attorney. Once signed the form is to be filed by the cost center for future reference. Any individual or parent/guardian, if the person is a minor, who refuses to sign this form will not be allowed to participate in the activity.
- B. In most instances, at least one staff member assigned to the activity should be trained and certified in First Aid and CPR and/or have an understanding of emergency procedures.
- C. Staff should inspect each site location prior to the activity, noting any areas which may be a safety concern. Any concerns should be reported to the supervisor and immediately remedied by staff or facilities maintenance or contact the Human Resources and Risk/Safety Department to investigate and make a determination of action.
- D. Staff should have ready access to a phone or radio in case of an emergency.
- E. Should there be an accident in which a participant is injured, staff should first treat the injury and/or contact emergency personnel. If the individual is a minor, attempts should be made to contact the parent or guardian to inform them of the situation.

- F. Once the situation is stabilized, staff should fill out a “Participant Injury Report”, attach a copy of the signed “Release, Waiver and Indemnification Form” and send it to the Human Resources and Risk/Safety Department. Include with the report any witness information.
  
- G. For all situations at the activity which do not involve the injury of a registered participant, staff should stabilize the situation and then fill out an “Incident/Liability Report” and forward it, along with any backup information, to the Human Resources and Risk/Safety Department.

DUNEDIN PARKS & RECREATION DEPARTMENT  
RELEASE, WAIVER AND INDEMNIFICATION  
ADULT

I, \_\_\_\_\_ for myself, my heirs and personal representatives, hereby assume all liabilities, risks, injuries and hazards incidental to participation in \_\_\_\_\_, including transportation to or from said activity. I acknowledge the fact that this program may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless the CITY OF DUNEDIN, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of the CITY OF DUNEDIN, its agents or employees and sponsors or activity supervisors, arising from my participation in the said activity. I assume all risk of injury, liability, and loss arising from my participation in or presence at said activity. I acknowledge that the CITY OF DUNEDIN will not assume any costs relating to any injury while I am involved in this activity.

This waiver, release and indemnification is in consideration of the CITY OF DUNEDIN or activity sponsor permitting my participation in the activity or program and in further consideration of the CITY OF DUNEDIN not requiring self-funded liability insurance coverage as a condition precedent to my participation in the activity. I freely and voluntarily assume all risk of loss or injury arising from my participation in the activity whether due to my negligence, or the negligence of others. I acknowledge that, absent this release and indemnification, the CITY OF DUNEDIN or other sponsor of the activity would not have offered me access to the activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk-free.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I might otherwise be entitled if I am hurt or suffer loss during my participation in the activity.

This Release, Waiver and Indemnification form shall remain in full force and effect for all programs or events until such time as the undersigned withdraws this Release, Waiver and Indemnification form in writing and delivers the same to the City of Dunedin Parks and Recreation Department.

- YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT.
- YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS.
- YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Signed in the presence of the following witnesses:

\_\_\_\_\_

\_\_\_\_\_

*RELEASE, WAIVER AND INDEMNIFICATION FOR PARTICIPATION*

In consideration of the CITY OF DUNEDIN allowing my or my child's \_\_\_\_\_  
Name

participation in the program or activity referred to on this form, I, for myself, my heirs and personal representatives, and for the heirs and personal representatives of my child, hereby assume for myself and for said child, all liabilities, risks, injuries and hazards incidental to participation in the said activity in which I or the said child participates, including transportation to or from said activity. This waiver is on behalf of my child and myself. I represent that I am the natural parent or legal guardian of such child and have full and lawful authority to execute this release, waiver and indemnification on behalf of said child, binding myself and said child and the child's heirs and personal representatives to the undertakings herein set forth. I acknowledge the fact that this program may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless the CITY OF DUNEDIN, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising out of a loss or an injury, including losses or injuries arising from the negligence of the CITY OF DUNEDIN, its agents, employees, sponsors or activity supervisors, arising from my or my child's participation in the said activity. I hereby assume for myself and my child, if the child is participating in the activity, all risk of injury, liability, and loss arising from my or my child's participation in or presence at said activity. I acknowledge that the CITY OF DUNEDIN will not assume any costs relating to any injury while I or my child is involved in this activity.

This waiver, release and indemnification is in consideration of the CITY OF DUNEDIN or activity sponsor permitting my or my child's participation in the activity or program and in further consideration of the CITY OF DUNEDIN not requiring self-funded liability insurance coverage as a condition precedent to my or my child's participation in the activity. I freely and voluntarily assume for myself and for the said child all risk of loss or injury arising from my or my child's participation in the activity whether due to my or my child's negligence, or the negligence of others. I acknowledge that, absent this release and indemnification, the CITY OF DUNEDIN or other sponsor of the activity would not have offered me or my child access to the activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk-free.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I and my child might otherwise be entitled if I or my child is hurt or suffers loss during my or my child's participation in the activity.

This Release, Waiver and Indemnification form shall remain in full force and effect for all programs or events until such time as the undersigned withdraws this Release, Waiver and Indemnification form in writing and delivers the same to the City of Dunedin Parks and Recreation Department.

**YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT.  
YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS.  
YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY  
UNDERSTAND THIS DOCUMENT.**

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

Signed in the presence of the following witnesses:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
parent if participant is a minor

**City of Dunedin  
Participant Injury Report**

Department:  Division/Section:

Reported By:  Cost Center #:

**Occurrence Information**

Date:  Time:  Location:

Injured's Name:

Street Address:

City:  State:  Country:  Zip:

Home Phone:  Work Phone:  Cell Phone:

Description of incident. Include type of injury and exact body location:

First Aid Administered (be specific and include name & title of person administering First Aid):

Were Police/Fire/EMS Notified?  Hospital Name if applicable:

**Witness(es) Information**

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

**Person Notified**

Name:  Phone:

Street Address:

City:  State:  Country:  Zip:

Supervisor Signature:  Date:

Division Director Signature:  Date:

Comments/Follow Up (or attach statement):

(Rev. Nov. 2010)

## Medical Treatment of Industrial Injuries

### Purpose:

To establish policies and procedures for investigating, treating and reporting injuries resulting from on the job accidents.

### Related State or Federal Guidelines:

State of Florida Statutes Section 440 – Florida Workers’ Compensation Law

*Note: Due to the length and variety of the Workers’ Compensation Law, it is only being referenced in the section. Should you wish to review the entire statute you may look it up on the Internet at*

*<http://www.leg.state.fl.us/statutes/index.cfm>*

### Responsibility:

All employees

### Attachments:

City Physician Location Register.

### Forms:

- A. Accident/Incident/Employee Injury Report
- B. Medical Authorization/Drug and Alcohol Testing
- C. Drug Screen Flow Chart
- D. First Report of Injury or Illness
- E. Return to Work Release

### Policy and Procedure:

#### A. Industrial Injuries

##### 1. Initial medical treatment

##### a) Emergency Medical Treatment

- Serious injuries (such as profuse bleeding, broken bones, shock, unconsciousness, etc), shall warrant immediate emergency treatment. The injured person should be transported to the nearest available hospital by ambulance or other transport as directed by EMS personnel. Employees are not to move the injured person unless the person will be injured more seriously if left at that location (ie. in a fire, near a possible explosion, etc). To contact emergency personnel dial 911. Do not dial the Fire Department direct. Be sure to give the address of the location and stay on the line for instructions.
- Administer first aid as necessary until help arrives if you are qualified.
- Notify your supervisor immediately!
- After the emergency victim has been evacuated from the scene, the supervisor will complete a Medical Authorization/Drug & Alcohol Testing Form and the Accident/Incident/Employee Injury Report within 24 hours or as soon as practical. Distribute per instructions on forms.
- Injuries within this emergency category shall be reported by telephone to the Human

Resources and Risk/Safety Department during regular work hours immediately after the emergency is under control. After normal working hours, a message should be left on the Human Resources and Risk/Safety Department voice mail or e-mail. Provide the name of the victim, when, how, and where the accident occurred, and the nature of the condition causing the accident. This does not eliminate the need for written reports.

- b) Injuries not constituting an emergency, but requiring a physician's care:
- Notify your supervisor immediately. If supervisor is not available, notify your office to get assistance. The Human Resources and Risk/Safety Department should also be notified immediately of any employee seeking medical attention.
  - Injuries shall be initially treated by the City physician; Lakeside Occupational Medical Centers. The closest facility is located at:  
2323 Curlew Road, Suite 2A & 2B  
Palm Harbor, FL 34683  
Phone: 781-3480
- A listing of all Lakeside facilities is included in this section.
- Employees are mandated to seek initial treatment at the physician's office contracted by the City whenever a job related injury is serious enough to require a doctor's care during normal hours. Failure to do so may result in the employee paying for this initial visit himself/herself, with no opportunity to recoup their expense through the City's workers' compensation program. If possible, the injured employee's cost center should notify the medical office prior to arrivals.
  - If a job related injury occurs after hours, the employee should do the following:
    - ✓ First attempt to call Lakeside Medical Center's twenty four (24) hour emergency answering service number (586-0047) to receive medical or reporting instructions.
    - ✓ Should this not be available or feasible the employee should go to the nearest emergency room or walk in clinic for treatment. The employee should then follow up the next weekday with a visit to the City approved physician.
  - When seeking medical treatment, the employee must be furnished with a Medical Authorization/Drug & Alcohol Testing form from his/her supervisor to be presented to the physician's office before treatment. The supervisor should also immediately notify the Human Resources and Risk/Safety Department of the injury and complete the Accident/Incident/Employee Injury Report for processing.
- c) First aid treatment in the field or office:
- Minor injuries such as a small cut, cactus puncture, scratch or bruise may be treated in the field by someone qualified to administer First Aid if a first aid kit is available. As long as the injury is properly reported to the Human Resources and Risk/Safety Department and recorded, the employee will be fully covered for medical treatment later if needed and treated by a City approved physician. The Accident/Incident/Employee Injury Report must be completed even if no medical treatment is requested.

B. Follow-up treatment and doctor referrals:

1. All follow-up and referral care must be approved through the City's physician as arranged through the City's Workers' Compensation Third Party Administrator (TPA).

2. Any referral or therapy time will be accommodated with a formal statement from the designated physician. This statement must be immediately provided to the employee's supervisor who will then forward a copy to the Human Resources and Risk/Safety Department.
3. All follow-up and/or therapy appointments for on-the-job injuries should be made during off-duty time, if possible. If this is not possible, all appointments should be coordinated with the employee's supervisor.
4. All follow-up and/or therapy appointments are the responsibility of the employee. Failure to keep an appointment may result in a loss of workers' compensation benefits and the employee assuming the cost of any further treatment.

C. Doctor, prescription and other billings:

1. Bills for medical treatment and medicines are normally sent to the Human Resources and Risk/Safety Department or the City's TPA for processing of payment. However, bills are sometimes inadvertently sent to the employee. The employee has the responsibility of forwarding such bills to the Human Resources and Risk/Safety Department for processing in order to avoid unnecessary complications.

D. Reporting responsibilities:

1. Timely reporting of any individual injury is mandatory in order to insure the employee receives all entitled benefits. It is the responsibility of each employee to report all injuries utilizing the following procedures:
  - a) Report the injury to the supervisor immediately regardless of the degree of injury, utilizing the initial medical treatment procedure as noted above.
  - b) The employee/supervisor must complete the "Accident/Incident/Employee Injury Report" even if no medical treatment is requested.
  - c) The supervisor will forward a copy of the form to the Human Resources and Risk/Safety Department once the top portion is completed. If the injury requires a physician's care, the Human Resources and Risk/Safety Department must be notified immediately.
  - d) An investigation is performed by the supervisor and the bottom portion of the Accident/Incident/Employee Injury Report form is completed. Once the form is totally completed, it must be routed for appropriate signatures and then forwarded to the Human Resources and Risk/Safety Department within 24 hours or as soon as practical.
  - e) Any workplace fatality is required, under State Law, to be reported within 24 hours to the Division of Workers' Compensation. To report a fatality, call 1-800-219-8953. Fatalities or life-threatening injuries must be reported immediately to the Department/Division Director. The Director(s) will immediately notify the City Manager and the Human Resources and Risk/Safety Director.
  - f) The Department/Division Director will notify the employee's emergency contact as appropriate.

E. False industrial claims:

An individual injured while off duty but who falsely claims an on-the-job industrial injury; or, an individual who collaborates in a false claim is committing a felony of the third degree. The employee will be subject to the full penalties provided by the law and subject to immediate dismissal from City employment.

F. Employee returns to work:

1. An employee may not return to work from an injury requiring medical treatment or lost time without a completed Return to Work Release Form signed by the physician.
2. The physician's release should be provided to the employee's supervisor. The supervisor will notify the Human Resources and Risk/Safety Department of the employee's return to work. The original written physician's release will be forwarded to the Human Resources and Risk/Safety Department. It is the supervisor's responsibility to ensure that no employee returns to work without a signed physician's release. An employee must report any prescription medications to the supervisor including possible side effects or restrictions resulting from this medication.
3. Every effort will be made to accommodate temporary light duty within the City due to work related accidents.

G. Off-the-Job Injuries:

1. Many more injuries occur off the job than on the job. These injuries can be just as devastating to the employee, their family, and to the City. The City provides short-term disability coverage (paid by the City) and optional long-term disability coverage (paid by the employee) to assist the employee and their family. From an operational standpoint, the City is faced with absenteeism, disruption of work schedules, and many additional costs. It is, therefore, important that the employee and the City work as a team to prevent off-the-job injuries and to work together once they occur. The following procedure should be followed when an employee experiences an off-the-job injury:
  - a) The employee shall immediately report to their supervisor any off-the-job injury which may affect their ability to perform their job duties. The supervisor shall then report this injury or medical concern to the Human Resources and Risk/Safety Department.
  - b) All employees experiencing a partial or total impairment medical problem, such as undergoing surgery, heart condition, fracture, amputation, neurological or other such conditions shall present their supervisor with a Return to Work Release Form which has been completed by the attending physician prior to returning to work. The supervisor will then immediately forward a copy of the Return to Work Release form to the Human Resources and Risk/Safety Department.
  - c) If the work status is restricted and there is no such work available within those restrictions, the employee will be instructed to remain on an impairment status until appropriate work is found, the treating physician removes the restriction or the employee is determined to be unable to return to work within a reasonable amount of time resulting in termination. Refer to the City's Employee Service System Rules (ESSR) and The City's Family and Medical Leave Act Policy.
  - d) The City reserves the right to send an employee to a City approved physician at City expense.

## City Physician Locations

### Lakeside Occupational Medical Center Pinellas County Locations (Office hours are subject to change)

#### **Palm Harbor**

2323 Curlew Road  
Suites 2A & 2B  
Dunedin, FL 34698  
TEL: (727) 781-3480  
Office Hours:  
Monday – Friday  
7:30 am - 5:00pm

#### **Largo**

1400 East Bay Drive  
Largo, FL 33771  
TEL: (727) 586-0047  
Office Hours:  
Monday – Friday  
7:00am - 5:00pm

#### **Carillon**

900 Carillon Parkway  
Suite 106  
St. Petersburg, FL 33716  
TEL: (727) 532-7661  
Office Hours:  
Monday – Friday  
7:30 am - 5:00pm

#### **St. Petersburg**

3745 33rd St. North  
Suite A  
St. Petersburg, FL 33713  
TEL: (727) 231-0154  
Office Hours:  
Monday – Friday  
7:30 am - 5:00pm

**City of Dunedin  
Accident/Incident/Employee Injury Report**

Employee Name: \_\_\_\_\_ Cost Center #

Department:  Division/Section:  Vehicle #:

**Occurrence Information**

Type:  Date:  Time:

Address:

Was employee doing his/her job?  Medical Treatment rendered:

Personal Protective Equipment worn:

Witness(es) (include address & phone # if known):

Thoroughly describe incident (include cause, how it occurred & body part affected (or attach **typewritten** statement):

Employee returned to work: Date:  Time:  Employee last worked: Date:  Time:

Employee comments (or attach typewritten statement):

Supervisor Comments (or attach typewritten statement):

**\*\*\*\*Division/Department Use Only - All Sections Must Be Completed\*\*\*\***

Classification of Accident/Incident:  Disciplinary Action taken/recommended:

How could this have been prevented/averted?

Could Department/Division policy have prevented this accident/incident?

Remedial Action taken/recommended to prevent future accidents/incidents:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Rev. June 2010)



CITY OF DUNEDIN
Medical Authorization/Drug & Alcohol Testing Form

\*\*\*\*\*

(This section to be completed by the employee's supervisor.)

Employee's Name \_\_\_\_\_ Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_
Department \_\_\_\_\_ Position \_\_\_\_\_
Physician's Name \_\_\_\_\_ Address \_\_\_\_\_

DRUG/ALCOHOL TESTING:

Is a drug and/or alcohol test required? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, reason for testing:

Reasonable suspicion \_\_\_\_\_ On-the-job Accident \_\_\_\_\_
On-the-job Injury \_\_\_\_\_ Follow-up (Rehab.) \_\_\_\_\_
Other \_\_\_\_\_

Type of test required: \_\_\_\_\_ CDL \_\_\_\_\_ Urinalysis \_\_\_\_\_ Breath
\_\_\_\_\_ SAPP \_\_\_\_\_ Urinalysis \_\_\_\_\_ Blood

Authorized by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_
Supervisor's Signature

\*\*\*\*\*

To Physician or Hospital:

This authorization is for INITIAL MEDICAL TREATMENT AND/OR ALCOHOL AND DRUG TESTING. If additional workers' compensation medical treatment is necessary, please contact Johns Eastern Company at 800/749-3044, or call the Risk/Safety Office, City of Dunedin, 727/738-1913. Please complete this report in full and all other reports as required by Florida Workers' Compensation Law and the Department of Transportation. Please give a completed copy of this form to the employee and mail the original copy to the City of Dunedin, Risk/Safety Office, P.O. Box 1348, Dunedin, Florida 34697-1348.

PLEASE PRINT CLEARLY

Date of Visit \_\_\_\_\_
Diagnosis \_\_\_\_\_
Treatment Rendered \_\_\_\_\_

RECOMMENDATIONS FOR WORK

PLEASE NOTE - LIGHT DUTY MAY BE AVAILABLE IN CONJUNCTION WITH ON-THE-JOB INJURIES.

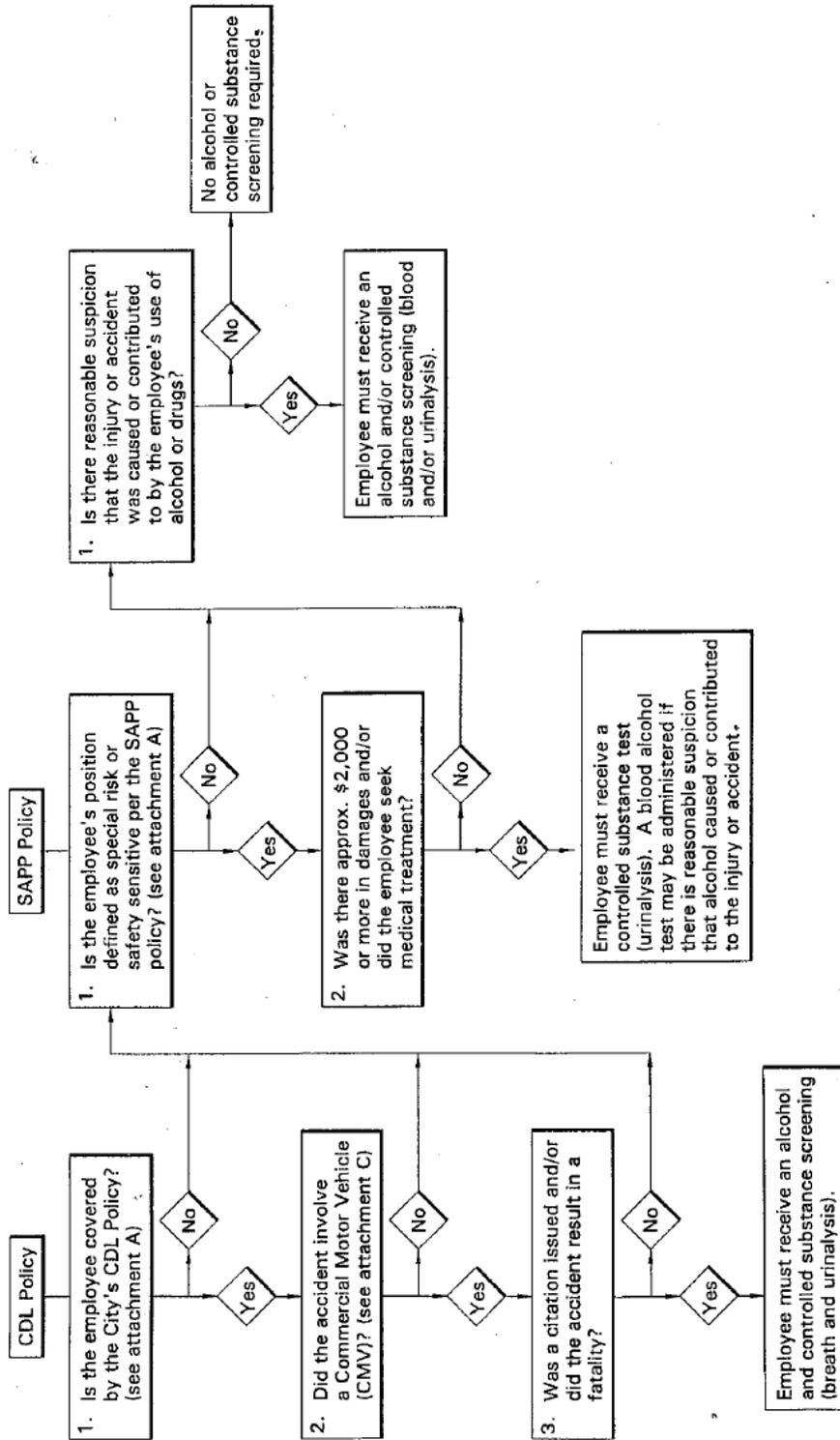
- [ ] RETURN TO WORK WITHOUT RESTRICTIONS ON \_\_\_\_\_
[ ] UNABLE TO RETURN TO WORK UNTIL: \_\_\_\_\_
[ ] RETURN TO DUTY ON \_\_\_\_\_ with RESTRICTIONS as listed:
[ ] No reaching above shoulders [ ] No Climbing [ ] No Kneeling
[ ] No reaching below knees [ ] No Squatting/Bending
[ ] No exposure to substances (specify) \_\_\_\_\_
[ ] No prolonged standing/sitting/walking [ ] Keep injured area CLEAN and DRY
[ ] No driving/Operating heavy machinery or vehicles
[ ] Limited use \_\_\_\_\_ right/left \_\_\_\_\_ hand/arm/leg [ ] No use \_\_\_\_\_ right/left \_\_\_\_\_ hand/arm/leg
[ ] Weight lifting restrictions: \_\_\_\_\_ 0-15 lbs. \_\_\_\_\_ 15-35 lbs. \_\_\_\_\_ 35-50 lbs.
[ ] Other/Comments \_\_\_\_\_
[ ] Return to Clinic on: \_\_\_\_\_
[ ] Return as needed
[ ] Referred to \_\_\_\_\_ Pending Authorization
MMI Date: \_\_\_\_\_ % Disability \_\_\_\_\_

Attending Physician's Name \_\_\_\_\_ Date \_\_\_\_\_
Physician's Signature \_\_\_\_\_

WHITE - RISK/SAFETY CANARY-PHYSICIAN'S COPY PINK-SUPERVISOR'S COPY

Substance Abuse Prevention Testing Guidelines  
Following an On-the-Job Accident or Injury

ATTACHMENT B



Any questions regarding the criteria for testing should be directed to the Risk/Safety Manager located in the Division of Human Resources & Risk/Safety.

July 1, 1998

**FIRST REPORT OF INJURY OR ILLNESS**  
**FLORIDA DEPARTMENT OF FINANCIAL SERVICES**  
**DIVISION OF WORKERS' COMPENSATION**

For assistance call 1-800-342-1741  
 or contact your local EAO Office  
 Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

<b>PLEASE PRINT OR TYPE</b>		<b>EMPLOYEE INFORMATION</b>	
NAME (First, Middle, Last)		Social Security Number	Date of Accident (Month-Day-Year)
HOME ADDRESS Street/Apt #: _____ City: _____ State: _____ Zip: _____		EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)	
TELEPHONE Area Code Number		INJURY/ILLNESS THAT OCCURRED	
OCCUPATION		PART OF BODY AFFECTED	
DATE OF BIRTH	SEX		
____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F		

COMPANY NAME: _____ D. B. A.: _____ Street: _____ City: _____ State: _____ Zip: _____		FEDERAL I.D. NUMBER (FEIN)	DATE FIRST REPORTED (Month/Day/Year)
TELEPHONE Area Code Number		NATURE OF BUSINESS	POLICY/MEMBER NUMBER
EMPLOYER'S LOCATION ADDRESS (if different) Street: _____ City: _____ State: _____ Zip: _____		DATE EMPLOYED ____/____/____	PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION # (if applicable) _____		LAST DATE EMPLOYEE WORKED ____/____/____	WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES
PLACE OF ACCIDENT (Street, City, State, Zip) Street: _____ City: _____ State: _____ Zip: _____		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE ____/____/____	LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP ____/____/____
COUNTY OF ACCIDENT _____	DATE OF DEATH (if applicable) ____/____/____	AGREE WITH DESCRIPTION OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	RATE OF PAY <input type="checkbox"/> HR <input type="checkbox"/> WK \$ _____ PER <input type="checkbox"/> DAY <input type="checkbox"/> MO Number of hours per day _____ Number of hours per week _____ Number of days per week _____
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 617.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement.			NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL
EMPLOYEE SIGNATURE (if available to sign) _____		DATE _____	AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER SIGNATURE _____		DATE _____	

<b>CLAIMS-HANDLING ENTITY INFORMATION</b>	
<input type="checkbox"/> 1(a) Denied Case - DWC-12, Notice of Denial Attached	<input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3)
<input type="checkbox"/> 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached	Employee's 8 <sup>TH</sup> Day of Disability _____/_____/_____ Entity's Knowledge of 8 <sup>TH</sup> Day of Disability _____/_____/_____ Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date _____/_____/_____ Date First Payment Mailed _____/_____/_____ AWW _____ Comp Rate _____
<input type="checkbox"/> 3. Lost Time Case - 1st day of disability _____/_____/_____ Date First Payment Mailed _____/_____/_____ AWW _____ Comp Rate _____	
<input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY	
Penalty Amount Paid in 1 <sup>st</sup> Payment \$ _____ Interest Amount Paid in 1 <sup>st</sup> Payment \$ _____	

REMARKS:			INSURER NAME
INSURER CODE #	EMPLOYEE'S CLASS CODE	EMPLOYER'S NAICS CODE	CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE
SERVICE CO/TPA CODE #	CLAIMS-HANDLING ENTITY FILE #		

Form DF9-F2-DWC-1 (03/2009) Rule 69L-3.025, F.A.C.

**City of Dunedin  
Return to Work Release  
(PLEASE PRINT LEGIBLY)**

Employee's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

---

**Evaluation & Treatment**

Date employee was **seen and treated** by Physician: \_\_\_\_\_

- Initial evaluation and/or treatment       Follow-up visit       Consultation

---

**Duty Status Recommendations (based on attached job description)**

Return to Regular Work Without Restrictions on (date) \_\_\_\_\_

Return to Regular Work within the NFPA 1582 standards (**Fire Department Only**) on (date) \_\_\_\_\_

Return to Modified Work with the following limitations on (date) \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> No reaching above shoulders   | <input type="checkbox"/> No prolonged standing/sitting/walking   |
| <input type="checkbox"/> No reaching below knees   | <input type="checkbox"/> No twisting   |
| <input type="checkbox"/> No kneeling/squatting/bending   | <input type="checkbox"/> No driving or operating machinery   |
| <input type="checkbox"/> No climbing   |  |
| <input type="checkbox"/> Avoid exposure to _____   |  |
| <input type="checkbox"/> No use of: <input type="checkbox"/> right <input type="checkbox"/> left | <input type="checkbox"/> arm <input type="checkbox"/> hand <input type="checkbox"/> leg <input type="checkbox"/> foot  |
| <input type="checkbox"/> Weight lifting restrictions/limitation:                                 | <input type="checkbox"/> 0-10 lbs. <input type="checkbox"/> 11-20 lbs. <input type="checkbox"/> 21-30 lbs. <input type="checkbox"/> 31-40 lbs. <input type="checkbox"/> 41-50 lbs. |

Unable to return to **full duty** work until (date) \_\_\_\_\_

MMI Status: \_\_\_\_\_ % Impairment: \_\_\_\_\_

Prescribed Medications (List): _____ _____ _____	Possible effects/restrictions: _____ _____ _____
---	---

---

**Follow-Up Care Recommendations**

- No follow-up required unless problem returns
- Follow-up scheduled on (date) \_\_\_\_\_ (Time) \_\_\_\_\_
- Speciality consultation recommended with Dr. \_\_\_\_\_ Phone: \_\_\_\_\_
- Other Instructions: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Rev. Aug. 2012)

## **Safety Action Committee (SAC)**

Purpose:

To encourage all employees to actively participate in accident prevention and promote safety and health in the workplace.

Related State or Federal Guidelines:

None.

Duties & Responsibilities of SAC Members:

A. Appointed members of SAC will be responsible for:

1. attending regularly scheduled meetings to review loss experiences by the cost center, cost analysis figures, and evaluating the progress of the City's accident prevention efforts.
2. discussing policies concerning safety problems not solvable during the investigative process, recommending directives for their elimination when possible and making recommendations for necessary policy changes when required.
3. coordinating and establishing policies for upgrading this program to insure directives are current and consistent with current needs.
4. reviewing safety suggestions presented by employees for consideration.
5. discussing problems and ideas concerning general or specific loss prevention efforts.
6. formulating recommendations for new policies and policy changes along with equipment and personnel needs, which can enhance the safety program.
7. reviewing any individual injury which results in an injury causing loss of work, or a serious first aid case which necessitates extended light duty for the employee, or any near accident deemed serious by the Human Resources and Risk/Safety Department or the Department Director.
8. objectively review industrial injuries and City vehicle collisions for the purpose of defining the exact cause, ruling whether it was preventable or non-preventable and recommending the necessary corrective actions that will prevent its reoccurrence. Review all disciplinary actions for uniformity.
9. interviewing the involved employee and his/her immediate supervisor, as needed, to obtain all available facts on the case.
10. verifying equipment failure or malfunction (if this is claimed or determined to be a cause) through use of maintenance work orders. Establishing product defects or design deficiencies can frequently be used as a basis for subrogating accident costs.
11. determining if the employee had been briefed on and was complying with all published work rules and operating instructions.
12. determining the exact cause of the accident and if it resulted from employee negligence, ignorance of work procedures, poor supervision, unsafe equipment, lack of equipment, or other causes.

13. reporting, in writing, to the department director involved on what the committee considers to be the causal factors of an incident and make recommendations for actions to be taken that will reduce the likelihood of recurrence. The Committee's findings shall be made part of the employee's work record and a copy shall be forwarded to the Human Resources and Risk/Safety Department for file with the accident report and personnel file.
14. the preparation of minutes of each meeting. The Human Resources and Risk/Safety Department shall retain a central file of the minutes and forward a copy to the City Clerk's Office.

#### B. Membership Requirements

1. All members of the SAC must:
  - a) be regular, full-time City employees for a minimum of one year.
  - b) successfully complete a classification employment probation period.
  - c) not be employed in the capacity of City Manager or Department/Division Directors.

#### C. Committee Meetings

1. The SAC generally meets on a quarterly basis. Special sessions may be convened if necessary.

#### D. Appointment of SAC Members

1. The Human Resources and Risk/Safety Manager shall preside as the chairperson. A co-chairperson shall be selected by the other SAC members and serve in that capacity for a period of one (1) year. The co-chairperson shall assume the duties of the chairperson in his/her absence. The chairperson is a non-voting member except in the case of a tie vote. The co-chairperson is a voting position.
2. The Human Resources and Risk/Safety Manager acting in the capacity of chairperson and the co-chairperson shall select the eight (8) remaining SAC members. All employees who meet the membership requirements are eligible to serve as members. Consideration may be given to City employees who volunteer to be a SAC member.
3. One employee will be selected from the following group of cost centers as a representative:
  - a) Fire
  - b) Fleet Services
  - c) Parks
  - d) Planning & Development/Engineering
  - e) Public Services
  - f) Recreation
  - g) Solid Waste
  - h) Wastewater
  - i) Water
4. At least two (2) of the chosen members must be in a supervisory capacity (i.e. supervisor, foreman)
5. Only one member per cost center can serve during a single term.
6. Each member shall have one vote.

7. All members will be appointed for a term of three (3) years unless in the best interests of the City.
8. Should a member resign or be promoted to a division director or higher, a new member from the same group of cost centers will be appointed to serve out the remainder of the term.

E. Duties of Chairperson

1. Prepare agenda for SAC meetings.
2. Facilitate SAC meetings.
3. Promote teamwork and contribute to the function of the SAC.
4. Assign projects.
5. Assist in projects.
6. Make presentations to groups or individuals on SAC projects.
7. Call special meetings.
8. Attend or appoint a person to attend all incident investigations.
9. Act as the intermediary between the SAC and management.

F. Duties of the Co-Chairperson

1. Conduct SAC meetings and duties in the absence of the chairperson.
2. Assist in special assignments.
3. Work with the committee towards the completion of projects.

## Safety Training

Purpose:

To establish a policy requiring safety related training.

Responsibility:

All employees.

Related State or Federal Guidelines:

None.

Policy and Procedure:

All employees in safety sensitive positions must complete at least one (1) safety related class/course per month. All other employees must complete at least one (1) safety related class/course quarterly. Employees may utilize the BenTek on-line safety training program to fulfill this requirement. To access the program employees may log onto <http://bentek.trainingweb.com> and enter their login name and password. Employee should print a certificate of completion and give to their supervisor.

## Safety Incentive Program

Purpose:

To recognize and reward those regular status full and part-time employees who maintain a good safety record.

Related State or Federal Guidelines:

None

Responsibility:

All regular status full and part time City employees within eligible position classifications (note attached list)

Attachments:

Position Classifications Eligible for the Safety Incentive Bonus

Rules:

- A. All eligible regular full time employees will receive a \$50 bonus (regular part time \$25) after September 30<sup>th</sup> and March 31<sup>st</sup> of each fiscal year provided:
- there is no report of accident or injury which was classified as “preventable” during the previous six (6) month period; and
  - employee completes safety classes/courses:
    - ❖ One (1) per month is preferred; if work schedules do not allow, then:
      - Total of six (6) safety training classes between April 1<sup>st</sup> through September 30<sup>th</sup> must be completed.
      - Total of six (6) safety training classes between October 1<sup>st</sup> through March 31<sup>st</sup> must be completed
    - ❖ One-day class on multiple safety topics may be counted as more than one class/course.
  - employee uses proper personnel protective equipment at all times.
- B. Employee’s supervisor(s) shall be eligible for the bonus even though the employee may not be eligible due to a preventable accident or injury provided:
- the Supervisor’s position is included in the list of eligible classifications.
  - the Supervisor has had no preventable accident or injury.
  - the Supervisor has directed the employee to complete required safety training as indicated in section A. above; **and**
  - if applicable, following an accident/injury, the Supervisor directed and the employee completed a related safety class/course within thirty (30) calendar days of the incident.

- C. Any employee hired during the period of October 1<sup>st</sup> to March 31<sup>st</sup> or April 1<sup>st</sup> to September 30<sup>th</sup> will not be eligible for a safety bonus during that period. Eligibility for the safety bonus will take effect the following period.
- D. An employee must have actually been on duty and worked a minimum of 66% of the actual preceding six-months to be eligible for a safety bonus.
- E. When an employee is discharged for cause, he/she will lose all safety bonuses.
- F. Classification of a vehicular accident or bodily injury as “preventable” or “non-preventable” will be made by the Department/Division and reviewed by the SAC. These decisions may be appealed as noted below.
- G. The Supervisors and Division/Department Directors will make decisions regarding responsibility and penalties in accordance with the City’s Progressive Discipline Policy as appropriate in any accident/injury. These decisions may be appealed as outlined in the City’s Progressive Discipline Policy.
- H. Suncoast Safety Council definitions will apply for SAC’s accident/injury review processes. These are:
  - 1. Loss Time Accidents: one where an employee is not able to return to work on the next scheduled day following the accident.
  - 2. An accident shall be deemed preventable where the employee has not done everything that he/she reasonably can be expected to do to prevent the accident from occurring.
- I. The appeal procedure on preventable accidents shall be as follows:
  - 1. The first appeal shall be to the SAC. This appeal shall be requested in writing and the employee shall appear in person before the SAC at the next scheduled meeting.
  - 2. The employee may petition in writing for a second appeal of the supervisor’s or the SAC’s decision to the Department Director and the Human Resources & Risk/Safety Director. If the decision is upheld, the employee may appeal to the City Manager. The decision of the City Manager is final.

**Position Classifications Eligible for  
Safety Incentive Bonus**

(List will be updated as necessary)

Building Inspector I	Public Works Inspector
Building Inspector II	*Recreation Coordinator
*Building Official	Recreation Leader I
Code Enforcement Inspector	Recreation Leader II
Craftworker I	Recreation Leader III
Craftworker II	Recreation Program Specialist
Deputy Fire Marshal	Solid Waste Driver/Loader
Equipment Operator II	Spray Technician
Equipment Operator III	Storekeeper
Field Service Representative	Surveyor
Fire Inspector – Civilian	TV/Seal Truck Operator
Fleet Inventory Technician	Utilities Inspector
Foreman I / Dispatcher	*Wastewater Collection Systems Supv.
Foreman II	Wastewater Collection Technician I
*Foreman III	Wastewater Collection Technician II
*Harbormaster	*Wastewater Collection Technician III
Hydrogeologist	Wastewater Maintenance Mechanic
Information Systems Technician I	Wastewater Plant Operator I
Information Systems Technician II	Wastewater Plant Operator II
Irrigation Technician	Wastewater Plant Operator Trainee
Library Assistant II (outreach program)	*Wastewater Plant Supervisor
Mail Clerk	Wastewater Service Worker I
Marine Maintenance Operator	Wastewater Service Worker II
Mechanic I	*Water Distribution Supervisor
Mechanic II	Water Distribution Technician I
*Park Operator	Water Distribution Technician II
Parks Service Worker I	*Water Distribution Technician III
Parks Service Worker II	Water Maintenance Mechanic
Parks Service Worker III	Water Plant Operator I
*Parks Maintenance Supervisor	Water Plant Operator II
Public Service Worker I	Water Plant Operator Trainee
Public Service Worker II	*Water Production Supervisor
Public Service Worker III	Water Service Worker I
*Public Services Foreman	Water Service Worker II
*Public Services Supervisor	

\*Eligible for bonus in accordance with section B. above.

## Office Safety

### Purpose:

To remind employees who work in an office environment of safety sensitive issues to prevent accidents and injuries. These are general guidelines and not mandatory provisions.

### Related State or Federal Guidelines:

None.

### Responsibility:

All employees working in an office environment.

### Forms:

Office Safety Checklist (not mandatory)

### General Guidelines and Suggestions:

- A. Good office safety includes knowing where fire extinguishers are located and the proper fire escape route.
- B. Watch for any safety mirrors which may be mounted above corners. These allow you to see any possible hazards which may be around the corner.
- C. Approach doors with caution and open slowly. Someone may be on the other side. Where double doors are involved, use the right door.
- D. Report defective handrails, lighting, and stair treads. Keep stairways and landings clear.
- E. Waste containers should not be used for disposing of broken glass, tin, partly consumed cigarettes or ashes, or any other articles which may cause fire or injury to persons handling their content.
- F. Each chair should be adjusted to the person occupying it. Improperly adjusted chairs can cause back, neck or leg strain.
- G. Chairs should be inspected periodically to be sure there are no broken rollers, nuts and bolts or other loose or defective parts.
- H. Be aware of stress and strain associated with the use of video display terminals and poorly arranged workstations. Arrange your workstation so that excessive reaching and poor posture is eliminated. Your arms and shoulders should be at a rest position and your wrist should not rest against the edge of the desk.

- I. Electrical cords, which have become frayed, and plugs which are broken should be replaced immediately. Do not attempt to tape a broken plug or hold the pieces to a broken plug together and insert it in an outlet.
- J. Extension cords should be of appropriate gauge for amperage load, kept as short as possible, and should not be across aisles.
- K. Place equipment near an outlet to avoid cords running across floors and aisles. If it is necessary to have a cord running across floors temporarily, flag or guard the cord to avoid someone tripping over it.
- L. Electric typewriters, electric letter openers, paper shredders, and other electric appliances must be grounded or double insulated. Improperly grounded or insulated equipment can cause severe shocks, especially when operating in damp or wet conditions.
- M. All computers must have ground wire connections and be connected to compatible outlets. Do not alter plugs to eliminate the grounding connection.
- N. Defective outlets should be repaired immediately. Prior to repair, any such outlets should be taped or otherwise covered so they cannot be used.
- O. Unused floor outlets, which are flush with the floor, must have protective covers in place at all times.
- P. Circuit voltage and machine requirements should be compatible. Do not overload circuits with too many machines and appliances.
- Q. Always use proper lifting techniques. Use mechanical lifting devices and/or ask for assistance.
- R. Hazardous equipment shall be adequately guarded before being placed in service. Normally, guards are provided by the manufacturer as standard equipment. If not, they should be installed locally before the machine is placed in operation.
- S. Never walk with items stacked so high that your vision is obstructed. Do not stack items in such a manner that they are unstable.
- T. Do not stand on chairs or desks. Obtain an appropriate step stool or ladder if necessary.
- U. Keep file drawers closed when not in use.
- V. Be aware of and keep hands and fingers out of pinch points throughout the office, especially desk drawers, file cabinets and stacked materials.
- W. Portable heaters are prohibited.

- X. To prevent slips on wet floor surfaces, facility entrances with smooth tile or concrete flooring shall be covered with an absorbent mat that has a non-skid backing. Use signs or cones to alert others of wet floor surfaces. Any wet areas found on the floor shall be cleaned as soon as possible.
- Y. Always keep walkways/hallways clear.
- Z. Never place items in front of doorways that could prevent exit.

## Office Safety Checklist

The use of this form is not mandatory. It is a tool to help supervisors and staff analyze their work environment for possible safety issues which may need to be addressed as a precautionary measure.

### Office Furniture and Equipment

- Office furniture, equipment and electrical appliances are arranged to obtain maximum safety and use of installed facilities, such as overhead lighting, wall outlets, telephones, and other services.
- Desks, file cabinets, etc. are arranged so that drawers do not open into aisles or walkways. Desk and file drawers are closed after use.
- Weight is distributed in file cabinets so that upper drawer contents do not create a top-heavy condition.
- Cabinets, bookcases, and shelves are secured on building surfaces to prevent their falling over.
- Faulty desks, chairs, or other office equipment are repaired or taken out of service.
- Adequate and sufficient lighting is provided in all working areas.
- Paper cutter blades are in locked position when not in use.
- Knife blades have guards when not in use.

### Aisles and Floors

- Aisle clearance is adequate for two-way traffic and for unobstructed access to all parts of the office and building.
- Office arrangement allows easy egress under emergency conditions.
- Wastebaskets, briefcases, or other objects are placed where they are not a tripping hazard.
- Floors are clear of pencils, bottles, or other loose objects.
- Tripping hazards from electrical cords, phone outlets, or other protrusions on the floor are prevented by arrangement of furniture or other means.
- Floors are free of loose tiles and projections that create tripping hazards.
- Carpeting is in good condition and not badly worn or torn.

### Electrical Equipment

- Electric fans are protected with guards of not over one-half-inch mesh, which prevents fingers getting inside guard.
- Cords and plugs are in good condition.
- Electrical cords are run through openings in doors, walls, ceilings or under carpets.
- Multi-outlet strips are not plugged into other multi-outlet strips.
- Extension cords are not plugged into other extension cords.

### **Electrical Equipment (Continued)**

- Extension cords are arranged so that they are not placed over radiators, steam pipes, through doorways or under rugs.
- Space heaters are UL-listed.
- Space heaters have automatic shut-offs that will actuate if the heater tips over.
- Space heaters are plugged directly into a wall receptacle.
- Space heaters are located at least 3 feet from combustible materials.
- Electrical devices show no signs of overheating.

### **Housekeeping**

- Good housekeeping is maintained to minimize accidents.
- Ladders are provided for reaching materials on shelves and are kept in safe serviceable conditions.
- Paper and materials are stored properly.
- Combustibles are not stored under tables, desks, or shelves.
- Cleaning fluids are used only in small quantities and are stored in closed containers that are kept in well-ventilated areas. If flammable, they are not used near a flame or an open heating element.

### **Emergency Preparedness**

- Staff are familiar with emergency signals and procedures, and emergency equipment (i.e. fire extinguisher, pull station) usage in the building.
- Emergency numbers are prominently posted.

## Workplace Safety

### Purpose:

To establish policies and procedures for inspection of City facilities and equipment to promote safe working conditions and to develop methods of managing inspections by outside agencies.

### Related State or Federal Guidelines:

None.

### Responsibility:

All employees utilizing City facilities or equipment.

### Forms:

- A. Occupational Safety and Health Self Inspection Checklist
- B. Bi-Annual Facility Inspection Checklist

### Policy and Procedures:

- A. In-house facility inspections
  - 1. Monthly Inspections – Cost centers will conduct a monthly in-house safety evaluation of their facilities and equipment. They are to fill out the Occupational Safety and Health Inspection Checklist form. Each item is to be completed with an explanation for all "No" answers in the comments column. This form must be signed and dated by the individual conducting or monitoring the inspection. The cost center shall file these self-inspection reports at their site for any requested review. The necessary action shall be taken to remove all "No" responses, with a report of said action attached to the self-inspection report.
  - 2. Bi-Annual Inspection - The Human Resources and Risk/Safety Department will conduct an on-site inspection of each cost center on a bi-annual basis. This may be in conjunction with an inspection by the City's fire inspector, Facilities Maintenance Section, insurance carrier, state inspector, etc. A representative of the cost center being inspected shall be available to offer assistance.

#### Following the inspection

- a) the Human Resources and Risk/Safety Department will submit a written inspection report to the affected Division Director, outlining hazards found, and recommended corrective action.
- b) the responsible Division Director or designee will, within 10 days from receipt of the inspection report, advise the Human Resources and Risk/Safety Department, in writing, as to the action already taken or to be taken to remove identified hazards.

- B. Inspection of City Facilities by Outside Governmental Agencies or Insurance Companies
1. All inspections will be scheduled through the Human Resources and Risk/Safety Department.
  2. In the event a representative of an outside governmental agency or insurance company presents themselves unannounced at a City facility requesting permission to conduct an inspection, the following procedure shall be followed:
    - a) Ask for their credentials and ask them to wait in the respective department/division office. DO NOT PERMIT THEM TO GAIN ACCESS TO YOUR FACILITY.
    - b) Contact the Human Resources and Risk/Safety Department, providing identification of individuals requesting entrance, their name and organization represented.
    - c) The Human Resources and Risk/Safety Department will advise the requesting department/division as to action to be taken.
    - d) This procedure shall not apply to inspections by the Fire Department Building Inspectors.
  3. The Human Resources and Risk/Safety Department will assist in the inspection of all City facilities by an outside agency.
  4. All inspection reports by an outside agency will be directed to the Human Resources and Risk/Safety Department. In the event the report is sent to the department/division, a copy shall be sent to the Human Resources and Risk/Safety Department as soon as possible.
  5. The Human Resources and Risk/Safety Department will work with the affected department/division regarding any action required by the report and will respond back to the requesting agency in writing.
- C. Fire Department staff will conduct annual emergency drills (i.e. fire, weather, etc.) at all City workplace facilities.

**City of Dunedin**  
**Occupational Safety and Health Self Inspection Checklist**

Dept. \_\_\_\_\_ Div./Section \_\_\_\_\_ Month/Yr. \_\_\_\_\_

Prepared By: \_\_\_\_\_

**Instructions:** Check each item as "YES", "NO" or "NA". If "NO", indicate suggestion for improvement under "COMMENTS". Sign and send a copy to the Human Resources & Risk/Safety Department.

ITEMS	YES	NO	N/A	COMMENTS
<i><b>GENERAL SAFETY</b></i>				
Employees briefed on safety policies				
Safety meeting conducted				
Safety regulations enforced				
<i><b>BUILDINGS</b></i>				
All exits properly marked				
Lighting adequate				
Ventilation adequate				
Walkways properly maintained				
All exitways unobstructed				
Work areas kept clean				
Restrooms clean and stocked				
Material properly stored				
Chairs in good condition				
Three-wire extension cords used				
<i><b>FIRE INSPECTION</b></i>				
Portable fire extinguishers available & inspected monthly				
Fire alarm lights functioning				
Other required fire protection provided and inspected regularly				
<i><b>SAFETY EQUIPMENT</b></i>				
Personal protective equipment provided				
Personal protective equipment used				
Equipment inspected monthly				
Use of equipment enforced				
<i><b>POWER MACHINES</b></i>				
All gears, pulleys, etc... guarded				
Machines anchored to prevent shifting				
Power machines properly grounded				

ITEMS	YES	NO	N/A	COMMENTS
<i><b>TOOLS</b></i>				
Hand tools inspected monthly				
Power tools inspected monthly				
Defective tools removed from service & documented				
<i><b>LADDERS AND SCAFFOLDS</b></i>				
Ladders inspected monthly and before each use				
Safety feet provided on portable ladders				
Scaffolds inspected before each use				
<i><b>STORAGE</b></i>				
Compressed gasses identified and stored				
Flammables stored in approved containers				
Types of flammables properly identified				
Drums storing flammables grounded and bonded				
Hazardous materials properly identified showing hazards and precautions				
Hazardous materials stored properly				
Waste materials properly disposed				
All materials properly stored				
<i><b>MISCELLANEOUS</b></i>				
Chains, slings, hoists inspected regularly				
First aid kits stocked and available				
Warning signs used where necessary				
Electrical equipment and tools grounded				
Safety color coding used properly				
<i><b>ROLLING STOCK</b></i>				
Vehicle condition inspected regularly				
Tools, equipment, material properly loaded				
All safety devices inspected and used				
<i>Other</i>				

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Bi-Annual Facility Inspection – Checklist

Dept. \_\_\_\_\_ Date of Inspection \_\_\_\_\_ Prepared By \_\_\_\_\_

Div. \_\_\_\_\_ Date of Last Inspection \_\_\_\_\_ Reviewed By \_\_\_\_\_

All "No" answers require comments on page 2 & a completion date for corrective action within 30 days from the date of inspection.

Condition & Protection Satisfactory?	Yes	No	N/A	Date Corrected
<b><i>FIREFIGHTING EQUIPMENT</i></b>				
Flammable and explosive materials stored and handled safely.				
Extinguishers checked for physical condition and for proper charge.				
Extinguishers tagged and dated within past 12 months.				
All vehicles and other mobile equipment provided with extinguishers.				
Comments:				
<b><i>ELECTRICAL</i></b>				
Visible wiring unfrayed, in good condition and properly grounded.				
Switch panels and fuse boxes closed and not blocked.				
Extension cords of proper type and in good condition (avoid light duty household types).				
Portable tools grounded or double insulated.				
Lines marked for voltage.				
Lock-out devices provided and used.				
Comments:				
<b><i>EQUIPMENT GUARDS</i></b>				
Point of operation guards provided on all equipment and machinery.				
Enclosure guards provided and functioning for all gears, chains, pulleys, belts, etc.				
Tool rests & guards in place on bench grinders & properly adjusted.				
Comments:				
<b><i>FLOORS</i></b>				
Floor surfaces free from protruding nails, splinters, holes and loose boards.				
Openings - permanent & temporary - properly covered or barricaded.				
Aisles/walk areas unobstructed.				
Load limits posted and adhered to.				
Comments:				
<b><i>STAIRS, RAMPS, AND PLATFORMS</i></b>				
Handrails - adequate and secure.				
Light - adequate and maintained.				
Surfaces - unobstructed, non-slip.				
Toeboards - provided where required.				
Exits properly marked.				
Comments:				
<b><i>PERSONAL PROTECTIVE EQUIPMENT</i></b>				
Respirators clean and properly stored.				
Eye protection clean and available.				
Eye fountains & safety showers unobstructed & operating properly.				
Safety shoes, hard hats, eye protection, gloves, etc. available and used when required.				
Welding areas enclosed to prevent eye flash burns to others in area.				
Safety nets or safety belts & life lines provided & used as required.				
Respiratory protection written procedure.				
Confined space entry written procedure.				
Hazard communication program written procedure.				
Documentation requirements up to date.				
Comments:				
<b><i>LIFT TRUCKS</i></b>				
Overhead guard racks properly installed on all forklifts used for stacking of any kind.				
All safety & operating decals on machine and legible.				
Maintenance and storage.				
Operator training.				
Comments:				

Condition & Protection Satisfactory?	Yes	No	N/A	Date Corrected
<b>HOISTS AND ELEVATORS</b>				
Cables, cable fastenings, slings, hooks in good condition.				
Hoistway properly guarded				
Contacts and interlocks operable.				
Hoists inspected by competent person.				
Comments:				
<b>STORAGE</b>				
Bagged materials properly stacked with no leaning piles.				
Drums properly stacked.				
Compressed gas cylinders properly secured & valve covers in place.				
All containers properly marked.				
Comments:				
<b>HOUSEKEEPING</b>				
Floors & work areas clean.				
Outside grounds free of trash, etc.				
Comments:				
<b>FIRST AID</b>				
First Aid Kits available and stocked properly.				
Qualified First Aiders on each shift.				
Bloodborne pathogen program written procedure.				
Comments:				
<b>RECORDKEEPING, NOTICES, POSTERS</b>				
OSHA notice "Safety and Health Protection on the Job" posted on bulletin boards.				
Emergency telephone numbers (ambulance, doctor, hospital, fire & law enforcement) posted.				
"Right to Know" Poster posted.				
Workers' Comp Poster posted.				
MSDS available.				
Employee training records.				
Hazardous chemical inventory				
Proper incident/accident reporting forms available.				
Comments:				
<b>GUARD RAILS, SCAFFOLDING, LADDERS</b>				
Stairways equipped with standard railings, clear of trash.				
Runways and open sided floor or platform equipped with standard railing or equivalent per OSHA.				
Openings properly barricaded or covered.				
Ladders free from defects and equipped with safety feet, blocked, cleated, or otherwise secured.				
Employee trained on scaffold assembly/safety.				
Comments:				
<b>TOOLS AND EQUIPMENT</b>				
Tools/equip. inspected regularly to insure safe operating condition.				
Unsafe/unusable equipment tagged to indicate it must not be used.				
Tools stored properly.				
Employees trained in use of tools.				
Air hose connections have positive locking action or securing chains.				
Lockout/Tagout written procedure.				
Comments:				
<b>COMMENTS/INFORMATION</b>				

## **Tobacco Products in City Facilities**

Purpose:

To establish a policy prohibiting the use of tobacco products in any City facility.

Responsibility:

All employees.

Related State or Federal Guidelines:

Florida State Statutes 386.204 Prohibition.--A person may not smoke in an enclosed indoor workplace, except as otherwise provided in s. 386.2045.

Policy:

The use of any tobacco products in any City facility is prohibited. Any individual caught smoking or using tobacco products in a City facility will be subject to the edicts of the City's Progressive Discipline Policy.

## City Driver's License Criteria

### Purpose:

To establish a policy regarding minimum standards that must be met to operate a City automobile, truck, or any piece of equipment requiring a driver's license as determined by the State of Florida. Within this policy, all such items will be referred to as vehicles.

### Related State or Federal Guidelines:

- A. Florida State Statutes 322.03 – Drivers must be licensed; penalties
  - 1. Subsection 1 - Except as otherwise authorized in this chapter, a person may not drive any motor vehicle upon a highway in this state unless such person has a valid driver's license issued under the provisions of this chapter.
- B. Florida State Statutes 322.37 – Employing unlicensed driver
  - 1. No person shall employ as a driver of a motor vehicle any person not then licensed to operate such vehicle as provided in this chapter. Violation of this section is a noncriminal traffic infraction subject to the penalty provided in s. 318.18(2)

*Note: This is only a portion of the full statutes. The entire statute can be reviewed over the internet at <http://www.leg.state.fl.us/welcome/index.cfm>.*

### Responsibility:

All employees who operate a City or personal vehicle while conducting City related business.

### Policy & Procedures:

- A. Since the City is liable for employees' actions, selection of employees required to operate City vehicles and equipment must be done with great care. The City may be more strict than the State of Florida in the issuance of driving privileges because of this liability. Any employee who operates a City or personal vehicle while conducting City business must:
  - 1. have a current Florida license of the proper class.
  - 2. have reached the age of 18 or older.
  - 3. have a license that is not under suspension or revocation.
  - 4. have been determined to be in compliance with the City's Substance Abuse Prevention Program and CDL license requirements.
  - 5. be mentally and/or physically able to drive safely.
  - 6. comply with other requirements as determined by the cost center.
- B. Applicants are not eligible to be hired to operate a City or personal vehicle for City business if:
  - 1. their license is currently under suspension or revocation.
  - 2. they have accumulated 8 or more points for driving violations within the past 12 months.
  - 3. they have accumulated 18 or more points for driving violations within the past three years.
  - 4. they have not been able to obtain a Florida driver's license that is required for the position.
  - 5. they are a habitual violator of traffic laws as determined by the City.

- C. Current employees will have their driving privileges suspended or terminated for the use of City or personal vehicles for City related business if:
  - 1. their license is found to be or has been suspended or revoked. (If license is suspended for failure to have personal injury protection insurance as required by State law, City driving privileges may be reinstated after State suspension has been lifted).
  - 2. they have accumulated eight or more points for driving violations within the past 12 months.
  - 3. they have accumulated 18 or more points in driving violations within the past three years.
  - 4. they are unable to obtain a valid Florida driver's license that is required for this position.
  - 5. they have demonstrated they are a habitual violator of traffic laws as determined by the City.
  - 6. they have violated any of the provisions covered in the City's Progressive Discipline Policy pertaining to driver's license.
  
- D. The City may conduct a review of employee's driver's license records to determine compliance with the above provisions. It is the responsibility of the employee to inform the City of any traffic violations (other than minor violations such as parking tickets) or any change in employee's driver's license status.
  
- E. An employee may be required to complete a defensive driving class/course.

For employees using personal vehicles for City related business, the City may reimburse for mileage if the employee files the appropriate forms and it is approved as legitimate use by the employees' supervisor(s) and the Finance Department. This mileage reimbursement is to cover usage of gas, wear and tear on the vehicle and insurance. The use of a personal vehicle for City related business is done solely at the risk of the employee. Any damages or accidents involving a personal vehicle while conducting City business will be the responsibility of the employee and/or his/her insurance carrier.

## Motor Vehicle Collision Control

### Purpose:

To establish a policy outlining responsibilities of employees and supervisors for the inspection and operation of City owned or leased vehicles and equipment to best prevent accidents/collisions.

### Related State or Federal Guidelines:

#### A. Florida State Statutes 316.610 – Safety of Vehicle Inspection

1. It is a violation of this chapter for any person to drive or move, or for the owner or his or her duly authorized representative to cause or knowingly permit to be driven or moved, on any highway any vehicle or combination of vehicles which is in such unsafe condition as to endanger any person or property, or which does not contain those parts or is not at all times equipped with such lamps and other equipment in proper condition and adjustment as required in this chapter, or which is equipped in any manner in violation of this chapter, or for any person to do any act forbidden or fail to perform any act required under this chapter.

*Note: Due to the length of this statute only the part pertinent to the City as it relates to this section has been written. The complete statute may be viewed over the internet at <http://www.leg.state.fl.us/welcome/index.cfm>*

### Responsibility:

All employees and supervisors responsible for the operation of City owned or leased vehicles and equipment.

### Forms:

- A. Vehicle/Equipment Operator Training Report.
- B. Driver's Daily Checklist.
- C. Driver's Maintenance Report.

### Policy & Procedure:

#### A. Departments and Divisions having a need for the use of City vehicles shall:

1. remain fully knowledgeable of the City's driving policy and frequently check for compliance.
2. establish firm internal requirements for personnel to fully adhere to the policies established herein and frequently check on their compliance.
3. review each preventable vehicle collision and unsafe driving report with the employee and his/her supervisor to emphasize the importance of responsible driving.
4. review the Safety Action Committee's decisions on collisions and take all steps necessary to prevent a reoccurrence.
5. assure that the "Driver's Daily Checklist" form for assigned vehicles is utilized by each operator.

6. inspect assigned vehicles for safety discrepancies, malfunctions, signs of abuse, unreported damage and cleanliness. Complete the "Driver's Maintenance Report" form if there are noted problems and notify Fleet Services to have repairs made as soon as possible.
  7. fully support any City driver training programs to promote defensive driving.
  8. follow the City's Progressive Discipline Policy for employees and supervisors failing to follow safe driving practices.
- B. Supervisors having direct authority over employees shall:
1. insure that employees do not drive any City vehicle without the proper license requirement and are familiar with Federal, State and City driving rules and regulations. Newly hired employees may be required to satisfactorily pass a road test before being permitted to drive a City vehicle.
  2. insure that only authorized personnel are allowed to operate City vehicles and equipment, including special purpose vehicles. This involves:
    - a) making sure the operators have satisfactorily demonstrated complete familiarity with the functions of the vehicle. This includes having a full understanding of the manufacturer's operating instructions, vehicle limitations and emergency procedures. This may require the successful completion of an operator's test.
    - b) maintaining a record of each operator's test. These shall be dated and recorded on the individual Vehicle/Equipment Operator Training Record together with the signature of the certifying instructor. Re-checks shall be of a frequency deemed necessary by the operator's supervisor to insure maximum proficiency.
    - c) making sure these procedures are accomplished for each type of special purpose vehicle and truck the operator is required to use.
  3. be alert in observing unsafe driving practices of City employees and insure that action is taken immediately to correct the driver/operator.
  4. insure that unsafe vehicles are not driven until safety discrepancies have been corrected by Fleet Services.
- C. Employees authorized to operate City vehicles and equipment are:
1. required to operate in a safe manner following all Federal, State and local regulations.
  2. prohibited from using City vehicles, equipment or property for their own personal affairs, either on or off duty, except as approved by the City Manager.
  3. required to follow defensive driving practices established for the protection of themselves, their fellow employees and the general public. Each employee operating a City vehicle or equipment shall:
    - a) have the required license with them.
    - b) inspect the vehicle or equipment which they are about to operate. The employee shall:
      - complete a "Driver's Daily Checklist" form. Some departments/divisions may choose to use their own more specific form. This completed form shall be submitted to Fleet Services. Inspection and completion of the "Driver's Daily Checklist" form shall be made on the following schedule:
        - vehicles ¾ ton and over plus all equipment – daily
        - vehicles ½ ton and under - weekly
      - report any evidence of accident damage to their supervisor before operating the vehicle or equipment. Failure to do so could result in being accused of an accident they didn't have.

- report an unsafe vehicle to their supervisor and request another vehicle.
  - not operate any vehicle with steering or braking defects. Fleet Services must be contacted and notified of where the vehicle is located so they can arrange towing and service.
  - complete a “Driver’s Maintenance Report” form noting vehicle and equipment defects which need inspection and submit to Fleet Services.
- c) reinspect the vehicle or equipment before operation after each stop. This includes checking for damage and looking for safety hazards in the surrounding area. To accomplish this the operator should walk around the vehicle or equipment if safely able to do so. The use of safety cones placed behind the vehicle adjacent to the bumper is strongly suggested as a reminder to inspect the vehicle and surrounding area before operation. If a safety cone is used it:
- shall be 18” or higher made of red-orange florescent plastic with black rubber base.
  - shall be carried in the cargo area, not in the cab or front seat.
  - shall not be tied to the vehicle in any fashion.
- d) wear safety restraints at all times while operating vehicles or equipment equipped with such devices.
- e) call the appropriate law enforcement agency to investigate all collisions involving City vehicles and equipment as noted in this section. Report details to immediate supervisor as soon as possible.
4. required to obtain authorization from the supervisor to transport all non-employees in City vehicles and equipment. All such transport must be for legitimate City business.
- D. The Human Resources and Risk/Safety Department with the assistance of each cost center shall:
1. maintain and administer a program for City employees that will effectively reduce vehicular collisions and liability claims against the City.
  2. maintain records on City vehicular collisions, property damage, and liability claims and provide all Department/Division Directors with reports on program progress.
  3. review each preventable vehicle collision and unsafe driving report and take appropriate actions to limit the probability of any recurrence.
  4. periodically follow up on SAC recommendations and Division corrective actions to insure full application of collision prevention policies.
  5. periodically inspect assigned vehicles, with the assistance of Fleet Services, for safety discrepancies, malfunctions, signs of abuse, unreported damage and cleanliness and have repairs made as soon as possible.
  6. fully support any City sponsored training program to promote defensive driving.

### Vehicle/Equipment Operator Training Report

This form is used to track training of employees on the operations and safety features of the city's vehicles and equipment. After an employee has been trained on the vehicle's or equipment's operations, complete this form and keep it for reference at your facility.

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date	Vehicle/Equipment Description (Make/Model/Year)	Vehicle/Equip. Number	Instructor's Company & Signature

VEHICLE NO. \_\_\_\_\_ MILEAGE \_\_\_\_\_

<input type="checkbox"/>	Tire condition
<input type="checkbox"/>	Radiator
<input type="checkbox"/>	Battery
<input type="checkbox"/>	Lights/signals
<input type="checkbox"/>	Fuel
<input type="checkbox"/>	Test horn
<input type="checkbox"/>	Windshield wipers
<input type="checkbox"/>	Air pressure
<input type="checkbox"/>	Test Brakes
<input type="checkbox"/>	Engine oil/hydraulic oil
<input type="checkbox"/>	Physical check for oil on ground
<input type="checkbox"/>	Automatic transmission oil 1/2 ton trucks and up
<input type="checkbox"/>	Backup Alarm
<input type="checkbox"/>	Body Damage
<input type="checkbox"/>	Applicable Safety Equipment

These checks must be made daily. Failure to comply may lead to disciplinary action.

01763101R10 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

City of Dunedin

# DRIVER'S MAINTENANCE REPORT

**PREVENTIVE MAINTENANCE**

VEHICLE NO. _____	MILEAGE _____
-------------------	---------------

**THE FOLLOWING ITEMS NEED INSPECTION:**

<b>ENGINE</b>	Overheating		<b>REAR AXLE</b>	Noisy		<b>COOLING</b>	Coolant Leaks	
	Oil Leakage			What Road Speed			Flow Obstructed	
	Oil Consumption			On Drift			Overheating	
	Oil Pressure Loss			When Driving			Water Pump	
	No Power			Oil Leakage			Radiator	
	Knocks			Two-Speed Operation			Surge Tank	
	Noisy			Hard Shifting			Other (Explain Below)	
	Stumbles			Gear Hopping			Muffler	
Other (Explain Below)		Other (Explain Below)		Exhaust Pipe				
<b>CLUTCH</b>	Poor Release		<b>STEERING</b>	Shimmy		<b>FUEL &amp; EXHAUST</b>	Lines	
	Grabs			Hard Steering			Tanks	
	Slips			Wander			Fuel Pump	
	Chatters			Free Play			Tail Pipe	
Other (Explain Below)		Other (Explain Below)		Carburetor		Other (Explain Below)		
<b>TRANS'</b>	Noisy		<b>ELECTRICAL</b>	Headlights		<b>BRAKES</b>	Air Pressure	
	Oil Leaking			Parking Light			Pedal Travel	
	Gear Hopping			Battery			Grab	
	Hard Shifting			Horn			Noise	
Other (Explain Below)		Generator			Hang Up		Fluid	
<b>TIRES</b>	Worn			Starter		Poor		
	Out of Alignment			Switches		Squeal		
	Low Pressure			Instruments		Parking Brake		
	Bump			Wiring		Other (Explain Below)		
Other (Explain Below)		Stop Light			<b>CHASSIS</b>	Frame		
<b>HYDR. EQUIP.</b>	Pump			Tail Light			Springs	
	Hose			Clearance Lights			Coupling Devices	
	Cylinder		Side Marker Lights			Vehicle Body		
	Valves		Spare Bulbs		Other (Explain Below)			
		Reflectors						
		Other (Explain Below)						

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## General Driver Policy

### Purpose:

To establish a minimum level of driving standards for City employees plus procedures and methods of reporting and reviewing accidents.

### Related State or Federal Guidelines:

None.

### Responsibility:

All employees responsible for the operation of City-owned vehicles and equipment.

### Policy & Procedures:

- A. Drivers selected to operate City vehicles and equipment, including new hires, shall be considered qualified when they:
  1. possess all proper licenses to operate vehicle.
  2. take a City physical examination and/or drug & alcohol test.
  3. pass written tests on driving regulations whenever required.
  4. successfully pass a driving check ride administered by his/her supervisor whenever required.
  5. demonstrate familiarity with the type of vehicles assigned.
  6. pass random drug and alcohol tests as required by federal law for those drivers who have a commercial class A, B or C license.
- B. Defensive driving or special training courses may be required for full and part-time employees required to operate City or personal vehicles as part of their job. These courses will be facilitated by the Human Resources and Risk/Safety Department.
- C. Vehicle accident review for City vehicles and equipment will be conducted by the supervisory personnel in the cost center who has disciplinary authority. This individual will make every effort to determine:
  1. the cause of the accident.
  2. whether it was preventable or non-preventable. (Note: The National Safety Council definition of Preventability will be used. "A preventable accident is one in which you failed to do everything you reasonably could have done to prevent it.")
- D. Disciplinary action in accordance with the City's Progressive Disciplinary Policy or collective bargaining agreement must be initiated by the supervisory personnel in the cost center who has disciplinary authority if the action is determined to be preventable. The Human Resources and Risk/Safety Department should be immediately notified of such disciplinary action through a copy of the disciplinary notice or memorandum along with any backup information.

E. Safety Action Committee (SAC) Review:

1. The Human Resources and Risk/Safety Department shall bring the accident and notification of progressive disciplinary action before the SAC. The SAC shall review all information pertinent to the accident and the progressive disciplinary action and either concur or recommend an alternative disciplinary action.
2. When the SAC recommends an alternative disciplinary action:
  - a) such recommendation shall be made in writing to the employee's department director and person who has taken the disciplinary action within 10 working days of the SAC meeting.
  - b) the Department/Division Director (or person who has taken the progressive disciplinary action) shall either:
    - implement the alternate recommendation within 10 working days of receipt of such recommendation and send a copy of such action directly to the Risk/Safety Office, or
    - appeal the recommendation of the Committee in writing within 10 working days of receipt of the Committee's recommendation. This written appeal shall be forwarded to the Risk/Safety Office who will copy all SAC members.

F. Appealing the SAC's Recommendation:

1. A supervisor appealing the recommendation of the SAC shall appear in person at the next SAC meeting, at which time the Committee will either change its recommendation, sustain its recommendation, or table the issue pending the review of further information.
2. When the Safety Action Committee sustains its recommendation (which is not in concurrence with the action taken by the supervisor), the supervisor will either:
  - a) implement the Committee's recommendation within 5 working days of the meeting on which the appeal is heard by the Committee, or
  - b) appeal the Committee's recommendation in writing within 5 working days to the Human Resources & Risk/Safety Director. The Human Resources & Risk/Safety Director's decision will be final in effecting the progressive disciplinary action, except as further appeal is provided to the affected employee pursuant to the Employee Service System Rules or the appropriate collective bargaining agreement.

The employee can appeal the classification of the accident to the SAC. Disciplinary action may be appealed through ESSR procedures or Union Contract.

- G. Fleet Services has established *vehicle maintenance standards* for the City's vehicles and equipment. These standards play an important role in vehicle collision control. Unless all vehicles and equipment are maintained in a safe and dependable state of repair the City can expect loss in productivity and an increased cost in insurance premiums and claims. Any employee or supervisor who negligently abuses vehicles and equipment or fails to release the vehicle or equipment to Fleet Services for scheduled repairs and service will be subject to disciplinary action under the City's Progressive Discipline Policy.

## **Use of Cellular Telephones and Other Electronic Equipment**

Purpose:

To establish a policy prohibiting the use of cell phones while operating City vehicles or equipment.

Responsibility:

All employees.

Policy:

Use of a cell phone or other similar types of equipment while operating motor vehicles or other City power equipment of any kind is prohibited. This “use” includes making outgoing calls, answering incoming calls and texting. This includes the use of a hands free phone.

This does not apply to City employees responding to an emergency situation that requires them to use a cell phone while operating a motor vehicle (i.e. Fire Department personnel).

## **Reporting of City Vehicular/Equipment/Property Damage and Accidents**

### Purpose:

To establish policy and procedures for investigation and reporting accidents involving City-owned, leased or operated vehicles and equipment.

### Related State or Federal Guidelines:

- A. Florida State Statutes: 316.061 – Crashes involving damage to vehicle or property
1. Subsection #1 - The driver of any vehicle involved in a crash resulting only in damage to a vehicle or other property which is driven or attended by any person shall immediately stop such vehicle at the scene of such crash or as close thereto as possible, and shall forthwith return to, and in every event shall remain at, the scene of the crash until he or she has fulfilled the requirements of s. 316.062. A person who violates this subsection commits a misdemeanor of the second degree, punishable as provided in s.775.082 or s.775.083. Notwithstanding any other provision of this section, \$5 shall be added to a fine imposed pursuant to this section, which \$5 shall be deposited in the Emergency Medical Services Trust Fund.
- B. Florida State Statutes 316.065 – Crashes, reports; penalties.
1. Subsection #1 – The driver of a vehicle involved in a crash resulting in injury to or death of any persons or damage to any vehicle or other property in an apparent amount of at least \$500 shall immediately by the quickest means of communication give notice of the crash to the local police department, if such crash occurs within a municipality; otherwise, to the office of the county sheriff or the nearest office or station of the Florida Highway Patrol. A violation of this subsection is a noncriminal traffic infraction, punishable as a nonmoving violation as provided in chapter 318.

*Note: These are the pertinent items as it relates to this section. You may view the entire statute via the Internet at <http://www.leg.state.fl.us/welcome/index.cfm>*

### Responsibility:

All employees responsible for the operation of City-owned or leased vehicles and equipment.

### Forms:

Accident/Incident/Employee Injury Report.

### Policy & Procedure:

#### A. Reporting Procedures for City Vehicular Accidents

1. The employee shall report all motor vehicle accidents immediately, regardless of the severity, to the supervisor. This includes damage found while doing a regular vehicle inspection.

2. The "Accident/Incident/Employee Injury Report" will be completed and signed by the employee and the supervisor. A copy of the completed top portion of this form will be immediately sent to the Risk/Safety Office. The bottom portion of the original form will be completed and forwarded to the division and department directors for review and signature. This will then be forwarded to the Risk/Safety Office.
  3. Whether in or out of the City limits, law enforcement should only be called under the following circumstances:
    - a) Instances where a city vehicle/equipment is in a collision with a citizen.
    - b) Vandalism or damage to City property by a non-employee.
    - c) Theft of City property by a non-employee.
    - d) True emergency situations where immediate law enforcement assistance is necessary.
  4. For any other situations, Risk/Safety must be contacted to determine whether law enforcement should be notified. However, in all cases the Department of Human Resources and Risk/Safety must be notified immediately.
  5. In the event an employee fails to follow these reporting requirements for accidents which require law enforcement notification, the supervisor shall immediately report the accident to the appropriate law enforcement agency and follow the disciplinary procedure as outlined in the General Driver Policy and the City's Progressive Discipline Policy.
  6. Procedures noted in the Medical Treatment of Industrial Injuries section of this manual shall be followed should an employee be injured as a result of an accident.
- B. Processes for accident reporting when a City vehicle or equipment is in a collision with a Citizen:
1. Call the appropriate law enforcement agency. DO NOT leave the accident scene.
  2. Notify your division and/or supervisor to inform them of the situation.
  3. Notify the City's Human Resources and Risk/Safety Department immediately in the case of a major accident involving injuries.
  4. If possible, notify Fleet Services of the accident and the extent of damage.
  5. In case of injury, employees should follow the procedures outlined in the Medical Treatment of Industrial Injuries section of this manual.
  6. City employees involved in motor vehicle accidents are to discuss the accident only with the investigating law enforcement agency or an agent of the City of Dunedin. The driver or other involved employees should give only necessary information to the law enforcement officer, which is pertinent to the investigation.
  7. Employees who are in special risk or safety sensitive positions and in an accident on the job will be required to submit to a drug and/or alcohol test, if: (a) the accident results in damages of \$2,000.00 or more; or (b) if the accident results in personal injury requiring medical treatment by a physician. Any employee may be tested for drugs and/or alcohol if there is suspicion that these substances were the possible cause of the accident. This decision will be made by the supervisor or Human Resources & Risk/Safety Manager.

8. The employee will assist the supervisor in completing the top portion of the City's "Accident/Incident/Employee Injury Report". The top portion of this form, along with any attachments, will immediately be sent to the Risk/Safety Office. The bottom portion of the original form will be completed and forwarded to the Division and Department Directors for review and signature. The completed and signed original will then be forwarded to the Human Resources and Risk/Safety Department. (As a guideline, the form should be submitted within seven (7) calendar days.)
9. The Human Resources and Risk/Safety Department may obtain a copy of the accident report from the law enforcement agency and, along with any other information, either handle the incident in house or send it to the City's third party administrator for processing.

**City of Dunedin  
Accident/Incident/Employee Injury Report**

Employee Name: \_\_\_\_\_ Cost Center #

Department:  Division/Section:  Vehicle #:

**Occurrence Information**

Type:  Date:  Time:

Address:

Was employee doing his/her job?  Medical Treatment rendered:

Personal Protective Equipment worn:

Witness(es) (include address & phone # if known):

Thoroughly describe incident (include cause, how it occurred & body part affected (or attach **typewritten** statement):

Employee returned to work: Date:  Time:  Employee last worked: Date:  Time:

Employee comments (or attach typewritten statement):

Supervisor Comments (or attach typewritten statement):

**\*\*\*\*Division/Department Use Only - All Sections Must Be Completed\*\*\*\***

Classification of Accident/Incident:  Disciplinary Action taken/recommended:

How could this have been prevented/averted?

Could Department/Division policy have prevented this accident/incident?

Remedial Action taken/recommended to prevent future accidents/incidents:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Rev. June 2010)

## Securing of City Vehicles

### Purpose:

To establish a policy for the securing of City vehicles and equipment to help prevent theft, vandalism or an accidental run-away situation.

### Related State or Federal Guidelines:

#### A. Florida State Statutes 316.1975 – Unattended Motor Vehicle

1. Subsection 1 -A person driving or in charge of any motor vehicle may not permit it to stand unattended without first stopping the engine, locking the ignition, and removing the key. A vehicle may not be permitted to stand unattended upon any perceptible grade without stopping the engine and effectively setting the brake thereon and turning the front wheels to the curb or side of the street. A violation of this section is a noncriminal traffic infraction, punishable as a nonmoving violation provided in chapter 318.
2. Subsection 2 - This section does not apply to the operator of:
  - a) An authorized emergency vehicle while in the performance of official duties and the vehicle is equipped with an activated antitheft device that prohibits the vehicle from being driven.
  - b) A licensed delivery truck or other delivery vehicle while making deliveries.
  - c) A solid waste or recovered materials collection vehicle while collecting such items.

*Note: This and other statutes are available via the internet at <http://www.leg.state.fl.us/welcome/index.cfm>*

### Responsibility:

All employees who operate City vehicles or equipment.

### Policy & Procedure:

- A. Except for vehicles performing certain duties as noted in the Florida Statutes, whenever a City vehicle or piece of equipment is left parked or unattended, the following procedure is to be followed.: Note: Vehicles/equipment are never to be left unattended with the key in the ignition and the engine running.
  1. If equipped with automatic transmission, place in park.
  2. Set parking brake.
  3. If on a grade, turn front wheel toward curb or side of the street or block vehicle from rolling.
  4. Turn off the engine.
  5. Remove key from the ignition.
- B. If there are valuables inside the vehicle/equipment, or if said vehicle/equipment is to be left unattended for a long period of time, all windows are to be closed and the doors locked (if equipped with this ability).

- C. Equipment that does not have an ignition key and can be started by pushing a button or other like device shall be secured by removing the ignition wire or any other method which will not allow the vehicle to be started.
- D. Vehicles, equipment, etc. shall not be left overnight on an unsecured work site unless it is impossible or impractical to move same to one of the City's facilities.

## **Safety Restraint Devices Seat Belts and Air Bags**

### Purpose:

To establish a policy for the utilization of recognized safety restraint devices when operating or riding in a City owned or leased vehicle or piece of equipment equipped with such devices while conducting City related business.

### Related State or Federal Guidelines:

- A. Federal Motor Vehicle Safety Standard No. 208.
  
- B. Florida State Statutes 316.614 – Safety Belt Usage
  - 1. Subsection 4 - It is unlawful for any person:
    - a) To operate a motor vehicle in this state unless each passenger of the vehicle under the age of 18 years is restrained by a safety belt or by a child restraint device pursuant to s.316.613, if applicable, or
    - b) To operate a motor vehicle in this state unless the person is restrained by a safety belt.
  - 2. It is unlawful for any person 18 years of age or older to be a passenger in the front seat of a vehicle unless such person is restrained by a safety belt when the vehicle is in motion.

*Note: These are only part of the full state statutes regarding seat belt usage. Due to the length and variety of the Motor Vehicle Safety Standards and the Florida State Statutes regarding safety belt requirements they have not been included. The Federal Motor Vehicle Safety Standard and Florida State Statutes are available over the internet at <http://www.nhtsa.dot.gov/cars/rules/import/FMVSS/> and <http://www.leg.state.fl.us/welcome/index.cfm>*

### Responsibility:

All employees who operate or are a passenger in City vehicles or equipment which have safety restraint devices.

### Policy and Procedure:

- A. All City owned or leased vehicles and equipment shall be equipped with safety restraints if required by the Federal or State Regulations or the manufacturer. Under no circumstances shall a safety-restraining device be removed or deactivated from the vehicle or equipment. This includes safety belts and air bags. Any defective equipment shall be reported to Fleet Services for repair.
- B. All drivers and passengers of vehicles and equipment, which are equipped with safety restraint devices (seat belts), shall utilize the restraint device per the operating instructions provided by the manufacturer. The only exceptions to this rule are:
  - 1. when it becomes *absolutely* necessary due to an emergency which threatens human health or life to carry more passengers than a vehicle has safety belts.
  - 2. Solid Waste employees while in the course of the task of collecting solid waste or recyclables on designated routes. Employees are to wear their seat belts enroute to and from the designated dumpsite (Resource Recovery Plant) or their first and last pick-up.

3. Field Services Representatives during their off road meter reading responsibilities.
  4. when approved by the Human Resources & Risk/Safety Manager.
- C. The driver or operator is responsible to ensure that all passengers are wearing their safety restraint device(s).

Note: Workers' Compensation benefits can be reduced due to employee failure to utilize any required safety device on the job.

## **Tobacco Products in City Vehicles**

Purpose:

To establish a policy prohibiting the use of tobacco products while operating or riding in any City owned or leased vehicle or piece of equipment.

Responsibility:

All employees.

Related State or Federal Guidelines:

None.

Policy and Procedure:

The use of any tobacco products in any City owned or leased vehicle or equipment is prohibited. This pertains to both the operator and passenger(s). Any individual caught smoking or using tobacco products in a City owned or leased vehicle will be subject to the edicts of the City's Progressive Discipline Policy.

## **Safety Cone Policy**

### Purpose:

To establish guidelines by which a driver can determine that there is sufficient space to move any vehicle in any direction, particularly backwards, so as not to cause vehicle and/or property damage and bodily injury to employees or citizens. It is also designed to help promote "Safety Circle Check" as a prevention to accidents prior to vehicles being moved.

The use of Safety Cones for traffic control purposes or alerting drivers of traffic conditions created by work activities will be in accordance with state and/or federal guidelines.

### Related State or Federal Guidelines:

A. None

### Responsibility:

All drivers of street worthy City vehicles with the exception of sedans and public safety vehicles.

### Policy & Procedure:

- A. The following rules and guidelines should be considered minimum standards governing the use of safety cones in the operation of City vehicles.
1. Safety cones, 18 inches or higher made of red-orange fluorescent plastic with black rubber base will be used to be in compliance with this policy.
  2. The safety cone(s) will be carried in the cargo area of all vehicles when not in use.
  3. Safety cones are not to be carried in the cab or front seat of a vehicle.
  4. Upon parking, place the safety cone behind the vehicle, adjacent to the bumper.
  5. Park with the flow of traffic. Whenever possible, park in such a manner that would allow exiting from the area without backing.
  6. Upon preparing to leave, walk to the rear of the vehicle, pick up the cone and place it in the vehicle. Then complete the Safety Circle Check by checking the opposite side of the vehicle. Be sure to walk around the entire vehicle. Visually check to make certain everything is clear around the wheels and to the front, rear, and sides of your vehicle before you enter.
  7. If you make the Safety Circle Check and then sit in the cab to study a map or review your next job order, do not back up before getting up and rechecking. Then drive off immediately! Conditions can change in just a matter of seconds; therefore, you may be giving up control of the area behind you.
  8. Use safety cones as directed:
    - a) Supervisors are to ensure that the safety cones are being properly used and placed by the vehicle.
    - b) Supervisors are responsible for marking truck numbers on the inside of safety cones with felt pens or equivalent for identification.
    - c) The cone should not be tied to the vehicle by any fashion.

## **Safety and Health Policy**

Purpose:

To provide safe and healthful working conditions for employees.

Related State or Federal Guidelines:

OSHA regulations

*Note: These guidelines are available over the internet. OSHA's webpage is <http://www.osha.gov/>*

Responsibility:

All employees.

Forms:

Personal Protective Equipment (PPE) Hazard Assessment Survey and Analysis (not required).

Policy and Procedure:

Providing safe and healthful working conditions is a major responsibility of every City employee. Unsafe acts or conditions cause accidents, and both of these are under the employee's control. Unsafe or unhealthy working conditions can be minimized by identifying the hazards, correcting unsafe work practices and using proper equipment.

Management selects qualified personnel, trains them to work in a safe manner, and provides supervision to insure compliance. In each of these areas, management will maintain positive control toward prevention of unsafe acts by employees. If an accident occurs, the most important factor in an accident investigation is to determine how to prevent a recurrence of the incident.

A positive attitude toward safety will greatly influence the attitudes of the employees. The City has a comprehensive safety program and the Human Resources and Risk/Safety Department should be made aware of any current and potential safety and health hazards.

This section of the manual contains the Occupational Safety and Health Regulations that are applicable to all City departments. All safety and health rules and regulations, both Citywide and departmental, are to be carefully observed so that employee accidents and injuries may be kept to a minimum.

These regulations cover all employees; whether fulltime, part-time, temporary, seasonal, etc. Failure to comply with these regulations may subject the violator to disciplinary action as outlined in the City's Progressive Discipline Policy.

Whenever a condition or practice is found to exist which could reasonably be expected to cause death, serious physical harm or property damage, authority to take whatever action is necessary to correct the noted condition or practice, including the stoppage of a project will be approved.

## PPE Hazard Assessment Certification Form

Division/Section: \_\_\_\_\_ Assessment conducted by: \_\_\_\_\_  
 Work place address: \_\_\_\_\_ Date of assessment: \_\_\_\_\_  
 Work area(s): \_\_\_\_\_ Job/Task(s): \_\_\_\_\_  
 (Use a separate sheet for each job/task or work area)

<p><b>EYES</b></p> <p>Work activities, such as:</p> <input type="checkbox"/> abrasive blasting <input type="checkbox"/> sanding <input type="checkbox"/> chopping <input type="checkbox"/> sawing <input type="checkbox"/> cutting <input type="checkbox"/> grinding <input type="checkbox"/> drilling <input type="checkbox"/> hammering <input type="checkbox"/> welding <input type="checkbox"/> chipping <input type="checkbox"/> soldering <input type="checkbox"/> torch brazing <input type="checkbox"/> working outdoors <input type="checkbox"/> computer work <input type="checkbox"/> punch press operations <input type="checkbox"/> other: _____	<p>Work-related exposure to:</p> <input type="checkbox"/> airborne dust <input type="checkbox"/> dirt <input type="checkbox"/> UV <input type="checkbox"/> flying particles/objects <input type="checkbox"/> blood splashes <input type="checkbox"/> hazardous liquid chemicals mists <input type="checkbox"/> chemical splashes <input type="checkbox"/> molten metal splashes <input type="checkbox"/> glare/high intensity lights <input type="checkbox"/> laser operations <input type="checkbox"/> intense light <input type="checkbox"/> hot sparks <input type="checkbox"/> other: _____	<p>Can hazard be eliminated without the use of PPE?            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Dust-tight goggles <input type="checkbox"/> Impact goggles <input type="checkbox"/> Welding helmet/shield <input type="checkbox"/> Chemical goggles <input type="checkbox"/> Chemical splash goggles <input type="checkbox"/> Laser goggles <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ <p>With:</p> <input type="checkbox"/> Side shields <input type="checkbox"/> Face shield <input type="checkbox"/> Shaded <input type="checkbox"/> Prescription
<p><b>FACE</b></p> <p>Work activities, such as:</p> <input type="checkbox"/> cleaning <input type="checkbox"/> cooking <input type="checkbox"/> siphoning <input type="checkbox"/> painting <input type="checkbox"/> dip tank operations <input type="checkbox"/> pouring <input type="checkbox"/> other: _____	<p>Work-related exposure to:</p> <input type="checkbox"/> hazardous liquid chemicals <input type="checkbox"/> extreme heat <input type="checkbox"/> extreme cold <input type="checkbox"/> potential irritants: <input type="checkbox"/> other: _____	<p>Can hazard be eliminated without the use of PPE?            Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, use:</p> <input type="checkbox"/> Face shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____

**HEAD**

Work activities, such as:

- building maintenance
- confined space operations
- construction
- electrical wiring
- walking/working under catwalks
- walking/working on catwalks
- walking/working under conveyor belts
- working with/around conveyor belts
- walking/working under crane loads
- utility work
- other:

Work-related exposure to:

- beams
- pipes
- exposed electrical wiring or components
- falling objects
- fixed object
- machine parts
- other:

Can hazard be eliminated without the use of PPE?

Yes  No

If no, use:

- Protective Helmet
- Type A (low voltage)
- Type B (high voltage)
- Type C
- Bump cap (not ANSI-approved)
- Hair net or soft cap
- Other:

**HANDS/ARMS**

Work activities, such as:

- baking
- cooking
- grinding
- welding
- working with glass
- using computers
- using knives
- dental and health care services
- garbage disposal
- computer work
- other:
- material handling
- sanding
- sawing
- hammering
- using power tools
- working outdoors

Work-related exposure to:

- blood
- irritating chemicals
- tools or materials that could scrape, bruise, or cut
- extreme heat
- extreme cold
- animal bites
- electric shock
- vibration
- musculoskeletal disorders
- sharps injury
- other:

Can hazard be eliminated without the use of PPE?

Yes  No

If no, use:

- Gloves
- Chemical resistance
- Liquid/leak resistance
- Temperature resistance
- Abrasion/cut resistance
- Slip resistance
- Latex or nitrile
- Anti-vibration
- Protective sleeves
- Ergonomic equipment
- Other:

**FEET/LEGS**

Work activities, such as:

- building maintenance
- construction
- demolition
- food processing
- foundry work
- working outdoors
- logging
- plumbing
- trenching
- use of highly flammable materials
- welding
- other:

Work-related exposure to:

- explosive atmospheres
- explosives
- exposed electrical wiring or components
- heavy equipment
- slippery surfaces
- impact from objects
- pinch points
- crushing
- slippery/wet surface
- sharps injury
- blood
- chemical splash
- chemical penetration
- extreme heat/cold
- fall
- other:

Can hazard be eliminated without the use of PPE?

Yes  No

If no, use:

- Safety shoes or boots
  - Toe protection
  - Electrical protection
  - Puncture resistance
  - Anti-slip soles
  - Leggings or chaps
  - Foot-Leg guards
  - Other:
- Metatarsal protection
  - Heat/cold protection
  - Chemical resistance

**BODY/SKIN**

Work activities such as:

- baking or frying
- battery charging
- dip tank operations
- fiberglass installation
- sawing
- other:

Work-related exposure to:

- chemical splashes
- extreme heat
- extreme cold
- sharp or rough edges
- irritating chemicals
- other:

Can hazard be eliminated without the use of PPE?

Yes  No

If no, use:

- Vest, Jacket
- Coveralls, Body suit
- Raingear
- Apron
- Welding leathers
- Abrasion/cut resistance
- Other:

With:

- Long sleeves

**BODY/WHOLE**

- Work activities such as:
- building maintenance
  - construction
  - logging
  - computer work
  - working outdoors
  - utility work
  - other:

- Work-related exposure to:
- working from heights of 10 feet or more
  - impact from flying objects
  - impact from moving vehicles
  - sharps injury
  - blood
  - electrical/static discharge
  - hot metal
  - musculoskeletal disorders
  - sparks
  - chemicals
  - extreme heat/cold
  - elevated walking/working surface
  - working near water
  - injury from slip/trip/fall
  - other:

Can hazard be eliminated without the use of PPE?  
 Yes  No

If no use:

- Fall Arrest/Restraint
- Traffic vest
- Static coats/overalls
- Flame resistant jacket/pants
- Insulated jacket
- Cut resistant sleeves/wristlets
- hoists/lifts
- ergonomic equipment: \_\_\_\_\_
- Other: \_\_\_\_\_

With:  
 Hood  
 Full sleeves

**LUNGS/RESPIRATORY**

- Work activities such as:
- cleaning
  - mixing
  - painting
  - fiberglass installation
  - compressed air or gas operations
  - confined space work
  - floor installation
  - ceiling repair
  - working outdoors
  - other:

- pouring
- sawing

- Work-related exposure to:
- dust or particulate
  - toxic gas/vapor
  - chemical irritants (acids)
  - welding fume
  - asbestos
  - pesticides
  - organic vapors
  - oxygen deficient environment
  - paint spray
  - extreme heat/cold
  - other:

Can hazard be eliminated without the use of PPE?  
 Yes  No

If no use:

- Dust mask
- Disposable particulate respirator
- Replaceable filter particulate w/cartridge
- PAPR (Air recycle)
- PPSA (Air supply)

With/Type:  
 face shield  
 acid/gas crtdg  
 organic crtdg  
 pesticide crtdg  
 spray paint crtdg  
 half faced  
 full faced  
 hooded

**EARS/HEARING**

Work activities such as:

- generator
- ventilation fans
- motors
- sanding
- pneumatic equipment
- punch or brake presses
- use of conveyors
- other:

- grinding
- machining
- routers
- sawing
- sparks

Work-related exposure to:

- loud noises
- loud work environment
- noisy machines/tools
- punch or brake presses
- other:

Can hazard be eliminated without the use of PPE?

Yes  No

If no, use:

- ear muffs
- ear plugs
- leather welding hood

## Employee Wellness

Purpose:

To provide resources to employees for health and wellness.

Related State or Federal Guidelines:

None

Responsibility:

All Employees

Forms:

Release, Waiver and Indemnification

Policy and Procedure:

The City provides all regular status employees the opportunity to utilize the City's exercise facilities.

- A. Employee must obtain written authorization from their personal physician stating approval to use the City's exercise facilities and equipment.
  - 1) Employee submits the authorization to the Human Resources & Risk/Safety Department.
  - 2) The Human Resources & Risk/Safety Department will give the employee written confirmation by completing the Gym Authorization form.
  - 3) The employee gives the Gym Authorization form to the Recreation Division.
  - 4) Employee must complete a Release, Waiver and Indemnification form.
- B. Employees who sustain an on or off the job injury or serious illness, must provide updated authorization from their physician.

**City Of Dunedin  
Gym Authorization**

\_\_\_\_\_ has been approved to use the gym.  
(Please Print Employee's Name)

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

(Employee must take this form to the Recreation Division)

## Eye and Face Protection

### Purpose:

To require the use of eye and face protection where there is reasonable probability that an injury can be prevented by such equipment. This regulation shall apply to such operations, processes or work which involve a hazard to the eyes and face from flying objects or particles, sprays or splashes of hot or corrosive materials or chemicals or any other means which could harm the eyes and/or face.

### Related State or Federal Guidelines:

#### A. OSHA Standard #1910.133 – Eye and Face Protection

1. General Requirements
  - a) The employer shall ensure that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.
  - b) The employer shall ensure that each affected employee uses eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors (e.g. clip on or slide on side shields) meeting the pertinent requirements of this section are acceptable.
  - c) The employer shall ensure that each affected employee who wears prescription lenses while engaged in operations that involve eye hazards wears eye protection that incorporates the prescription in its design, or wears eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.
2. Criteria for protective eye and face protection. Protective eye and face protection devices must comply with any of the following consensus standards:
  - (i) ANSI Z87.1-2003, "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference in Sec. 1910.6;
  - (ii) ANSI Z87.1-1989 (R-1998), "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference in Sec. 1910.6; or
  - (iii) ANSI Z87.1-1989, "American National Standard Practice for Occupational and Educational Eye and Face Protection," which is incorporated by reference in Sec. 1910.6.
3. Protective eye and face protection devices that the employer demonstrates are at least as effective as protective eye and face protection devices that are constructed in accordance with one of the above consensus standards will be deemed to be in compliance with the requirements of this section.

*Note: These are the requirements to this standard. The full standards are available over the internet at <http://www.osha.gov>*

### Responsibility:

City employees whose work operations are considered hazardous by Department and Division Directors, and/or the Human Resources and Risk/Safety Department.

Attachments:

- A. Eye Injury Statistics
- B. Personal Protective Equipment (PPE) Information
- C. Types of Eye Protection
- D. Eyewear Selection

Forms:

Prescription Safety Glasses Authorization Form.

Policy and Procedure:

- A. All employees shall be provided with and required to wear proper eye protection (i.e. glasses, goggles, face shields) when exposed to an operation or area where eye hazards normally exist. Some examples of situations requiring protective eyewear are listed below:
  - 1. Arc or gas welding, brazing, cutting, scarfing.
  - 2. Machining or woodwork which causes flying particles.
  - 3. While using pneumatic tools or power actuated tools.
  - 4. Splashes from molten metals or substances, hot or corrosive liquids, acids and caustics.
  - 5. Powered lawn mowers, chippers and tree trimmers.
  - 6. Sledging, chipping, hammering, scaling, drilling, grinding, sanding, etc.
  - 7. Where danger of an electrical arc exists.
  - 8. When primary switching operations are performed, both overhead and underground.
  - 9. When lancing boilers.
  - 10. Driving/operating open equipment, tractors, graders, front-end loaders.
  - 11. Exposure to bloodborne pathogens.
- B. To purchase eye protection each eligible employee will follow these procedures:
  - 1. Employee requests authorization from Division to purchase glasses. A "Safety Glasses Authorization Form" must be signed by the Division/Department Director prior to the purchase. Purchase authorization is not to exceed \$50.00. This basic price includes:
    - a) single vision or bifocal
    - b) glass or plastic lenses
    - c) standard frames
    - d) UV treatment
    - e) detachable side shields if required.
  - 2. Form is given to department/division secretarial/assistant staff to hold until the purchase is made.
  - 3. Employee must use his/her P-Card and go to any vendor for the purchase of safety glasses. If employee does not have a P-Card he/she may personally buy the glasses and then seek reimbursement from the City.
  - 4. Employee returns to the Division a receipt for the new glasses.
  - 5. Department/division secretarial/assistant staff follows normal finance procedures for payment.
- C. Eye protective devices, such as goggles, may be obtained from the employee's cost center.
- D. Each employee will be responsible for the use of proper eye protective devices and the foreman/supervisor will insure compliance.

- E. Required eye protection shall be worn whenever eye hazards are present. Employees not performing the work, but in the area of exposure such as helpers and visitors shall be provided eye protection or asked to move away from the danger zone.
- F. Employees provided with eye protection are responsible for its maintenance and proper use. Replacement will not normally be provided at City expense unless the safety glasses are damaged while being worn. If damage is done to lenses or frame, only the specific item damaged will be replaced. Employee will be allowed replacement lenses if prescription must be changed.

## Eye Injury Statistics

Table 10. Top five natures of nonfatal occupational eye injuries involving days away from work, 2002

Nature of eye injuries	Number of eye injuries	Percent of eye injuries
Total	42,286	100.0
Foreign bodies (superficial splinters, chips)	15,558	36.8
Abrasions, scratches	7,365	17.4
Chemical burns	4,811	11.4
Cuts, lacerations	3,072	7.3
Welders flash	2,117	5.0

NOTE: Components do not add to 100 percent because only the top five categories are shown in this tabulation.

Reference: <http://www.bls.gov/opub/cwc/tables/sh20040624ar01t10.htm>

Reference: [http://63.234.227.130/pls/oshaweb/owadisp.show\\_document?p\\_table=FACT\\_SHEETS&p\\_id=142](http://63.234.227.130/pls/oshaweb/owadisp.show_document?p_table=FACT_SHEETS&p_id=142)

It is estimated that 90% of eye injuries can be prevented through the use of proper protective eyewear.

### WHAT CONTRIBUTES TO EYE INJURIES AT WORK?

- Not wearing eye protection. In a 1980 survey, Bureau of Labor Standards (BLS) reports that nearly three out of every five workers injured were not wearing eye protection at the time of the accident.
- Wearing the wrong kind of eye protection for the job. According to BLS, about 40% of the injured workers were wearing some form of eye protection when the accident occurred. These workers were most likely to be wearing protective eyeglasses with no side shields, though injuries among employees wearing full-cup or flat-fold side shields occurred, as well.

## Personal Protective Equipment (PPE) Information

### Criteria for PPE

Eye and face protection must comply with the American National Standards Institute, ANSI Z87.1-1989 standard if purchased after July 5, 1994 or ANSI Z87.1-1968 if purchased before July 5, 1994. [1910.133(b)(1), 1915.153(b), 1926.102(a)(2)]

- Eye and face PPE shall be distinctly marked to facilitate identification of the manufacturer. [1910.133(a)(4)]
- The following minimum requirements must be met by all protective devices. Protectors shall:
  - Provide adequate protection against the particular hazards for which they are designed
  - Be of safe design and construction for the work to be performed
  - Be reasonably comfortable when worn under the designated conditions
  - Fit snugly and not unduly interfere with the movements of the wearer
  - Be durable
  - Be capable of being disinfected
  - Be easily cleanable
  - Be distinctly marked to facilitate identification only of the manufacturer

### Fitting of PPE

Consideration should be given to comfort and fit. Poorly fitting eye and face protection will not offer the necessary protection. [1926.102(a)(6)(iii)]

- Fitting of goggles and safety spectacles should be done by someone skilled in the procedure.
  - Prescription safety spectacles should be fitted only by qualified optical personnel.
- Devices with adjustable features should be fitted on an individual basis to provide a comfortable fit that maintains the device in the proper position.
- Eye protection from dust and chemical splash should form a protective seal when fitted properly.
- Welding helmets and face shields must be properly fitted to ensure that they will not fall off during work operations.



## Maintenance and Care of PPE

Employees must be trained in the proper care, maintenance, useful life, and disposal of PPE.  
[1910.132(f)(1)(v)]

### Maintenance:

- PPE must be used and maintained in a sanitary and reliable condition.
- The use of equipment with structural or optical defects is prohibited.  
[1926.102(a)(4)]
- Pitted lenses, like dirty lenses, can be a source of reduced vision. They should be replaced. Deeply scratched or excessively potted lenses are apt to break.
- Slack, worn-out, sweat-soaked, or twisted headbands do not hold the eye protector in proper position. Visual inspection can determine when the headband elasticity is reduced to a point below proper function.



### Cleaning:

- Atmospheric conditions and the restricted ventilation of the protector can cause lenses to fog. Frequent cleansing may be necessary.
- Eye and face protection equipment that has been previously used should be disinfected before being issued to another employee.
- When employees are assigned protective equipment for extended periods, the equipment should be cleaned and disinfected regularly.
- Several methods for disinfecting eye-protective equipment are acceptable. The most effective method is to disassemble the goggles or spectacles and thoroughly clean all parts with soap and warm water.
  - Carefully rinse all traces of soap and replace defective parts with new ones.
  - Swab thoroughly or completely and immerse all parts for 10 minutes in a solution of germicidal deodorant fungicide.
  - Remove parts from solution and suspend in a clean place for air drying at room temperature or with heated air.
  - Do not rinse after removing parts from the solution because this will remove the germicidal residue that retains its effectiveness after drying.

### Storage:

- Goggles should be kept in a case when not in use. Spectacles, in particular, should be given the same care as one's own glasses, since the frame, nose pads, and temples can be damaged by rough usage.
- Items should be placed in a clean, dust-proof container, such as a box, bag, or plastic envelope, to protect them until reissue.

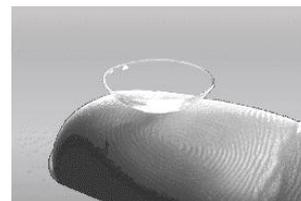
## Contacts and Prescription (RX) Lenses

Employers must ensure that employees who wear prescription (Rx) lenses or contacts use PPE that incorporates the prescription or use eye protection that can be worn over prescription lenses. [[1910.133\(a\)\(3\)](#), [1915.153\(a\)\(3\)](#), [1926.102\(a\)\(3\)](#)]

- Workers who wear prescription glasses must also wear required eye protection.
  - Eye and face protection that fits comfortably over glasses is available.
  - Safety goggles and spectacles may incorporate prescription lenses.



Dust and chemicals present additional hazards to contacts wearers. OSHA recommends that workers have an extra pair of contacts or eyeglasses in case of contact failure or loss.



The employer shall ensure that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation. To select PPE for the workplace, see the [Hazard Assessment](#) module.

## Types of Eye Protection

Reference: <http://63.234.227.130/Publications/osha3151.pdf>

Some of the most common types of eye and face protection include the following:

**Safety spectacles.** These protective eyeglasses have safety frames constructed of metal or plastic and impact-resistant lenses. Side shields are available on some models.

**Goggles.** These are tight-fitting eye protection that completely cover the eyes, eye sockets and the facial area immediately surrounding the eyes and provide protection from impact, dust and splashes. Some goggles will fit over corrective lenses.

**Welding shields.** Constructed of vulcanized fiber or fiberglass and fitted with a filtered lens, welding shields protect eyes from burns caused by infrared or intense radiant light; they also protect both the eyes and face from flying sparks, metal spatter and slag chips produced during welding, brazing, soldering and cutting operations. OSHA requires filter lenses to have a shade number appropriate to protect against the specific hazards of the work being performed in order to protect against harmful light radiation.

**Laser safety goggles.** These specialty goggles protect against intense concentrations of light produced by lasers. The type of laser safety goggles an employer chooses will depend upon the equipment and operating conditions in the workplace.

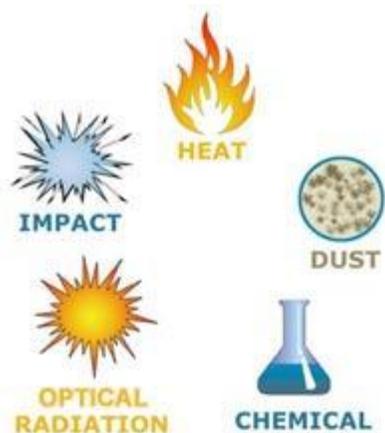
**Face shields.** These transparent sheets of plastic extend from the eyebrows to below the chin and across the entire width of the employee's head. Some are polarized for glare protection. Face shields protect against nuisance dusts and potential splashes or sprays of hazardous liquids but will not provide adequate protection against impact hazards. Face shields used in combination with goggles or safety spectacles will provide additional protection against impact hazards.

## Eyewear Selection

### Selecting PPE for the Workplace

Personal protective equipment (PPE) for the eyes and face is designed to prevent or lessen the severity of injuries to workers. The employer must assess the workplace and determine if hazards that necessitate the use of eye and face protection are present or are likely to be present before assigning PPE to workers. [1910.132(d)]

A hazard assessment should determine the risk of exposure to eye and face hazards, including those which may be encountered in an emergency. Employers should be aware of the possibility of multiple and simultaneous hazard exposures and be prepared to protect against the highest level of each hazard. [1910 Subpart I App B]



Hazard Assessment		
Hazard type	Examples of Hazard	Common Related Tasks
<b><u>Impact</u></b>	Flying objects such as large chips, fragments, particles, sand, and dirt.	Chipping, grinding, machining, masonry work, wood working, sawing, drilling, chiseling, powered fastening, riveting, and sanding.
<b><u>Heat</u></b>	Anything emitting extreme heat.	Furnace operations, pouring, casting, hot dipping, and welding.
<b><u>Chemicals</u></b>	Splash, fumes, vapors, and irritating mists.	Acid and chemical handling, degreasing, plating, and working with blood.
<b><u>Dust</u></b>	Harmful Dust.	Woodworking, buffing, and general dusty conditions.
<b><u>Optical Radiation</u></b>	Radiant energy, glare, and intense light	Welding, torch-cutting, brazing, soldering, and laser work.

## Eye and Face Protection Selection Chart

Reference: [http://www.osha.gov/pls/oshaweb/owadispl.show\\_document?p\\_table=STANDARDS&p\\_id=10120](http://www.osha.gov/pls/oshaweb/owadispl.show_document?p_table=STANDARDS&p_id=10120)

Protective devices do not provide unlimited protection.

Source	Assessment of Hazard	Protection
<u>IMPACT</u> -- Chipping, grinding machining, masonry work, woodworking, sawing, drilling, chiseling, powered fastening, riveting, and sanding	Flying fragments, objects, large chips, particles sand, dirt, etc.	Spectacles with side protection, goggles, face shields. For severe exposure, use faceshield.
<u>HEAT</u> -- Furnace operations, pouring, casting, hot dipping, and welding	Hot sparks	Faceshields, goggles, spectacles with side protection. For severe exposure use faceshield.
	Splash from molten metals	Faceshields worn over goggles.
	High temperature exposure	Screen face shields, reflective face shields.
<u>CHEMICALS</u> -- Acid and chemicals handling, degreasing plating	Splash	Goggles, eyecup and cover types. For severe exposure, use face shield.
	Irritating mists	Special-purpose goggles.
<u>DUST</u> -- Woodworking, buffing, general dusty conditions	Nuisance dust	Goggles, eyecup and cover types.
<u>LIGHT and/or RADIATION</u> --		
Welding: Electric arc	Optical radiation	Welding helmets or welding shields. Typical shades: 10-14.
Welding: Gas	Optical radiation	Welding goggles or welding face shield. Typical shades: gas welding 4-8, cutting 3-6, brazing 3-4.
Cutting, Torch brazing, Torch soldering	Optical radiation	Spectacles or welding face-shield. Typical shades, 1.5-3.
Glare	Poor vision	Spectacles with shaded or special-purpose lenses, as suitable.

**City of Dunedin  
Prescription Safety Glasses Authorization**

Employee Name: \_\_\_\_\_ Cost Center #

Department:  Division/Section:

***The following items are authorized for purchase/repair. Select all that apply.***

Lenses       Frames       UV Tinting       Side Shields

Unless otherwise authorized, each eligible employee will be allotted **\$50** toward the purchase of prescription safety glasses. The employee will be responsible for paying anything over this \$50 amount. All eye protection (safety glasses) must meet the minimum specifications in accordance with the American National Standard Practice for Occupational and Educational Eye and Face Protection.

**Directions:**

- Once the form has been completed and signed by the Division/Department Director, the form should be given to your department/division secretarial/administrative staff to hold until the purchase is made.
- The employee must use his/her P-Card and go to any vendor for the purchase of safety glasses. If the employee does not have a P-Card he/she may personally buy the glasses and then seek reimbursement from the City.
- Employee returns to the Division a **detailed** receipt for the new glasses.
- Department/division secretarial/administrative staff follows normal finance procedures for payment.

The purchase of safety glasses without this form will be rejected.

Approved by:

\_\_\_\_\_

Division/Department Director

\_\_\_\_\_

Date:

(Rev. November 2010)

## **Footwear Protection**

### Purpose:

To establish minimum foot protection requirements for those employees involved in job activities where such protection is normally required.

### Related State or Federal Guidelines:

#### A. OSHA Standard #1910.136 – Occupational Foot Protection

1. General Requirements: The employer shall ensure that each affected employee uses protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such employee's feet are exposed to electrical hazards.
2. Criteria for protective footwear. Protective footwear must comply with any of the following consensus standards:
  - (i) ASTM F-2412-2005, "Standard Test Methods for Foot Protection," and ASTM F-2413-2005, "Standard Specification for Performance Requirements for Protective Footwear," which are incorporated by reference in Sec. 1910.6;
  - (ii) ANSI Z41-1999, "American National Standard for Personal Protection--Protective Footwear," which is incorporated by reference in Sec. 1910.6; or
  - (iii) ANSI Z41-1991, "American National Standard for Personal Protection--Protective Footwear," which is incorporated by reference in Sec. 1910.6.
3. Protective footwear that the employer demonstrates is at least as effective as protective footwear that is constructed in accordance with one of the above consensus standards will be deemed to be in compliance with the requirements of this section.

*Note: This OSHA standard is available over the internet at <http://www.osha.gov/>*

### Responsibilities:

- A. Supervisors & Foreman: Review all safety shoe requests for approval. Ensure that all employees who are required to wear safety shoes have them on during working hours. Makes a determination on the need for replacement or repair of safety shoes.
- B. Employee: Purchase and wear approved safety shoes during working hours if required.

### Attachments:

- A. Choosing and Using Work Shoes.
- B. Safety Shoes Eligibility List

### Forms:

Safety Shoes Authorization Form.

Policy and Procedure:

Shoes such as regular tennis shoes, sandals, and canvas tops are not acceptable for employees working in or entering hazardous work areas.

- A. Approved safety shoes or boots with durable soles must be worn by all field personnel. This includes, but is not limited to, such occupations as refuse collectors, street and sidewalk repair, parks maintenance, vehicle/equipment repair, facility maintenance, electrical crews, and construction inspection. For those positions in which there may be a question as to whether safety shoes should be required, the decision will be made by the Division Director of the cost center and the Human Resources & Risk/Safety Manager.
  
- B. There are many types and styles of protective footwear and it is important to realize that a particular job may require additional protection other than listed here. Footwear that meets established safety standards will have an American Standards Institute (ANSI) label or approved equivalent inside each shoe.
  - a) Steel-Reinforced Safety Shoes: These shoes are designed to protect feet from common machinery hazards such as falling or rolling objects, cuts, and punctures. The entire toe box and insole are reinforced with steel, and the instep is protected by steel, aluminum, or plastic materials. Safety shoes are also designed to insulate against temperature extremes and may be equipped with special soles to guard against slip, chemicals, and/or electrical hazards.
  - b) Safety Boots: Safety boots offer more protection when splashed or spark hazards (chemicals, molten materials) are present:
    - When working with corrosives, caustics, cutting oils, and petroleum products, neoprene or nitrile boots are often required to prevent penetration.
    - Foundry or “Gaiter” style boots feature quick-release fasteners or elasticized inserts to allow speedy removal should any hazardous substances get into the boot itself.
    - When working with electricity, special electrical hazard boots are available and are designed with no conductive materials other than the steel toe (which is properly insulated).
  
- C. Each employee who is required to wear safety shoes as a condition of their employment may be allocated a yearly sum of up to \$125 towards the purchase of one pair of shoes. These shoes shall meet the specifications and standards contained in the American National Standards Institute certification or an approved OSHA equivalent standard. This compliance standard should be included with the shoes.
  
- D. To purchase shoes each eligible employee will follow these procedures:
  - 1. Pick up the “Safety Shoes Authorization Form” from the employee’s supervisor. Only one form per fiscal year will be issued to each eligible employee unless there are extenuating circumstances. The purchase of shoes without this form will be rejected.
  - 2. Use their P-Card and go to any shoe vendor. If the employee does not have a P-Card he/she may go to Sears or other approved vendor and purchase shoes off of the City account. The employee may also elect to personally pay for the shoes from the vendor of their choice and submit a receipt for reimbursement to the City.
  - 3. Obtain a receipt for the purchase/repair of the shoes from the vendor.

4. Complete the top portion of the “Safety Shoes Authorization Form” and obtain the supervisor’s signature.
  5. Attach the “Safety Shoes Authorization Form” to the receipt and send it to the Finance Department for payment processing.
- E. Unless there are extenuating circumstances, shoes should last one (1) year when worn properly. Employees should make every effort to properly care for their shoes, including substituting them with rubber boots when working in wet conditions. Shoe replacement or shoe repair shall be at the discretion of the Division. Unusual or unnecessary wear and tear on City purchased safety shoes may necessitate that the employee be required to purchase new safety shoes at their own expense. Each foreman/supervisor shall be responsible to see that employees are utilizing proper footwear including the right to immediately remove the employee from the work area and either place the employee in a non hazardous job or send the employee home until the shoes are repaired or replaced.
- F. As with all protective equipment, safety footwear should be inspected prior to each use. Shoes and leggings should be checked for wear and tear at reasonable intervals. This includes looking for cracks or holes, separation of materials, broken buckles or laces. The soles of shoes should be checked for pieces of metal or other embedded items that could present electrical or tripping hazards. Employees should follow the manufacturers’ recommendations for cleaning and maintenance of protective footwear.
- G. Violations of this regulation should be brought to the attention of the appropriate Division Director for necessary action including possible disciplinary action.

## Choosing and Using Work Shoes



Safety footwear must meet ANSI minimum compression and impact performance standards in ANSI Z41-1991 (American National Standard for Personal Protection-Protective Footwear) or provide equivalent protection. All ANSI approved footwear has a protective toe and offers impact and compression protection. But the type and amount of protection is not always the same. Different footwear protects in different ways. Check the product's labeling or consult the manufacturer to make sure the footwear will protect the user from the hazards they face.

### Foot and leg protection choices include the following:

**Leggings** protect the lower legs and feet from heat hazards such as molten metal or welding sparks. Safety snaps allow leggings to be removed quickly.

**Metatarsal guards** protect the instep area from impact and compression. Made of aluminum, steel, fiber or plastic, these guards may be strapped to the outside of shoes.

**Toe guards** fit over the toes of regular shoes to protect the toes from impact and compression hazards. They may be made of steel, aluminum or plastic.

**Combination foot and shin guards** protect the lower legs and feet, and may be used in combination with toe guards when greater protection is needed.

**Safety shoes** have impact-resistant toes and heat-resistant soles that protect the feet against hot work surfaces common in roofing, paving and hot metal industries. The metal insoles of some safety shoes protect against puncture wounds. Safety shoes may also be designed to be electrically conductive to prevent the buildup of static electricity in areas with the potential for explosive atmospheres or nonconductive to protect workers from workplace electrical hazards.

### Special Purpose Shoes:

**Electrically conductive shoes** provide protection against the buildup of static electricity. Employees working in explosive and hazardous locations such as explosives manufacturing facilities or grain elevators must wear conductive shoes to reduce the risk of static electricity buildup on the body that could produce a spark and cause an explosion or fire. Foot powder should not be used in conjunction with protective conductive footwear because it provides insulation, reducing the conductive ability of the shoes. Silk, wool and nylon socks can produce static electricity and should not be worn with conductive footwear. Conductive shoes must be removed when the task requiring their use is completed. Note: Employees exposed to electrical hazards must never wear conductive shoes.

**Electrical hazard, safety-toe shoes** are nonconductive and will prevent the wearers' feet from completing an electrical circuit to the ground. These shoes can protect against open circuits of up to 600volts in dry conditions and should be used in conjunction with other insulating equipment and additional precautions to reduce the risk of a worker becoming a path for hazardous electrical energy. The insulating protection of electrical hazard, safety-toe shoes may be compromised if the shoes become wet, the soles are worn through, metal particles become embedded in the sole or heel, or workers touch conductive, grounded items. Note: Nonconductive footwear must not be used in explosive or hazardous locations.

**Foundry Shoes**

In addition to insulating the feet from the extreme heat of molten metal, foundry shoes keep hot metal from lodging in shoe eyelets, tongues or other shoe parts. These snug-fitting leather or leather-substitute shoes have leather or rubber soles and rubber heels. All foundry shoes must have built-in safety toes.

**Position Classifications Eligible for  
Safety Shoes**

(List will be updated as necessary)

Building Inspector I	Public Service Worker III
Building Inspector II	Public Services Foreman
Building Official	Public Services Supervisor
City Arborist	Public Works Inspector
Code Enforcement Inspector	Recreation Leader III
Craftworker I	Solid Waste Driver/Loader
Craftworker II	Spray Technician
Deputy Fire Marshal	Storekeeper
District Chief	Surveyor
Division Chief of EMS/Support Services	TV/Seal Truck Operator
Division Chief of Training	Utilities Inspector
Equipment Operator II	Wastewater Collection Systems Supv.
Equipment Operator III	Wastewater Collection Technician I
Field Service Representative	Wastewater Collection Technician II
Fire Inspector – Civilian	Wastewater Collection Technician III
Fire Marshal	Wastewater Maintenance Mechanic
Fleet Inventory Technician	Wastewater Plant Operator I
Foreman I / Dispatcher	Wastewater Plant Operator II
Foreman II	Wastewater Plant Operator Trainee
Foreman III	Wastewater Plant Supervisor
Harbormaster	Wastewater Service Worker I
Hydrogeologist	Wastewater Service Worker II
Irrigation Technician	Water Distribution Supervisor
Marine Maintenance Operator	Water Distribution Technician I
Mechanic I	Water Distribution Technician II
Mechanic II	Water Distribution Technician III
Parks Operator	Water Maintenance Mechanic
Parks Service Worker I	Water Plant Operator I
Parks Service Worker II	Water Plant Operator II
Parks Service Worker III	Water Plant Operator Trainee
Parks Maintenance Supervisor	Water Production Supervisor
Public Service Worker I	Water Service Worker I
Public Service Worker II	Water Service Worker II

**City of Dunedin  
Safety Shoes Authorization**

Employee Name: \_\_\_\_\_

Title:

Cost Center #:

Department:

Division/Section:

Unless otherwise authorized, each eligible employee will be allotted **\$125** per fiscal year toward the purchase of one pair of safety shoes. The employee will be responsible for paying anything over this \$125 amount. All safety shoes must meet the minimum specifications as outlined in the City's Risk/Safety Policies and Procedures.

**Directions**

- ▶ Once the form has been completed and signed, the supervisor will provide you with the original plus a copy. Give the original to your department/division secretarial/administrative staff to hold until the purchase is made. The copy will need to be given to the City's approved vendor (Sears) if using a City's open account/blanket purchase order.
- ▶ Use P-Card and go to any shoe vendor.
- ▶ If you do not have a P-Card you may go to Sears and purchase shoes off of the City account. You may also elect to personally pay for the shoes from the vendor of your choice and submit a receipt for reimbursement to the City.
- ▶ Return to the Division a receipt for the new shoes.
- ▶ Present the receipt and the authorization form to your supervisor for approval.
- ▶ Give the receipt and approved authorization form to your division/department secretarial/administrative staff for normal payment processing.

The purchase of safety shoes without this form will be rejected.

Issued by: \_\_\_\_\_

Approved by (after purchase): \_\_\_\_\_

Supervisor or Authorized Person

Supervisor

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

(Rev. November 2010)

## **Hair Style/Length**

Purpose:

To safeguard from an injury which may be caused by the length/style of head and facial hair when working around machinery or when certain types of personal protective equipment are required.

Related State or Federal Guidelines:

None.

Responsibility:

All employees.

Policy & Procedure:

- A. The general policy is to trim or confine all hair which may constitute a hazard to the employee. The intent is to allow as much personal freedom in hair style and length as possible without subjecting the employee to injury. In no way is there any intent to violate an employee's constitutional rights.
- B. If an employee is working with machinery or equipment that has moving parts, such as gears, pulleys, nip points and turning parts and such parts cannot be totally enclosed, the following standards must be adhered to:
  - 1. Hair can extend down to the top of the collar of a collared shirt and to the bottom of the earlobes.
  - 2. Longer hair is permitted if it is contained by the use of a hair net or similar device.
  - 3. Beards are permitted unless the style or length presents a hazard. If so, it must be trimmed or contained.
- C. When an employee may be required to wear a face mask respirator or self-contained breathing apparatus head, such features as facial hair and sideburns shall be trimmed to a length/style which will permit a proper seal when wearing the above listed type of personal protective equipment.
- D. If an employee is required to wear a protective hard hat, hair styles, which will not permit an employee to properly wear a safety hat, will have to be trimmed to permit the wearing of same.
- E. Each Department/Division shall be responsible for the evaluation of the work environment as it relates to this policy.

- F. Whenever it is determined that a hazard exists, all reasonable means shall be taken to eliminate or guard against the hazard. In those situations where this is not possible, the affected employee shall be advised of the hazard to his person which is caused by his/her hair length/style. They shall then be directed to comply with this regulation within a reasonable time. The time is to be determined by the supervisor in charge.

## Hand - Body Protection

### Purpose:

To require the use of an approved piece of personal protective clothing in those areas or operations where such equipment is necessary to protect the employees from recognized hazards.

### Related State or Federal Guidelines:

#### OSHA Standard #1910.138 – Hand Protection

1. General Requirements: Employers shall select and require employees to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns; and harmful temperature extremes.
2. Selection: Employees shall base the selection of the appropriate hand protection on an evaluation of the performance characteristics of the hand protection relative to the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified.

*Note: There are other OSHA Standards for other body protection. Due to the variety and length these are not included in this procedure. These standards are available over the internet at <http://www.osha.gov>*

### Attachment:

Safety Gloves Selection Guide

### Responsibility:

All employees.

### Policy and Procedure:

All employees working in areas or operations where the following personal protective equipment is required shall wear said equipment as long as the hazard is present or may be present.

- A. **WORK CLOTHING:** Appropriate clothing is provided or required when working for the City. Said clothing shall not interfere with the performance of an employee or expose him/her to unnecessary hazards. Long sleeve shirts and/or long pants may be required on certain operations.
- B. **PROPER DRESS FOR WORK:** Each employee shall wear clothing suitable to the job he/she is performing at all times. Suitable clothing means clothing that will minimize danger from such things as moving machinery and hot or injurious substances. Examples of prohibited attire are:
  1. Open shirts, exposing employee to sunburn, poisonous plants, insects, flying debris.
  2. Loose shirt tails, sleeves which can get caught in moving machinery or power tools.
- C. **SPECIAL CLOTHING:** Special clothing may be required to protect an employee from fire and heat, dusts, vapors, moisture and corrosive liquids as well as temperature changes.

D. **GLOVES:** Appropriate gloves will be provided and their use required when an employee is working in an area where he/she is exposed to injury to the hands or fingers from material, machinery, heat, chemicals, electrical contact and sharp objects.

Each Department or Division will be responsible for identifying those areas and/or operations in which such equipment is necessary, including the type of equipment required and insure employees are in compliance with this policy. The Human Resources and Risk/Safety Department will assist whenever necessary.

## Safety Gloves Selection Guide

### Types of Protective Gloves

There are many types of gloves available today to protect against a wide variety of hazards. The nature of the hazard and the operation involved will affect the selection of gloves. The variety of potential occupational hand injuries makes selecting the right pair of gloves challenging. It is essential that employees use gloves specifically designed for the hazards and tasks found in their workplace because gloves designed for one function may not protect against a different function even though they may appear to be an appropriate protective device.

The following are examples of some factors that may influence the selection of protective gloves for a workplace.

- Type of chemicals handled.
- Nature of contact (total immersion, splash, etc.).
- Duration of contact.
- Area requiring protection (hand only, forearm, arm).
- Grip requirements (dry, wet, oily).
- Thermal protection.
- Size and comfort.
- Abrasion/resistance requirements.

Gloves made from a wide variety of materials are designed for many types of workplace hazards.

In general, gloves fall into four groups:

- Gloves made of leather, canvas or metal mesh;
- Fabric and coated fabric gloves;
- Chemical- and liquid-resistant gloves;
- Insulating rubber gloves.

### Leather, Canvas or Metal Mesh Gloves

Sturdy gloves made from metal mesh, leather or canvas provide protection against cuts and burns. Leather or canvas gloves also protect against sustained heat.

- **Leather gloves** protect against sparks, moderate heat, blows, chips and rough objects.
- **Aluminized gloves** provide reflective and insulating protection against heat and require an insert made of synthetic materials to protect against heat and cold.
- **Aramid fiber gloves** protect against heat and cold, are cut- and abrasive-resistant and wear well.
- **Synthetic gloves** of various materials offer protection against heat and cold, are cut- and abrasive-resistant and may withstand some diluted acids. These materials do not stand up against alkalis and solvents.

### Fabric and Coated Fabric Gloves

Fabric and coated fabric gloves are made of cotton or other fabric to provide varying degrees of protection.

- **Fabric gloves** protect against dirt, slivers, chafing and abrasions. They do not provide sufficient protection for use with rough, sharp or heavy materials. Adding a plastic coating will strengthen some fabric gloves.
- **Coated fabric gloves** are normally made from cotton flannel with napping on one side. By coating the unnapped side with plastic, fabric gloves are transformed into general-purpose hand protection offering slip-resistant qualities. These gloves are used for tasks ranging from handling bricks and wire to chemical laboratory containers. When selecting gloves to protect against chemical exposure hazards, always check with the manufacturer or review the manufacturer's product literature to determine the gloves' effectiveness against specific workplace chemicals and conditions.

### Chemical- and Liquid-Resistant Gloves

Chemical-resistant gloves are made with different kinds of rubber: natural, butyl, neoprene, nitrile and fluorocarbon (viton); or various kinds of plastic: polyvinyl chloride (PVC), polyvinyl alcohol and polyethylene. These materials can be blended or laminated for better performance. As a general rule, the thicker the glove material, the greater the chemical resistance but thick gloves may impair grip and dexterity, having a negative impact on safety. Some examples of chemical-resistant gloves include:

- **Butyl gloves** are made of a synthetic rubber and protect against a wide variety of chemicals, such as peroxide, rocket fuels, highly corrosive acids (nitric acid, sulfuric acid, hydrofluoric acid and red-fuming nitric acid), strong bases, alcohols, aldehydes, ketones, esters and nitrocompounds. Butyl gloves also resist oxidation, ozone corrosion and abrasion, and remain flexible at low temperatures. Butyl rubber does not perform well with aliphatic and aromatic hydrocarbons and halogenated solvents.
- **Natural (latex) rubber gloves** are comfortable to wear, which makes them a popular general-purpose glove. They feature outstanding tensile strength, elasticity and temperature resistance. In addition to resisting abrasions caused by grinding and polishing, these gloves protect workers' hands from most water solutions of acids, alkalis, salts and ketones. Latex gloves have caused allergic reactions in some individuals and may not be appropriate for all employees. Hypoallergenic gloves, glove liners and powderless gloves are possible alternatives for workers who are allergic to latex gloves.
- **Neoprene gloves** are made of synthetic rubber and offer good pliability, finger dexterity, high density and tear resistance. They protect against hydraulic fluids, gasoline, alcohols, organic acids and alkalis. They generally have chemical and wear resistance properties superior to those made of natural rubber.
- **Nitrile gloves** are made of a copolymer and provide protection from chlorinated solvents such as trichloroethylene and perchloroethylene. Although intended for jobs requiring dexterity and sensitivity, nitrile gloves stand up to heavy use even

after prolonged exposure to substances that cause other gloves to deteriorate. They offer protection when working with oils, greases, acids, caustics and alcohols but are generally not recommended for use with strong oxidizing agents, aromatic solvents, ketones and acetates.

## Glove Features

### Supported or Unsupported Gloves

Unsupported Gloves are made from hand forms that are dipped directly into a glove compound with no supporting liner—provide good tactility and dexterity.

Supported Gloves have a knitted or woven cloth liner that adds structural strength. These gloves offer greater resistance to snags, abrasions, cuts, and punctures but do not have the tactility of unsupported gloves.

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## Grip Design

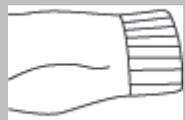
Grip refers to embossed patterns or finishes on the palm and fingers that allow hand traction on objects being handled in wet or dry conditions. Patterns are embossed on the surface of the glove material, or the material can be finished with various rough textural configurations such as pebbling or crinkling.

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## Cuff Design



Pinked Cuff has a zigzag appearance;



Knitwrist Cuff absorbs perspiration and adds temperature protection.

Rolled Cuff acts as a barrier to keep chemicals from running off glove onto skin.



Gauntlet Cuff has flared design and extended length to protect wrist and forearm.



Straight Cuff protects skin from chemical run-off.

Reference: <http://www.coleparmer.com/techinfo/techinfo.asp?htmlfile=SelectingSGloves.htm&id=692>

## Head Protection

### Purpose:

To require the use of an approved safety hat or bump cap in those areas or operations wherein there are hazards of bumping one's head or having it struck or contacting high voltage equipment or having harmful materials precipitate on the head.

### Related State and Federal Guidelines:

#### A. OSHA Standard #1910.135 – Head Protection

##### 1. General Requirements:

- a) The employer shall ensure that each affected employee wears a protective helmet when working in areas where there is a potential for injury to the head from falling objects.
- b) The employer shall ensure that protective helmet designed to reduce electrical shock hazard is worn by each such affected employee when near exposed electrical conductors which could contact the head.

##### 2. Criteria for head protection. Head protection must comply with any of the following consensus standards:

- (i). ANSI Z89.1-2003, "American National Standard for Industrial Head Protection," which is incorporated by reference in Sec. 1910.6;
- (ii). ANSI Z89.1-1997, "American National Standard for Industrial Head Protection," which is incorporated by reference in Sec. 1910.6; or
- (iii). ANSI Z89.1-1986, "American National Standard for Personnel Protection--Protective Headwear for Industrial Workers--Requirements," which is incorporated by reference in Sec. 1910.6.

##### 3. Head protection devices that the employer demonstrates are at least as effective as head protection devices that are constructed in accordance with one of the above consensus standards will be deemed to be in compliance with the requirements of this section.

*Note: This standard can be viewed over the internet at <http://www.osha.gov/>*

### Responsibility:

All employees.

### Attachment:

Choosing and Using Head Protection

### Policy & Procedure:

- A. All employees shall be provided with and required to wear an approved safety hat or cap when exposed to an area or operation where such equipment is necessary to protect the employee from recognized hazards. Whenever entering any area marked with a sign stating "HARD HAT AREA" or similar wording, which indicates head protection is required, said protection shall be worn.

- B. Each foreman/supervisor shall be responsible for the distribution and proper usage of said equipment.
- C. Each employee provided with a safety hat or cap shall be responsible for its maintenance and proper use. No modifications, decals or painting on the safety cap shall be permitted without prior approval by the Risk/Safety Office.
- D. Each Department/Division is responsible for identifying those areas/operations wherein head protection is required, making sure employees are aware of these areas and operations, and they are equipped with the proper head protection gear.
- E. The City's Human Resources and Risk/Safety Department will assist in the identification of hazardous areas when necessary.

## Choosing and Using Head Protection

Reference: <http://www.osha.gov/Publications/osha3151.pdf>

Protecting employees from potential head injuries is a key element of any safety program. A head injury can impair an employee for life or it can be fatal. Wearing a safety helmet or hard hat is one of the easiest ways to protect an employee's head from injury. Hard hats can protect employees from impact and penetration hazards as well as from electrical shock and burn hazards.

Employers must ensure that their employees wear head protection if any of the following apply:

- Objects might fall from above and strike them on the head;
- They might bump their heads against fixed objects, such as exposed pipes or beams; or
- There is a possibility of accidental head contact with electrical hazards.

Some examples of occupations in which employees should be required to wear head protection include construction workers, carpenters, electricians, linemen, plumbers and pipefitters, timber and log cutters, welders, among many others. Whenever there is a danger of objects falling from above, such as working below others who are using tools or working under a conveyor belt, head protection must be worn. Hard hats must be worn with the bill forward to protect employees properly.

In general, protective helmets or hard hats should do the following:

- Resist penetration by objects.
- Absorb the shock of a blow.
- Be water-resistant and slow burning.
- Have clear instructions explaining proper adjustment and replacement of the suspension and headband.

Hard hats must have a hard outer shell and a shock-absorbing lining that incorporates a headband and straps that suspend the shell from 1 to 1 1/4 inches (2.54 cm to 3.18 cm) away from the head. This type of design provides shock absorption during an impact and ventilation during normal wear.



## Types of Hard Hats

There are many types of hard hats available in the marketplace today. In addition to selecting protective headgear that meets ANSI standard requirements, employers should ensure that employees wear hard hats that provide appropriate protection against potential workplace hazards. It is important for employers to understand all potential hazards when making this selection, including electrical hazards. This can be done through a comprehensive hazard analysis and an awareness of the different types of protective headgear available.

Hard hats are divided into three industrial classes:

- Class A hard hats provide impact and penetration resistance along with limited voltage protection (up to 2,200 volts).
- Class B hard hats provide the highest level of protection against electrical hazards, with high-voltage shock and burn protection (up to 20,000 volts). They also provide protection from impact and penetration hazards by flying/falling objects.
- Class C hard hats provide lightweight comfort and impact protection but offer no protection from electrical hazards.

Another class of protective headgear on the market is called a “bump hat,” designed for use in areas with low head clearance. They are recommended for areas where protection is needed from head bumps and lacerations. These are not designed to protect against falling or flying objects and are not ANSI approved. It is essential to check the type of hard hat employees are using to ensure that the equipment provides appropriate protection. Each hat should bear a label inside the shell that lists the manufacturer, the ANSI designation and the class of the hat.

## Hearing Protection

### Purpose:

To require the use of an approved hearing protective device in those areas or operations wherein the noise level cannot be reduced to permissible levels through administrative or engineering controls.

### Related State or Federal Guidelines:

A. OSHA Standard #1910.95 – Occupational Noise Exposure

*Note: Due to the length of these standards and the associated calculation tables, they will not be written in this section. These standards can be viewed over the internet at <http://www.osha.gov>*

### Responsibility:

All employees.

### Attachments:

- A. Noise and Recommended Exposure Limits
- B. Types of Hearing Protection.

### Policy & Procedure:

- A. All employees shall be provided with and required to wear an approved hearing protective device when exposed to noise which exceeds those levels established by OSHA. Ear Protection must be American National Standards Institute approved.
- B. All employees, upon being provided with hearing protection, shall be required to wear same when working in areas or operations where there is a possibility of hearing damage.
- C. Each foreman/supervisor shall be responsible for training employees in the proper usage of said equipment.
- D. Each employee provided with ear protection shall be responsible for its maintenance and proper use when in his/her care. If the equipment is damaged or lost through misuse or carelessness, the responsible employee may be charged for the replacement cost and issued appropriate discipline.
- E. Audiometric testing may be conducted on all employees entering the City's service in a field where they may be exposed to high noise level, including those employees who are transferred into said occupations.
- F. Each Department/Division is responsible for identifying those areas/operations in which noise level hazards exist, or where an excessive impact noise is present, to inform employees of these areas/operations and provide the appropriate equipment to the employees.

G. The City's Risk/Safety Office will assist in the identification of noise levels when necessary.

NOTE: Ear Protection Must Be American National Standards Institute Approved.

## Noise and Recommended Exposure Limits

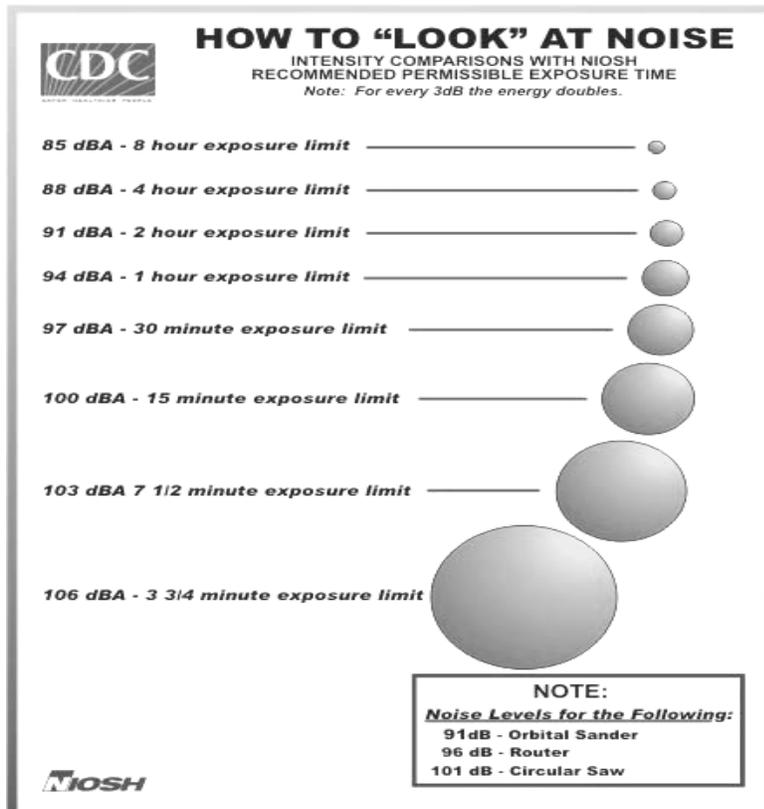
Reference: <http://63.234.227.130/Publications/osha3151.html>

The table shows the permissible noise exposures that require hearing protection for employees exposed to occupational noise at specific decibel levels for specific time periods. Noises are considered continuous if the interval between occurrences of the maximum noise level is one second or less. Noises not meeting this definition are considered impact or impulse noises (loud momentary explosions of sound) and exposures to this type of noise must not exceed 140 dB. Examples of situations or tools that may result in impact or impulse noises are powder-actuated nail guns, a punch press or drop hammers.

Duration per day, in hours	Sound level in dB*
8	90
6	92
4	95
3	97
2	100
1 1/2	102
1	105
1/2	110
1/4 or less	115

Permissible Noise Exposures 1/4 or less 115  
 \*When measured on the A scale of a standard sound level meter at slow response.

Reference: <http://www.cdc.gov/niosh/topics/noise/pubs/lookatnoise.html>



## Types of Hearing Protection

Reference: <http://www.cdc.gov/niosh/topics/noise/about/chooseprotection.html>

The best hearing protector is the one that is comfortable and convenient and that you will wear every time you are in an environment with hazardous noise.

Some types of hearing protection are:

### **Expandable foam plugs**

These plugs are made of a formable material designed to expand and conform to the shape of each person's ear canal. Roll the expandable plugs into a thin, crease-free cylinder. Whether you roll plugs with thumb and fingers or across your palm doesn't matter. What's critical is the final result—a smooth tube thin enough so that about half the length will fit easily into your ear canal. Some individuals, especially women with small ear canals, have difficulty rolling typical plugs small enough to make them fit. A few manufacturers now offer a small size expandable plug.

### **Pre-molded, reusable plugs**

Pre-molded plugs are made from silicone, plastic or rubber and are manufactured as either “one-size-fits-most” or are available in several sizes. Many pre-molded plugs are available in sizes for small, medium or large ear canals.

A critical tip about pre-molded plugs is that a person may need a different size plug for each ear. The plugs should seal the ear canal without being uncomfortable. This takes trial and error of the various sizes. Directions for fitting each model of pre-molded plug may differ slightly depending on how many flanges they have and how the tip is shaped. Insert this type of plug by reaching over your head with one hand to pull up on your ear. Then use your other hand to insert the plug with a gentle rocking motion until you have sealed the ear canal.

Advantages of pre-molded plugs are that they are relatively inexpensive, reusable, washable, convenient to carry, and come in a variety of sizes. Nearly everyone can find a plug that will be comfortable and effective. In dirty or dusty environments, you don't need to handle or roll the tips.

### **Canal caps**

Canal caps often resemble earplugs on a flexible plastic or metal band. The earplug tips of a canal cap may be a formable or pre-molded material. Some have headbands that can be worn over the head, behind the neck or under the chin. Newer models have jointed bands increasing the ability to properly seal the earplug.

The main advantage canal caps offer is convenience. When it's quiet, employees can leave the band hanging around their necks. They can quickly insert the plug tips when hazardous noise starts again. Some people find the pressure from the bands uncomfortable. Not all canal caps have tips that adequately block all types of noise. Generally, the canal caps tips that resemble stand-alone earplugs seem to block the most noise.

### **Earmuffs**

Earmuffs come in many models designed to fit most people. They work to block out noise by completely covering the outer ear. Muffs can be “low profile” with small ear cups or large to hold extra materials for use in extreme noise. Some muffs also include electronic components to help users communicate or to block impulsive noises.

Workers who have heavy beards or sideburns or who wear glasses may find it difficult to get good protection from earmuffs. The hair and the temples of the glasses break the seal that the earmuff cushions make around the ear. For these workers, earplugs are best. Other potential drawbacks of earmuffs are that some people feel they can be hot and heavy in some environments.

## **Safety Vests/Shirts**

Purpose:

To require the use of a high visibility reflective garment when working in areas where additional visibility is necessary to afford the employees added protection.

Related State or Federal Guidelines:

None.

Responsibility:

All employees.

Policy and Procedures:

- A. All employees working on a roadway shall be provided with a safety vest or shirt which meets the Department of Transportation (DOT) standards.
  - 1. Additional equipment such as gloves, cap, etc., may be provided if deemed appropriate and meets the DOT standards.
  - 2. The roadway is defined as the area between the curbs or where the curbs would be if said area does not have curbs.
- B. All employees working in any other area where it is determined necessary by their supervisor that they be clearly visible shall also be provided with a safety vest or shirt which meets the DOT standards.
- C. All employees upon being provided with a safety vest or shirt shall wear same when working in any of the areas outlined above.
- D. Each foreman/supervisor shall be responsible for the distribution and training employees in the proper usage of this equipment.
- E. Each employee shall be responsible for the maintenance and proper use of this equipment when in his/her care.
- F. If this equipment is damaged or lost through misuse or carelessness, the responsible employee may be charged for the replacement cost and disciplined under the City's progressive discipline policy.
- G. In the event of cold weather, the vest must be worn on the outside of clothing and if the shirt is covered, a vest would be required.

# Respirator Protection

## Purpose:

This respiratory protection program is established to coordinate the use and maintenance of respiratory protection equipment which is used to reduce employee exposure to air contaminants. In addition, it will allow employees to work safely in potentially hazardous environments.

## Related State and Federal Guidelines:

### A. OSHA Standard #1910.134 – Respiratory Protection

#### 1. Permissible practice.

- b) In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to this section.
- b) Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program which shall include the requirements outlined in paragraph (c) of this section.

*Note: This is just the introduction to the full OSHA Respiratory Protection standards. The full standards are available over the internet at <http://www.osha.gov>*

## Responsibility:

All employees required to work in areas where there is a hazard of airborne contaminants such as gas, vapor, or particles or an oxygen deficiency. All supervisors responsible for monitoring a respirator program.

## Attachments:

- A. Positions Requiring Use of Respirator and/or SCBA
- B. Selection of Respirators.
- C. Illustration of Respirator Types.

## Forms:

- A. OSHA History Respirator Medical Evaluation Questionnaire
- B. Respirator Training Record.
- C. Respirator Fit Test Record.
- D. Air Purifying/Cartridge Filter Respirator Inspection Form.
- E. SCBA Respirator Inspection and Maintenance.
- F. Respirator Program Evaluation Checklist.

#### Policy and Procedures:

- A. All respiratory equipment will be purchased through the City's Purchasing Office. Depending on the purpose (note attachment – selection of respirators) the item should either be an air purifying or air supplying respirator. All respirators must have been approved by the National Institute for Occupational Safety and Health (NIOSH).
  
- B. Each respirator shall be plainly marked as to the compound or use to which it is intended, its issuance date, and a specific face piece assigned to a specific person by name. If respiratory protection is to be effective, care must be exercised to insure that the face piece or hood is properly fitted to the individual. It is preferred that each individual have his/her own respirator, especially an air supplying respirator. Sharing a respirator is generally not recommended.
  
- C. Respirators that are purchased should be fitted or fit-tested by the vendor or the City's Fire Department. Records must be kept as to the day of the fit testing, the employee's name and the type of respirator. Under OSHA regulations an employee is not permitted to wear a tight fitting faceplate if he/she has facial hair or any other condition which interferes with the sealing surface of the faceplate and face.
  
- D. Training/Fit Testing:
  - 1. Before any individual is allowed to wear a respirator he/she must undergo training by the Fire Department. This training should include, but not be limited to:
    - a) the nature of the respiratory hazard and what may happen if the respirator is not used properly.
    - b) engineering and administrative controls being used and the need for the respirator as added protection.
    - c) the reasons for the selection of a particular type of respirator.
    - d) the limitations of the selected respirator.
    - e) the methods of donning the respirator and checking its fit and operation.
    - f) the proper wear of the respirator.
    - g) respirator maintenance and storage.
    - h) the proper method for handling emergency situations.
  - 2. Retraining shall be administered annually, and when the following situations occur:
    - a) Changes in the workplace or the type of respirator render previous training obsolete.
    - b) Inadequacies in the employee's knowledge or use of the respirator indicates the employee has not retained the requisite understanding or skill.
    - c) Any other situation arises in which retraining appears necessary to ensure safe respirator use.
  
- E. Medical Evaluations:
  - 1. Before any individual can use a respirator he/she must undergo a physical examination by a physician or other licensed health care professional paid by the City. In addition to the physical exam, the employee must complete the OSHA History Respirator Medical Evaluation Questionnaire. The exam is to determine whether the individual is physically fit enough to withstand the physiological response of respirator use. This evaluation should produce the following information about the employee:

- a) History of respiratory disease – identifies a worker with a history of asthma, emphysema, or chronic lung disease or other problems which may place the individual at risk if they wear a respirator.
  - b) Work history – identifies workers who have been exposed to asbestos, silica, cotton dust, beryllium, etc. within the past ten years or workers who have worked in occupations or industries where such exposure was probable. If past exposures are identified, medical tests can be obtained for comparison.
  - c) Any other information which may offer evidence of the employee’s ability or inability to wear and use a respirator.
2. Medical reevaluations will be conducted at least annually.
- a. Employee completes the OSHA History Respirator Medical Evaluation Questionnaire, places it in a sealed envelope and forwards to their supervisor.
  - b) Once the supervisor has received the forms from all appropriate employees, they will forward them to the Human Resources and Risk/Safety Department.
  - c) The Human Resources and Risk/Safety Department will send all forms to the City’s physician for review.
  - d) The City physician will send the Human Resources and Risk/Safety Department a Respirator Fitness form stating the employee is fit or will recommend further testing.
  - e) The Human Resources and Risk/Safety Department will schedule employees for follow-up pulmonary function testing or physical exam.
3. However a reevaluation will be conducted if:
- a) an employee reports medical signs or symptoms that are related to ability to use a respirator. The employee is responsible to inform his/her supervisor of any health changes which could affect their use of a respirator.
  - b) a physician or other licensed health care professional, the supervisor or administrator of the respirator program informs the City that an employee needs to be reevaluated.
  - c) information obtained during training, retraining or fit testing indicates a need for the employee to be reevaluated.
  - d) a change occurs in workplace conditions (e.g., physical work effort, protective clothing, and temperature) that may result in a substantial increase in the physiological burden placed on an employee.

F. Respirator maintenance and care:

- 1. Respirators shall be cleaned according to the manufacturer's specifications. Towelettes or detergent can be used to clean facial masks. Dust masks, etc., that are intended for one (1) use shall be disposed of after one (1) use.
- 2. Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in sanitary condition.
- 3. Respirators issued to more than one employee shall be cleaned and disinfected before being worn by a different individual.
- 4. Respirators maintained for emergency use shall be cleaned and disinfected after each use.
- 5. Respirators used in routine situations shall be inspected before each use and during cleaning.
- 6. Respirators maintained for use in emergency situations shall be inspected at least monthly and in accordance with manufacturer’s recommendation. It should be checked for proper function before and after each use.

7. Respirator inspection should include, but not be limited to:
    - a) Respirator function.
    - b) Tightness of connections.
    - c) Condition of facepiece, head straps, valves, connecting tube and cartridges, canisters or filters.
    - d) Air and oxygen cylinders. These should be fully charged in accordance with manufacturer's instructions. These can be filled at the Fire Department or other approved location.
  8. All inspections shall be documented on the "Respirator Inspection Record" form and filed.
  9. Any respirator which does not meet inspection standards or is found to be defective are to be removed from service and are either discarded, repaired or adjusted. Any repairs or adjustments shall only be done by persons trained to perform such operations and in accordance with the manufacturer's recommendations and specifications. Replacement parts must be NIOSH approved from the respirator's manufacturer.
  10. All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excess moisture and damaging chemicals. They shall be packed or stored to prevent deformation of the facepiece and exhalation valve. Respirators which do not come in a specialized container or unless otherwise instructed by the manufacturer shall be stored in either a zip lock freezer bag or a plastic sealed container and placed in a locker or other storage area.
  11. Respirators used for an emergency shall be stored in compartments or in covers that are clearly marked as containing emergency respirators and stored in accordance with the manufacturer's instructions.
- G. The cost center shall periodically survey the work area to analyze the conditions under which each respirator is being used (Are the conditions for which the respirator is being used still the conditions the respirator was meant for?). This surveillance may be done when a respirator is in use or as job conditions change. Each inspection should be properly recorded.
- H. Employees using a Self-Contained Breathing Apparatus (SCBA) or Supplied Air Respirator (SAR) in an area where the environment is considered immediately dangerous to life and health (IDLH) must wear safety harnesses and lifelines. A second person equipped with complete protective gear must be standing by, ready to help if the first worker gets into trouble. Communications (visual, voice or signal line) must be maintained with all persons present. Precautions must be taken so that in the event of an accident one person will be unaffected. The proper rescue equipment should be available to contact and assist emergency personnel in the event of an emergency situation.
- I. Each Division Director or appropriate manager shall periodically evaluate the effectiveness of the program and immediately follow up on any employee complaints.

**Positions Requiring Use of Respirator and/or SCBA**

Deputy Fire Chief	Public Service Worker III
Deputy Fire Marshal	Public Services Foreman
District Chief	Recreation Coordinator (Pool)
Division Chief of EMS/Support Services	Spray Technician
Division Chief of Training	Wastewater Maintenance Mechanic
Equipment Operator II	Wastewater Plant Operator I
Fire Chief	Wastewater Plant Operator II
Fire Lieutenant	Wastewater Plant Operator Trainee
Fire Marshal	Water Maintenance Mechanic
Firefighter/EMT	Water Plant Operator I
Firefighter/Paramedic	Water Plant Operator II
Head Lifeguard	Water Plant Operator Trainee
Public Service Worker II	

## Selection of Respirators

### Exposure Assessment

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#### ***When? What? How Much?***

Employers must characterize the nature and magnitude of employee exposures to respiratory hazards before selecting respiratory protection equipment. Paragraph (d)(1)(iii) of the final rule requires the employer to identify and evaluate the respiratory hazard(s) in the workplace. Employers must make a "reasonable estimate" of the employee exposures anticipated to occur as a result of those hazards, including those likely to be encountered in reasonably foreseeable emergency situations, and must also identify the physical state and chemical form of such contaminant(s). The final rule does not specify how the employer is to make reasonable estimates of employee exposures for the purposes of selecting respirators.

**When must an employer conduct an exposure assessment?** When you expose your employees to a respiratory hazard and/or require them to wear respirators. Examples of when you should consider assessments may include but are not limited to:

- When OSHA has a substance specific standard (e.g., lead, methylene chloride).
- When employees notice symptoms (e.g., irritation, odor) or complain of respiratory health effects.
- When the workplace contains visible emissions (e.g., fumes, dust, aerosols).

**What is the identity and nature of the airborne contaminant?** Specific characteristics of the airborne hazard must be established in order to select an appropriate respirator.

- Is the airborne contaminant a particulate (dust, fumes, mist, aerosol) or a gas/vapor?
- Is the airborne contaminant a chemical and are material safety data sheets available?
- Is the airborne contaminant a biological (bacteria, mold, spores, fungi, virus)?
- Are there any mandatory or recommended occupational exposure levels for the contaminant?

**How much employee exposure is there in the workplace?** The final rule permits employers to use many approaches for estimating worker exposures to respiratory hazards.

**Sampling** - Personal exposure monitoring is the "gold standard" for determining employee exposures because it is the most reliable approach for assessing how much and what type of respiratory protection is required in a given circumstance.

- Sampling should utilize methods appropriate for contaminants(s).
- Sampling should present the worst case exposures; or
- Sampling should represent enough shifts and operations to determine the range of exposure

**Objective Information** - You may rely on information and data that indicate that use or handling of a product or material cannot, under worst-case conditions, release concentrations of a respiratory hazard above a level that would trigger the need for respirator use or require use of a more protective respirator.

- You can use data on the physical and chemical properties of air contaminants, combined with information on room dimensions, air exchange rates, contaminant release rates, and other pertinent data, including exposure patterns and work practices, to estimate the maximum exposure that could be anticipated in the workplace.
- Data from industry-wide surveys by trade associations for use by their members, as well as from stewardship programs operated by manufacturers for their customers, are often useful in assisting employers, particularly small-business owners, to obtain information on employee exposures in their workplaces.

**Variation** - You should account for potential variation in exposure by using exposure data collected with a strategy that recognizes exposure variability, or by using worst-case assumptions and estimation techniques to evaluate the highest foreseeable employee exposure levels. The use of safety factors may be necessary to account for uneven dispersion of the contaminant in the air and the proximity of the worker to the emission source.

## Assigned Protection Factors

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The assigned protection factor (APF) of a respirator reflects the level of protection that a properly functioning respirator would be expected to provide to a population of properly fitted and trained users. For example, an APF of 10 for a respirator means that a user could expect to inhale no more than one tenth of the airborne contaminant present.

See Table 1. -- Assigned Protection Factors, [29 CFR 1910.134\(d\)\(3\)\(i\)\(A\)](#).



### ***Keep In Mind***

Various groups such as the National Institute for Occupational Safety and Health (NIOSH), the Occupational Safety and Health Administration (OSHA), and the American National Standards Institute (ANSI) have proposed factors for the different types of respirators available.

OSHA will enforce the APFs listed in its standards unless an alternative APF has been granted by a specific OSHA interpretation.

## Factors That Can Influence Respirator Selection

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### The Physical Configuration of the Jobsite

Tightly constrained areas may not permit the use of self-contained breathing apparatuses even though they might be an acceptable choice otherwise. Likewise, working around obstructions or moving machinery that can snag hoses may limit the use of airline respirators.

### Worker Medical Condition

Wearing respiratory protection poses a physical burden on the wearer. When a worker's medical condition would prohibit restrictive breathing conditions, negative pressure respirators would not be an appropriate choice.

### Worker Comfort

Worker preferences should be a consideration during the respirator selection process. Among air purifying respirators, powered air purifying helmets have been subjectively rated the best for breathing ease, skin comfort, and in-mask temperature and humidity while filtering facepieces rated high for lightness and convenience. Each, however, has its own drawbacks, and all these factors should be taken into account during selection.

## The Advisor Genius: Selecting an Appropriate Respirator

**Go to:** [http://www.osha.gov/SLTC/etools/respiratory/respirator\\_selection\\_advisorgenius.html](http://www.osha.gov/SLTC/etools/respiratory/respirator_selection_advisorgenius.html)



### Before You Begin

#### 1. The Advisor Genius may ask you for the following information. Be prepared.

Percent of oxygen in the air. If you are working at normal atmospheric conditions, use a value of 21%.

Type of contaminant: particulate or gas.

For gaseous contaminants, the maximum concentration of contaminants in the workplace in units of parts per million or milligrams per cubic meter.

## Illustration of Respirator Types

### Air-purifying vs. Atmosphere-supplying Respirators

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**Air-purifying  
Respirators**

- have filters, cartridges, or canisters that remove contaminants from the air by passing the ambient air through the air-purifying element before it reaches the user.



**Atmosphere-supplying  
Respirators**

supply clean air directly to the user from a source other than the air surrounding the user.

## Three Kinds of Air-purifying Respirators

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### Particulate Respirators

- capture particles in the air, such as dusts, mists, and fumes
- do not protect against gases or vapors
- generally become more effective as particles accumulate on the filter and plug spaces between the fibers
- filters should be replaced when user finds it difficult to breath through them

(see [Selection Criteria for Particulate Filters](#))



### Combination Respirators

- are normally used in atmospheres that contain hazards of both particulates and gases
- have both particulate filters and gas/vapor filters
- may be heavier



### Gas & Vapor Respirators

are normally used when there are only hazardous gases and vapors in the air

use chemical filters (called cartridges or canisters) to remove dangerous gases or vapors

do not protect against airborne particles

are made to protect against specific gases or vapors

provide protection only as long as the filter's absorbing capacity is not depleted

the service life of the filter depends upon many factors and can be estimated in various ways

(see [Respirator Change Schedules](#))

## Three Kinds of Atmosphere-supplying Respirators

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### Air-Supplied Respirators

- makes use of a hose to deliver clean, safe air from a stationary source of compressed air
- provides clean air for long periods of time and are light weight for the user
- limits the range of user-mobility and may fail due to hose damage
- also called airline respirators
- are normally used when there are extended work periods required in atmospheres that **are not** immediately dangerous to life and health (IDLH)



### Combination Respirators

- have an auxiliary self-contained air supply that can be used if the primary supply fails
- the self-contained portion can be small since it only needs to supply enough air for escape
- can be used for entry into confined spaces
- are normally used when there are extended work periods required in atmospheres that **are or may be** immediately dangerous to life and health (IDLH)



### Self-Contained Breathing Apparatus

- consists of a wearable, clean-air supply pack
- do not restrict movement with a hose connection
- the closed-circuit type can provide air up to 4 hours
- the open-circuit type only provide air for 30 - 60 minutes
- are normally used when there is a short-time need to enter and escape from atmospheres which **are or may be** immediately dangerous to life and health (IDLH)

Employers are required to provide employees using atmosphere-supplying respirators (supplied air and self contained breathing apparatus) with breathing gases of high purity, and shall ensure that compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration is in accordance with the specifications of OSHA Standard 29 CFR 1910.134(i).

<b>Lakeside Occupational Medical Centers, Inc.</b>					
<b>OSHA HISTORY RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE</b>					
Can you read? <input type="checkbox"/> Yes <input type="checkbox"/> No		COMPANY:		JOB TITLE:	
NAME:		DATE:		SS#:	
ADDRESS:		CITY:		STATE: ZIP:	
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height: inches Weight lbs.		DAYTIME PHONE NUMBER:	
Have you ever worn a respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type(s):			
Type of respirator you will use:		<input type="checkbox"/> N, R, or disposable respirator (filter mask, non-cartridge type only).			
		<input type="checkbox"/> Other Type (half - or full-face piece type, powered-air purifying, supplied air, self-contained breathing apparatus)			
<b>Part A</b>		<b>Yes</b>		<b>No</b>	
Do you smoke tobacco, or have you smoked tobacco in the past month?					
<b>Have you ever had any of the following conditions:</b>					
Seizures (fits)?					
Diabetes (sugar disease)?					
Allergic reactions that interfere with your breathing?					
Claustrophobia (fear of closed-in spaces)?					
Trouble smelling odors?					
<b>Have you ever had any of the following pulmonary or lung conditions:</b>					
Asbestosis?					
Asthma?					
Chronic bronchitis?					
Emphysema?					
Pneumonia?					
Tuberculosis?					
Sillcosta?					
Pneumothorax (collapsed lung)?					
Lung cancer?					
Broken ribs?					
Any chest injuries or surgeries?					
Any other lung problem you have been told about?					
<b>Do you currently have any of the following symptoms of lung illness:</b>					
Shortness of breath?					
Shortness of breath when walking fast on level ground or walking up a slight hill or incline?					
Have to stop for breath when walking at your own pace on level ground?					
Shortness of breath when washing or dressing yourself?					
Shortness of breath that interferes with your job?					
Coughing that produces thick phlegm (sputum)?					
Coughing that wakes you early in the morning?					
Coughing that occurs mostly when you are lying down?					
Coughing up blood in the last month?					
Wheezing?					
Wheezing that interferes with your job?					
Chest pain when you breathe deeply?					
Any other symptoms you think may be related to lung problems?					
<b>Have you ever had any of the following heart problems:</b>					
Heart attack?					
Stroke?					
Angina?					
Heart Failure?					
Swelling in your legs or feet (not caused by walking)?					
Heart arrhythmia (heart beating irregularly)?					
High blood pressure?					
Any other heart problem you've been told about?					
Frequent pain or tightness in your chest?					
Pain or tightness in your chest during physical activity?					
Pain or tightness in your chest that interferes with your job?					
In the past 2 years, have you noticed your heart skip/miss beats?					
Heartburn or indigestion that is not related to eating?					
Any other symptoms that you think may be related to heart or circulation problems?					
<b>Do you currently take medication for any of these problems:</b>					
Breathing or lung problems?					
Heart trouble?					
Blood pressure?					
Seizures (fits)?					
<b>If you have worn a respirator, have you experienced any of the following problems:</b>					
<b>I have never worn a respirator (check here):</b>					
Eye irritation?					
Skin allergies or rashes?					
Anxiety?					
General weakness or fatigue?					
Any other problem that interferes with your use of a respirator?					
<b>If you will not be wearing a full-faced or self-contained breathing apparatus (SCBA). Skip to back page.</b>					
<b>If you will be wearing either a full-face or self contained breathing apparatus (SCBA), please answer the following:</b>					
Have you ever lost vision in either eye (temporary or permanent)?					
Do you currently wear contact lenses?					
Do you currently wear glasses?					
Are you color blind?					
Do you have any other eye or vision problem?					
<b>Do you currently have any of the following hearing problems:</b>					
Have you ever had an injury to your ears, including a broken ear drum?					
Difficulty hearing?					
Wear a hearing aid?					
Any other hearing or ear problem?					
<b>Do you have any of the following musculoskeletal problems:</b>					
Have you ever had a back injury?					
Weakness in any of your arms, hands, legs or feet?					
Back pain?					
Difficulty fully moving your arms and legs?					
Pain or stiffness when you lean forward or backward at the waist?					
Difficulty moving your head up or down?					
Difficulty moving side to side?					
Difficulty bending at your knees?					
Difficulty squatting to the ground?					
Climbing a flight of stairs or a ladder carrying more than 25 lbs?					
Any other muscle or skeletal problem that interferes with using a respirator?					
<b>Explain "yes" answers here:</b>					
<b>Continue on next page</b>					

<b>Name:</b>			
<b>RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (Page 2)</b>			
<b>Part B</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b> <b>No</b>
In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?			
If "yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions?			
At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (gases, fumes or dust), or have you come into skin contact with hazardous chemicals?			
If yes, please name them:			
Have you ever worked with any of the materials, or under any of the conditions, listed below:			
Asbestos?			
Silica?			
Tungsten/cobalt (grinding or welding this material)?			
Beryllium?			
Aluminum?			
Coal (mining)?			
Iron?			
Tin?			
Dusty environment?			
Any other hazardous exposures?			
If "yes", please describe:			
List any second jobs or side business you have:			
List your previous occupations:			
List your current and previous hobbies:			
Have you been in the military services?			
If "yes", were you exposed to biological or chemical agents?			
Have you ever worked on a HAZMAT team?			
Other than medications for breathing and lung problems, heart trouble, blood pressure and seizures, mentioned in this questionnaire, are you taking any other prescription medications for any reason (including over-the-counter medications)?			
If "yes", please list medications:			
Describe the work you will be doing while you are using the respirator(s):			
Describe any special or hazardous conditions you might encounter when you are using your respirator(s):			
Provide the following information, if you know it, for each toxic substance that you will be exposed to when you are using your respirator(s):			
Use back of form if more room needed			
I certify that all answers provided on this questionnaire are true and correct to the best of my knowledge.			
Signature: _____			Date: _____
Reviewed by: _____			Date: _____

## Respirator Training Record City of Dunedin

Employee Full Name: \_\_\_\_\_

Training Date: \_\_\_\_\_

I received training in the proper selection, use and care of the respirator assigned to me.

The contents of the training I received were: (check items covered):

- \_\_\_\_\_ Description of Respiratory Protection Program
- \_\_\_\_\_ Responsibilities
- \_\_\_\_\_ Respirator selection principles
- \_\_\_\_\_ No facial hair allowed (that can interfere with seal)
- \_\_\_\_\_ Hazards of expected contaminants
- \_\_\_\_\_ Medical monitoring principles
- \_\_\_\_\_ Emergency procedures
- \_\_\_\_\_ Respirator donning and use
- \_\_\_\_\_ Respirator care and storage
- \_\_\_\_\_ Cartridge/filter changeout schedule

Further, I understand the importance of this program and agree to abide by its contents.

Employee/Trainee: (signed) \_\_\_\_\_

Instructor: (print) \_\_\_\_\_

cc: Division File

## Respirator Fit Test Record

Employee Name (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Type/Brand of Respirator: \_\_\_\_\_

Model: \_\_\_\_\_

Size \_\_\_\_\_

Test Type: \_\_\_\_\_ Qualitative \_\_\_\_\_ Quantitative

Test Agent: \_\_\_\_\_

Results (Circle):                      Pass                      Fail

Name of Test Conductor: \_\_\_\_\_

Chemicals used needing respiratory protection (check all that apply):

\_\_\_ Organics

\_\_\_ Benzene

\_\_\_ Formaldehyde

\_\_\_ Other: List: \_\_\_\_\_

\_\_\_ Metals

\_\_\_ Lead

\_\_\_ Cadmium

\_\_\_ Other: List: \_\_\_\_\_

\_\_\_ Acids

\_\_\_ Asbestos

\_\_\_ Biologicals

\_\_\_ Dusts

\_\_\_ Ethylene Oxide

\_\_\_ Pesticides

\_\_\_ Other: List \_\_\_\_\_

cc:     Division File

## **Air Purifying/Cartridge Filter Respirator Inspection Form**

This form should be used for inspection of air purifying or cartridge filter respirators. The wearer shall initial and date the log after each inspection. This form shall remain on file at the Division. The following are items which, at a minimum, should be examined.

### **Inspection Guide**

1. Examine the facepiece for:
  - a) cracks, scratches and holes
  - b) inflexibility of the rubber facepiece
  - c) badly worn threads or a cracked cartridge holder
  
2. Examine the straps for:
  - a) tears or breaks
  - b) loss of elasticity
  - c) broken buckles or worn straps.
  
3. Examine the cartridge for:
  - a) correct cartridge for the hazard
  - b) expired shelf-life date

### **All Inspections Shall Be Documented On The Form Below**

Make of Respirator: \_\_\_\_\_ Model: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Size: \_\_\_\_\_ Cartridge type/number: \_\_\_\_\_  
Department: \_\_\_\_\_ Division: \_\_\_\_\_

Date Inspected	Inspector's Initials	Cartridge Replaced (yes/no)	Comments

## SCBA Respirator Inspection and Maintenance

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Respirator Make and Model: \_\_\_\_\_

Cylinder Pressure PSIG: \_\_\_\_\_

SCBA respirators **must be inspected for defects after each use, and at least once monthly if it is not used.** The equipment must be repaired as necessary, cleaned and disinfected and then stored properly to assure that it is maintained in satisfactory working condition. If any defects are found, **DO NOT** use the equipment until it has been repaired by an authorized technician. In many cases, repairs by a factory authorized service center may be necessary. The manufacturer of the equipment must be contacted to obtain specific inspection and maintenance instructions. The manufacturer's instructions must be incorporated into this checklist or must be used to modify it.

	Yes	No	On Order	Serviced
<b>GENERAL</b>				
1) In main or reserve air tank filled?				
2) Is unit clean?				
3) Are all straps on the face piece and backpack fully extended, hooked up and in good condition?				
4) Case and Cover: Free of dents or heat damage				
5) Have air tanks been hydrostatically tested recently? Check the manufacturer's recommendation for frequency; standard steel cylinders must be tested and internally inspected every 3 years.				
<b>FACEPIECE</b>				
6) Is it without nicks, scratches, or abrasions which would impair outward visibility, or, deep gouges/cracks which would reduce impact resistance?				
7) Head strap Buckles				
a) Have crushed, bent or corroded buckles been replaced?				
b) Have damaged, loosened rivets or other fasteners been repaired?				
8) Mask Rims				
a) Are rim screws securely tightened?				
b) Have deformed broken rim pieces been replaced?				
9) Inlet Nozzle				
a) If there is sticking evident while exhaling through the exhalation valve, has it been corrected?				
b) Check the following inlet devices				
• Screws securing the nozzle				
• Clamps securing the low pressure hose in the nozzle.				
• Exhalation valve seat				
• Damage to the nozzle body such as warping or cracking.				
• Nozzle spring				
10) Face piece skirt				
a) Have sealing lips been checked for cuts, gouges, punctures, tears and nicks?				
b) Have materials that are hardening or deteriorating been checked?				

	Yes	No	On Order	Serviced
11) Convoluted Low Pressure Hose				
a) Have cuts, nicks or punctures in the hose been repaired?				
b) Has rubber been checked for age or heat induced cracking, crazing, or hardening?				
c) Are crushed, broken or cracked parts or quick connect repaired?				
12) Head strap Spider				
a) Is abrasion or nicking of head strap legs repaired?				
b) Is there age or heat induced hardening of the rubber?				
<b>SOUND STAGE REGULATOR</b>				
13) Valves				
a) Are both main and bypass valves operational?				
b) Does the one way quick connect valve assembly operate smoothly, if present?				
c) Is the main valve open, and the bypass valve closed?				
d) Is the selector lever, if present, in the "demand on" position?				
14) Pressure gauge - Is it operational? The lens is clear and there is no needle deformation.				
15) Hose and fittings: No damaged threads or worn out slots on quick connect adapter?				
16) Are the "O" rings in low pressure air outlet and other gaskets flexible?				
<b>AUDIBLE ALARM, FIRST STAGE REGULATOR, AND INTERMEDIATE PRESSURE HOSE</b>				
17) The bell alarm works. Has debris or water under the bell or dents or deformation of bell been corrected?				
18) The hose and end connectors are in good condition. Has abrasion or damage to hose been repaired?				
19) Are retaining rings securely fastened to end connectors?				
20) The threads and fittings are in good condition.				
21) The "O" rings or other gaskets are flexible.				
<b>BACKPACK AND AIR CYLINDER</b>				
22) Backpack				
a) Cylinder holder properly functions.				
b) Cylinder is secure in frame and band.				
c) Buckles, shoulder straps and water belt stitching of webbing is in good condition.				
23) Air Cylinder				
a) External inspection shows no dents, gouges, blisters or discolored paint.				
b) There is no external damage to cylinder valve.				
c) Hand wheel and ratchet mechanism operates smoothly.				

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## Respirator Program Evaluation Checklist

In general, the respirator program should be evaluated for each job at least annually, with program adjustments, as appropriate, made to reflect the evaluation results. Program function can be separated into administration and operation.

	Yes	No	N/A
<b>1. Respiratory protective equipment selection.</b>			
Are work area conditions and worker exposures properly surveyed?			
Are respirators selected on the basis of hazards to which the worker is exposed?			
Are selections made by individuals knowledgeable of proper selection procedures?			
<b>2. Are only certified respirators purchased and used; do they provide adequate protection for the specific hazard and concentration of the contaminant?</b>			
<b>3. Has a medical evaluation of the prospective user been made to determine physical and psychological ability to wear the selected respiratory protective equipment?</b>			
<b>4. Where practical, have respirators been issued to the users for their exclusive use, and are there records covering issuance?</b>			
<b>5. Respiratory protective equipment fitting</b>			
Are the users given the opportunity to try on several respirators to determine whether the respirator they will subsequently be wearing is the best fitting one?			
Is the fit testing at appropriate intervals?			
Are those users who require corrective lenses properly fitted?			
Is the facepiece-to-face seal tested?			
Are workers prohibited from wearing respirators in contaminated work areas when they have facial hair or other characteristics which may cause face seal leakage?			
<b>6. Respirator use in the work area</b>			
Are respirators being worn correctly (I.e. head covering over respirator straps)?			
Are workers keeping respirators on all the time while in the work area?			
<b>7. Maintenance of respiratory protective equipment</b>			
<i>Cleaning and Disinfecting</i>			
Are respirators cleaned and disinfected after each use when different people use the same device, or as frequently as necessary for devices issued to individual users?			
Are proper methods of cleaning and disinfecting utilized?			
<i>Storage</i>			
Are respirators stored in a manner so as to protect them from dust, sunlight, heat, excessive cold or moisture, or damaging chemicals?			
Are respirators stored properly in a storage facility so as to prevent them from deforming?			
Is storage in lockers and tool boxes permitted only if the respirator is in a carrying case or carton?			

<i>Inspection</i>			
Are respirators inspected before and after each use and during cleaning?			
Are qualified individuals/users instructed in inspection techniques?			
Is respiratory protective equipment designated as "emergency use" inspected at least monthly (in addition to after each use)?			
Are SCBA incorporating breathing gas containers inspected weekly for breathing gas pressure?			
Is a record kept of the inspection of "emergency use" respiratory protective equipment?			
<i>Repair</i>			
Are replacement parts used in repair those of the manufacturer of the respirator?			
Are repairs made by manufacturers or manufacturer-trained individuals?			
<b>8. Special use conditions</b>			
Is a procedure developed for respiratory protective equipment usage in atmospheres immediately dangerous to life and health?			
Is a procedure developed for equipment usage for entry into confined spaces?			
<b>9. Training</b>			
Are users trained in proper respirator use, cleaning, and inspection?			
Are users trained in the basis for selection of respirators?			
Are users evaluated, using competency-based evaluation, before and after training?			

Evaluated By: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

## Automated External Defibrillator (AED) Policy

### Purpose:

The purpose of this policy is to establish the policies and procedures regarding the use, care, and maintenance of Automated External Defibrillators (AEDs) owned by the City of Dunedin. AEDs owned by the fire department are excluded from this policy, as their use and maintenance is in accordance with the Pinellas County EMS system's guidelines.

### Related State or Federal Guidelines:

Florida State Statutes 768.1325: Cardiac Arrest Survival Act; Immunity from Civil Liability Subsection (3): Notwithstanding any other provision of law to the contrary, and except as provided in subsection (4), any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such device. In addition, any person who acquired the device, including, but not limited to, a community association organized under chapter 617, chapter 718, chapter 719, chapter 720, chapter 721 or chapter 723, is immune from such liability, if the harm was not due to the failure of such acquirer of the device to:

- (a) Notify the local emergency medical services medical director of the most recent placement of the device within a reasonable period of time after the device was placed;
- (b) Properly maintain and test the device; or
- (c) Provide appropriate training in the use of the device to an employee or agent of the acquirer when the employee or agent was the person who used the device on the victim, except that such requirement of training does not apply if:
  - 1) The employee or agent was not an employee or agent who would have been reasonably expected to use the device; or
  - 2) The period of time elapsing between the engagement of the person as an employee or agent and the occurrence of the harm, or between the acquisition of the device and the occurrence of the harm in any case in which the device was acquired after engagement of the employee or agent, was not a reasonably sufficient period in which to provide the training:

*Note: This is only a portion of the full statute. The entire statute can be reviewed over the internet at <http://www.leg.state.fl.us/welcome/index.cfm>*

### Responsibility:

All City facilities that have an Automated External Defibrillator (AED) on the premises and all City employees who are trained to use this device.

### Attachments:

- A. AED Use Protocol
- B. AED Locations

Form:

Automated External Defibrillator (AED) Operator's Checklist

Policy and Procedures:

A. Required Training:

All City of Dunedin employees who wish to participate in the AED program will be offered training in adult Cardiopulmonary Resuscitation (CPR) and AED use. No city employee may operate a city owned AED until they have successfully completed a training course approved by the city.

B. Program Medical Direction:

The Human Resources and Risk/Safety Department will contract with a licensed physician to provide AED medical direction in accordance with Florida statues. Each city facility wishing to purchase an AED will coordinate with the Human Resources and Risk/Safety Department and designate one employee as an "AED coordinator". The Human Resources and Risk/Safety Department will maintain a current list of all AED coordinators. AED coordinators must have CPR and AED training and are responsible to visually inspect the AED weekly, noting this inspection on the Operator's Checklist which is found in the event log. AED coordinators will also be responsible for maintaining copies of all trained personnel's CPR / AED cards with the event log and in the employee's personnel file. The AED medical director may inspect the event logs and training records at any time.

C. Maintenance of AEDs:

All City of Dunedin AEDs will be maintained in accordance with the manufacturer's recommendations and guidelines. An Operator's Checklist showing all testing, maintenance, service, and use will be kept in the event log with each AED. Any use of the device during regular business hours requires notification to the Human Resources and Risk/Safety Department as soon as EMS assumes care of the victim. After hours notification will be accomplished by forwarding a completed City of Dunedin Incident/Liability form to the Human Resources and Risk/Safety Department. The Human Resources and Risk/Safety Department will then be responsible for making notification of use to the AED program medical director within 72 hours. The Fire Department will conduct detailed inspections of each AED and event log every six months. These inspections will be noted in the event log and are to include all items on the Operator's Checklist as well as verifying that all emergency equipment listed in the AED Use Protocol is present.

D. Location and Security of AEDs:

City of Dunedin AEDs will be stored in a location approved by the Human Resources and Risk/Safety Department. The location of the AED will be clearly marked using signs provided by the manufacturer and all employees at the facility will know its location. AEDs will be located where they are not easily subject to tampering, theft, or misuse.

E. Use of AEDs:

City of Dunedin AEDs are not to be used on any victim less than eight (8) years of age or weighing less than fifty-five (55) pounds. Any use of an AED will be in accordance with the standard of care as defined by the training curriculum and the City of Dunedin AED Use protocol.

## **AED Use Protocol (Automated External Defibrillator)**

### Purpose:

To provide early access to the chain of survival for medical emergencies involving sudden cardiac arrest in accordance with the provided training and Pinellas County Emergency Medical Services.

### Policy:

Employees who are trained and certified in CPR and AED use will be available at all times when an AED equipped city facility is occupied. Employees will be certified by completing a course that is recognized by the city and the AED medical director. This training must be updated and maintained as required by the city. These employees will also be offered blood borne pathogen training and vaccinations as recommended by the city physician.

### Procedure:

- CPR and AED training will be offered to employees on a volunteer basis.
- Only those employees trained in CPR and AED use are permitted to use the device. (Documentation of this certification will be maintained in the employee's personnel file and with the AED event log).
- AED precautions:
  - Do not touch victim while defibrillating
  - Do not use AED around flammable materials
  - Do not use AED in a moving vehicle
  - Do not use AED on victim in contact with water
  - Remove victim's medication patch before using AED
  - Do not apply AED pads over a pacemaker
  - Do not use cellular phone within 6' of AED
  - Do not use on child under 8 years old or 55 lbs
- Emergency equipment shall consist of:
  - CPR pocket mask
  - Automatic External Defibrillator
  - Latex gloves (2 pair)
  - Trauma shears
  - Sterile combine pad for drying victim
  - Skin prep razor

- In the event of a cardiac emergency:
  1. Establish that the person does not respond to you
  2. Confirm they are not breathing
  3. Confirm they have no pulse

IF HELP IS AVAILABLE:

  - a. Begin CPR
  - b. Have someone call 911 and retrieve the AED
  - c. Turn the AED on
  - d. Apply the pads
  - e. Follow prompts from device
  - f. Resume CPR when the AED tells you to

IF NO HELP IS AVAILABLE:

  - a. Phone 911 and retrieve the AED immediately after determining unresponsiveness
  - b. Return to the victim and turn on the AED
  - c. Apply the pads
  - d. Follow prompts from device
  - e. Begin CPR when device tells you to- 4. Transfer care to EMS crew upon their arrival  
Notify Risk Safety immediately after EMS crew assumes care of victim (during business hours). If after hours, fill out city incident form and forward to Risk Safety through normal channels.

## AED Locations

Facility	Location
City Hall	Right side of dais in hallway
Community Center	In registration office
Hale Activity Center	In the front office
Library	Behind Circulation desk
MLK Center	Behind front desk in cabinet
Municipal Services	In Utility Billing Office
Highlander Pool	Main entrance behind counter

## AED (Automated External Defibrillator) Operator's Checklist

	Instruction	Corrective Action	Inspection completed √
1.	Examine the AED case, connector, and battery well for:		
	<ul style="list-style-type: none"> <li>• Foreign substances</li> </ul>	Clean the device	
	<ul style="list-style-type: none"> <li>• Damage or cracks</li> </ul>	Contact authorized service personnel	
2.	Examine the battery pins for bending or discoloration	Discard and replace battery	
3.	Check expiration date on battery and QUICK-COMBO pads	Replace if expired or seal is broken	
4.	Examine the accessory cables for cracked, damaged, broken, or bent parts	Replace damaged parts	
5.	With battery installed, turn on AED and look for:		
	<ul style="list-style-type: none"> <li>• Self test messages</li> </ul>	If absent, contact authorized service personnel	
	<ul style="list-style-type: none"> <li>• Momentary illumination of each LED and all LCD segments</li> </ul>	If absent, contact authorized service personnel	
	<ul style="list-style-type: none"> <li>• BATTERY LOW or REPLACE BATTERY SELF TEST xx.xx message</li> </ul>	Replace battery immediately	
	<ul style="list-style-type: none"> <li>• Service indicator or CALL SERVICE message</li> </ul>	Contact authorized service personnel	

Comments: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

# Lockout/Tagout Program

## Overview:

The City of Dunedin recognizes that all accidents are costly and could result in bodily injury and/or death to an employee or citizen. The risks are enhanced when the employee or citizen is around energized equipment or equipment connected to an energy source or containing residual or stored energy. The Lockout/Tagout Program establishes the minimum requirements for locking out and/or tagging out energized equipment as required by OSHA.

## Purpose:

This procedure establishes the minimum requirements for lockout and/or tagout of energy isolating devices. It will be used to ensure that machinery and/or equipment is isolated from all potentially hazardous energy, and locked out or tagged out before an employee or citizen performs any service or maintenance activities where the unexpected energization, start up, or release of stored energy could cause an injury.

## Related State or Federal Guidelines:

OSHA Standard #1910.147 – The Control of Hazardous Energy (Lockout/Tagout)

### Section C: General

Paragraph 1 – Energy Control Program: The employer shall establish a program consisting of energy control procedures, employee training and periodic inspections to ensure that before any employee performs any servicing or maintenance on a machine or equipment where the unexpected energizing, startup or release of stored energy could occur and cause injury, the machine or equipment shall be isolated from the energy source and rendered inoperative.

*Note: This is just the introduction to the full OSHA Lockout/Tagout Regulations. The full standards are available over the internet at <http://www.osha.gov>*

## Responsibility:

All City employees working around energized equipment.

## Attachment:

Functional Flow Diagram for Implementation of Lockout/Tagout Requirements.

## Policy and Procedures:

### A. Basic rules for using lockout or tagout system procedures

All energized equipment shall be locked out or tagged out to protect against accidents or inadvertent operation during times of maintenance or other service when such operation could cause injury to personnel. At no time should any employee attempt to operate any switch, valve or emergency or energy-isolating device when it is locked or tagged out.

Failure to follow these procedures will result in disciplinary action, up to and including termination. Comprehensive procedures will be established by each cost center for each

piece of equipment requiring Lockout/Tagout status and a copy submitted to the Human Resources and Risk/Safety Department.

B. Definitions:

1. Authorized (Qualified) Employees are the only ones certified to lock and tagout equipment or machinery. Whether an employee is considered to be qualified will depend upon various circumstances in the workplace. It is likely for an individual to be considered “qualified” with regard to certain equipment in the workplace, but “unqualified” as to other equipment. An employee who is undergoing on-the-job training and who, in the course of such training, has demonstrated an ability to perform duties safely at his or her level of training and who is under the direct supervision of a qualified person, is considered to be “qualified” for the performance of those duties.
2. Affected Employees are those employees who operate machinery or equipment upon which lockout or tagging out is required under this program. Training of these individuals will be less stringent in that it will include the purpose and use of the lockout procedures.
3. Other Employees are identified as those that do not fall into the authorized affected or qualified employee category. Essentially, it will include all other employees. These employees will be provided instruction in what the program is and not to touch any machine or equipment when they see that it has been locked or tagged out.
4. Lockout: The placement of a lockout device on an energy isolating device, in accordance with an established procedure, ensuring that the energy isolating device and the equipment being controlled cannot be operated until the lockout device is removed.
5. Lockout device: A device that utilizes a positive means such as a lock, either key or combination type, to hold an energy isolating device in the safe position and prevent the energizing of a machine or equipment. Included are blank flanges and bolted slip blinds.
6. Tagout: The placement of a tagout device on an energy isolating device, in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed.
7. Tagout device: A prominent warning device, such as a tag and a means of attachment, which can be securely fastened to an energy isolating device in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tagout device is removed.

C. Preparation for lockout or tagout

All cost centers are to make a survey to locate and identify all isolating devices to be certain which switch, valve or other energy isolating device(s) applies to the equipment to be locked or tagged out. More than one energy source (i.e. electrical problem, mechanical, etc.) may be involved.

D. Sequence of lockout or tagout procedures

1. The City’s primary tool for providing protection under the program is the energy-isolating device. This mechanism prevents the transmission or release of energy and to which all locks and tags are attached. This device guards against accidental machine or equipment start up when there is an unexpected re-energization of equipment during servicing or maintenance. There are two types of energy isolating devices
  - a) Those being capable of being locked out
  - b) Those not being capable of being locked out

2. When the energy-isolating device cannot be locked out, the authorized employee will use tagouts. When using tagouts, the authorized employee will comply with all tagout related provisions of the program.
3. Procedures for lockout/tagout
  - a) Notify all affected employees that a lockout or tagout system is going to be utilized and the reason for this decision. The authorized employee shall know all the types and magnitude of energy that the machinery or equipment utilizes and have an understanding of the possible hazards. A copy of the procedures will be obtained by the employee and followed for all affected equipment.
  - b) If the machinery or equipment is operating, shut it down by normal stopping procedures (i.e. stop button, switch, etc).
  - c) Operate the switch, valve, or other energy isolating devices, so that the equipment is isolated from its energy source(s). Stored energy such as that in springs, elevated machine members, rolling fly wheels, hydraulic systems, and air, gas, steam or water pressure etc., must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, or other methods of energy dissipation/restraint.
  - d) Lockout and/or tagout the energy isolating device with defined, individual locks and/or tags.
  - e) To ensure that all energy sources have been de-activated, be sure that employees are not exposed and then operate the push button or other normal operating control to make certain the equipment will not operate. (Note: Return operating control to normal off position after testing the equipment).
  - f) When the equipment has been locked out, perform normal service repairs.
  - g) When all service maintenance is completed and equipment is ready for normal production operation, check the area around the machinery or equipment to ensure that no one is exposed. After all tools have been removed from the machinery or equipment, guards have been reinstalled, and employees are in the clear, remove all lockout or tagout devices. Remove the energy-isolating device (lockout or tagout) to restore energy to the machinery or equipment. Furthermore, notify all affected personnel that the service maintenance is completed and that the machinery or equipment is fully operational.

#### D. Procedures involving more than one person

In the preceding steps, if more than one individual is required to lockout or tagout equipment, each shall place their own personal locking out device or tagout device on the emergency isolating devices. When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device, such as a hasp, will be used. After each person completes their task, that person will remove their own personal lock from the multiple lockout devices. The last individual to remove their lock will proceed with the aforementioned steps for restoring energy to the machinery and/or equipment.

#### E. Procedures for shift change

Whenever there is a shift change with the machine or equipment still under service or maintenance, the off-going authorized mechanic(s) will meet with the on-coming mechanic(s) and exchange locks immediately at this time. They must be sure that at no time is the energy-isolating device not locked out. They must also remove and install new tags with the appropriate mechanic(s) name thereon. The only locks and tags that are on the equipment

should be those placed by the mechanic(s) who is/are presently working on the equipment. Whenever the two shifts do not overlap, one lock could be used to lock out the equipment. This lock is assigned to that department for that shift only. However, the key should be available to the supervisor of each shift and the maintenance supervisor. A written communication should be generated to the exact problem and status of the machinery or equipment. This should be distributed to other supervisors and the maintenance supervisor.

#### F. Employee training

1. The amount and kind of training that each employee receives is based upon:
  - a) the relationship of that employee's job to the machinery or equipment being locked or tagged out.
  - b) the degree of knowledge relevant to hazardous energy that he/she must possess.
2. Authorized employees will be trained annually on the standard and, at a minimum, their training will cover
  - a) details about the type and magnitude of the hazardous energy source present in the workplace.
  - b) the method and means necessary to isolate and control both energy sources (i.e. the elements of the energy-controlled procedures).
3. Retraining will be provided when
  - a) there is a change in job assignment or equipment.
  - b) processes that present a new hazard.
  - c) a change in energy control procedures.
4. Additional training will be conducted whenever a periodic inspection reveals inadequacies or whenever the employee has reason to believe that there are deviations from, or inadequacies in, the employee's knowledge or use of the energy control procedures.
5. All employees will be trained in the following areas:
  - a) Recognizing when the control procedure is being implemented,
  - b) Understanding the purpose of the procedures and the importance of not attempting to start up or use equipment or machinery that has been locked or tagged out.
6. In addition to the normal training requirements for all employees, they will be trained in the following limitations of tags:
  - a) Tags are essentially warning devices affixed to the energy-isolating device and do not prevent the physical restraint of a lock.
  - b) When a tag is attached to an isolating means, it is not to be removed except by the person who applied it, and it is never to be bypassed, ignored, or otherwise defeated.
  - c) Tags must be legible and understandable by all employees.
  - d) Tags and their means of attachment must be made of materials that will stand the environmental conditions encountered in the workplace.
  - e) Tags may evoke a false sense of security. They are only one part of the overall energy controlled program.
  - f) Tags must be securely attached to the energy-isolating device so that they cannot be detached accidentally during use. If the energy-isolating device is able to be locked, the employee will utilize the lockout system.

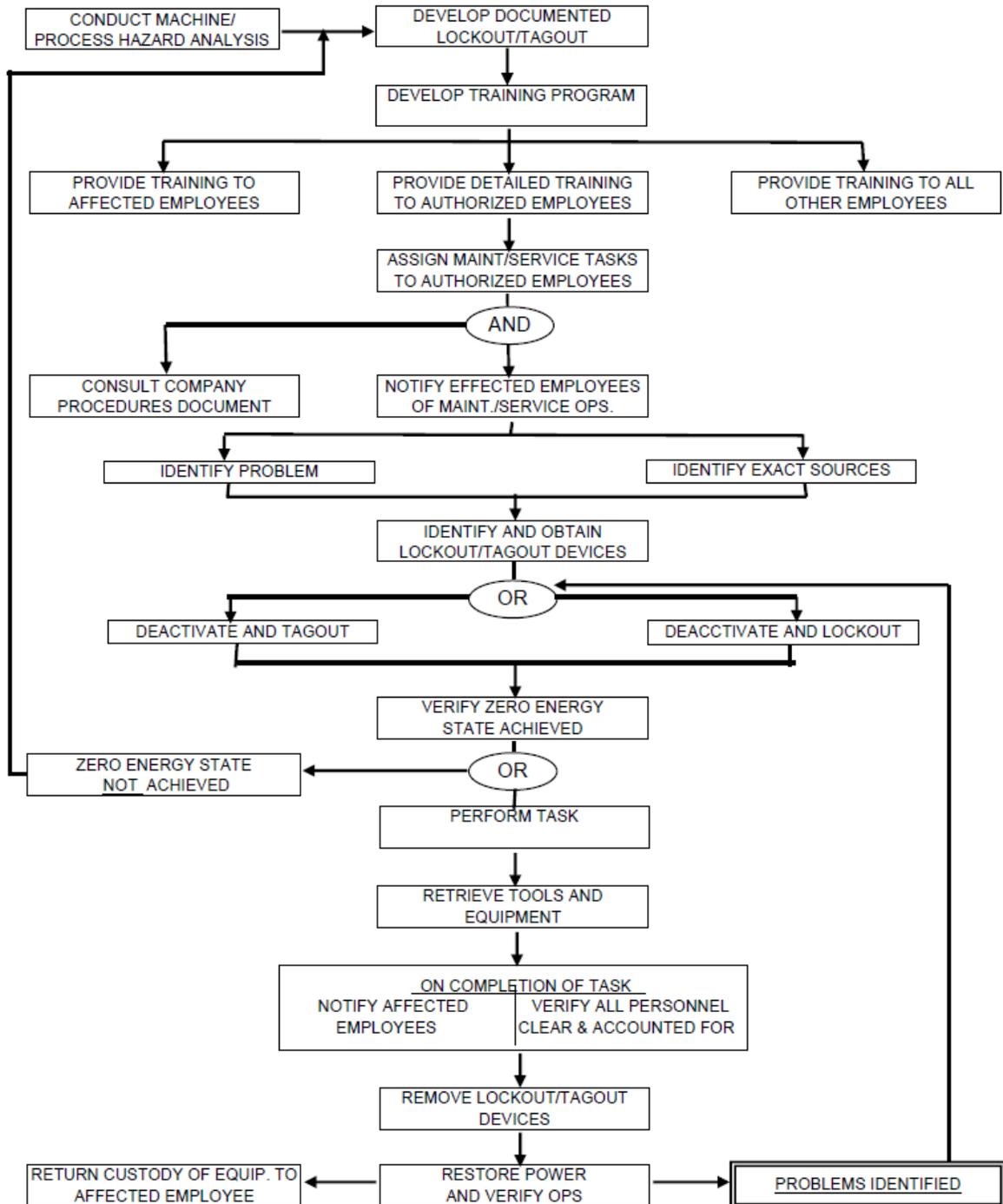
- g) All locks and tags will clearly identify the employee who applies it. Tags will also warn against hazardous conditions, if the machinery or equipment is energized and will include a legend, such as:
- do not start
  - do not open
  - do not close
  - do not energize
  - do not operate.
- h) Tagout attachment means shall be attachable by handy self-locking and non-releasable with a minimum unlocking strength of no less than 50 pounds.

G. Outside personnel (Contractors)

1. All outside personnel will be notified in writing by the City's project supervisor or the person familiar with the work areas lockout/tagout procedures of the City's Lockout/Tagout Program. They will be expected to comply with this program whenever applicable work is performed within the confines of the City.

All outside personnel will be required to submit a Lockout/Tagout Program when awarded bids/contracts for such work that requires such a policy (i.e. air conditioning changeout, pump and electrical work).

## FUNCTIONAL FLOW DIAGRAM FOR IMPLEMENTATION OF LOCKOUT/TAGOUT REQUIREMENTS



# Confined Space

## Purpose:

A confined space entry program should enable employees to recognize confined spaces, understand their hazards, and take appropriate precautions when working in them. Training and equipping employees to eliminate or control the hazards associated with working in confined spaces is the primary focus.

## Related State and Federal Guidelines:

A. OSHA Standard #1910.146 – Permit-required confined spaces.

1. General Requirements

- a) The employer shall evaluate the workplace to determine if any spaces are permit-required confined spaces.
- b) If the workplace contains permit spaces, the employer shall inform exposed employees, by posting danger signs or by any other equally effective means, of the existence and location of and the danger posed by the permit spaces.

*Note: This is just the introduction to the full OSHA Respiratory Protection standards. The full standards are available over the internet at <http://www.osha.gov>*

## Responsibility:

All employees required, and are trained, to work in areas defined as a confined space. All supervisors responsible for monitoring a confined space program.

## Attachments:

- A. Permit required confined space flowchart.
- B. Examples of confined spaces.
- C. Examples of confined space warning signs.

## Forms:

- A. Confined Space Hazard Evaluation Form
- B. Confined Space Entry Permit
- C. Hot Work Permit

## Policy and Procedures:

A. Definitions:

1. Confined Space: A space which meets the following criteria:
  - a) Is large enough and so configured that an employee can bodily enter and perform assigned work; and
  - b) Has limited or restricted means for entry or exit; and
  - c) Is not designed for continuous employee occupancy.
2. Non-permit confined space means a confined space that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm.

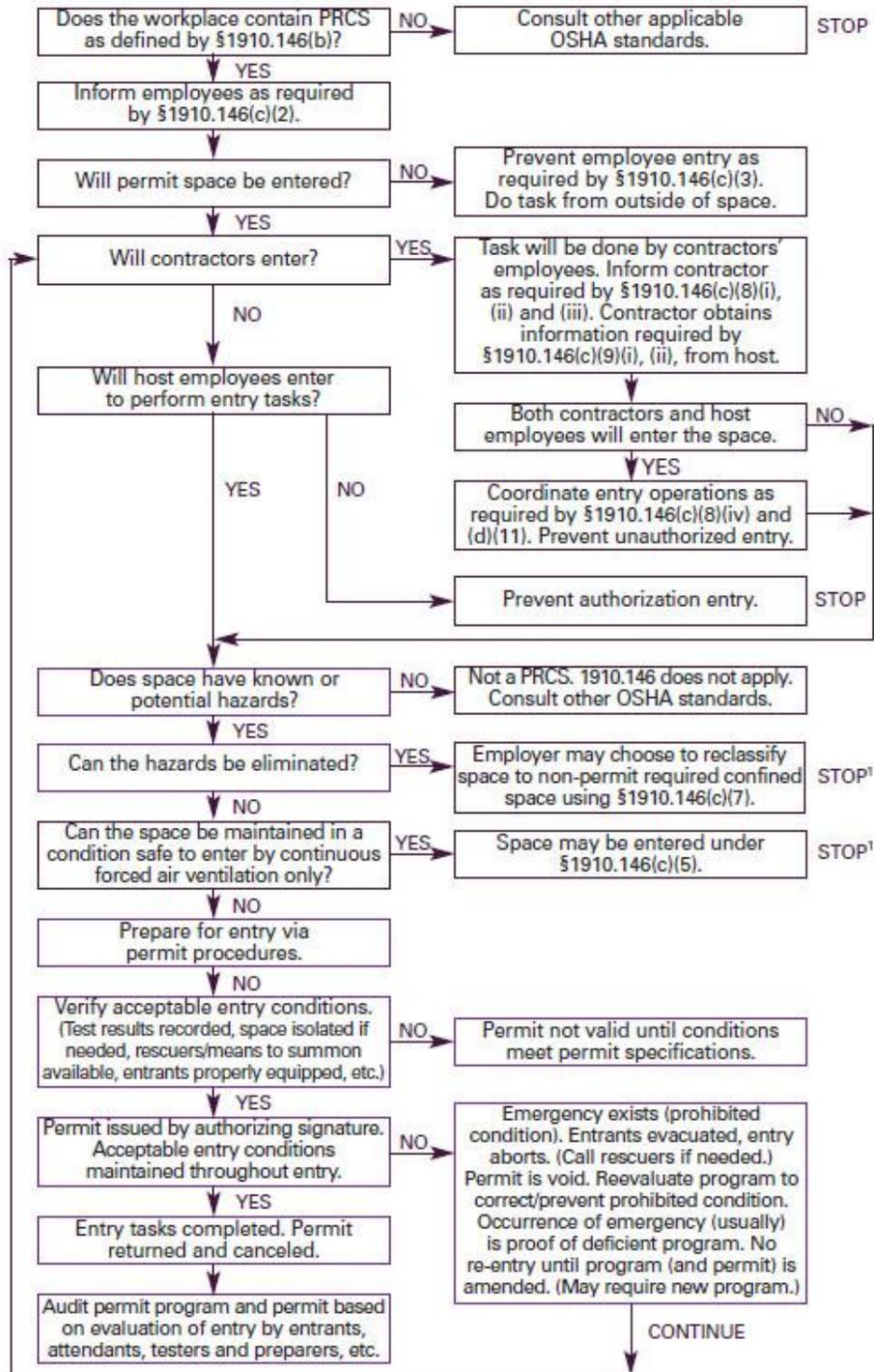
3. Permit-required confined space (permit space): A confined space that has one or more of the following characteristics:
    - a) Contains or has a potential to contain a hazardous atmosphere;
    - b) Contains a material that has the potential for engulfing an entrant;
    - c) Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section; or
    - d) Contains any other recognized serious safety or health hazard.
  4. Authorized entrant means an employee who is authorized by the employer to enter a permit space.
  5. Attendant means an individual stationed outside one or more permit spaces who monitors the authorized entrant (s) and who performs all attendant's duties assigned in the employer's permit space program.
  6. Entry supervisor means the person (such as the foreman, crew chief or other employee) responsible for determining if acceptable entry conditions are present at a permit space where entry is planned, for authorizing entry and overseeing entry operations, and for terminating entry. The entry supervisor may also serve as the attendant or as an authorized entrant, as long as the person is trained and equipped properly.
- B. Each cost center shall evaluate their workplace to determine if any spaces are permit-required confined spaces as defined above and by the decision flow chart.
- C. If an area is determined to be a permit-required confined space the employees should be notified of the danger including the posting of a danger sign near the entrance of the identified space as notification of its existence and location. A sign reading **DANGER—PERMIT-REQUIRED CONFINED SPACE, DO NOT ENTER** or other similar language would satisfy this requirement.
- D. Written policies and procedures for entry into an identified confined space should be developed for each location or group of locations if they are similar in structure and hazard.
- E. An employee shall not enter nor be required to enter a confined space unless he/she has received confined space training by a competent training instructor. Such training may consist of the following areas:
1. The potential hazards that could be confronted.
  2. Safety precautions, emergency procedures and hazard exposure treatment.
  3. Personal protective equipment, clothing and devices.
  4. Inspection, use, selection and fitting of safety harness and life lines.
  5. Fitting, use, and limitations of self-contained breathing apparatus.
  6. Traffic control and job site protection.
  7. Cardiopulmonary Resuscitation (CPR) and first aid.
  8. Proper testing and monitoring of confined spaces.
  9. Decontamination of hazardous spaces.
  10. Proper ventilation procedures.
  11. Gas Meter.

- F. Before proceeding to enter any confined space employees shall complete the following tasks:
1. Set up barriers to prevent unauthorized entry.
  2. Identify and evaluate any hazards in the workspace.
  3. Designate persons who are to have active roles in the entry operations.
  4. Identify the duties of each employee who have active roles in the entry operations.
  5. Provide equipment needed during the operation.
    - a) Testing and monitoring equipment.
    - b) Gas Meter.
    - c) Communications equipment.
    - d) Ventilation equipment.
    - e) Barriers and shields.
    - f) Personal protective equipment as needed.
    - g) Lighting equipment where needed.
    - h) Rescue and emergency equipment.
- G. Before entry is allowed the assigned entry supervisor shall test for hazards with monitoring equipment. No individual will be allowed to enter a confined space should the following hazards exist.
1. Flammable gas, vapor, or mist in excess of 10 percent of its lower flammable limit (L.F.L.)
  2. Airborne combustible dust is at a concentration that meets or exceeds its L.F.L.
  3. The atmospheric oxygen concentration is below 19.5 percent or above 23.5 percent.
  4. Where toxic atmosphere is in excess of 10 percent parts per million.
  5. Any other atmospheric condition that is immediately dangerous to life or health.
- H. Following testing the supervisor should fill out the entry permit before anyone is allowed in the area. The entry permit must be posted and visible at all times while work is being performed.
- I. Should the work in the confined space require welding, cutting, soldering, or other use of torches or "hot work", in addition to the entry permit a "Hot Work Permit" must also be filled out and posted and visible at all times while work is being performed.
- J. If the monitoring equipment shows there is not enough oxygen or if it contains toxic or flammable gases or vapors, the area must be ventilated. Air that is safe to breathe is forced into the confined space. The air must be monitored again to make sure the air hazard has been reduced to acceptable levels.
- K. If all tests and preparations are completed and entry is authorized, the following activities should be done:
1. Entrant is to have rescue retrieval equipment attached before entering the confined space. The only exceptions are if the retrieval equipment will cause increased risk of injury or if it would not contribute to the ability to rescue the entrant.
  2. One attendant must be outside the permit space to monitor the space and the status of the entrant (s).
  3. Air quality must be continuously monitored and documented during the period the entrant is in the workspace.

4. Unauthorized personnel should be prevented from entering the workspace area or from trying to rescue employees in the workspace.
  5. Depending on the space and training either perform necessary rescue operations or contact the proper authorities. This includes making sure proper rescue retrieval is available onsite or methods are in place to immediately contact rescue authorities.
- L. Once work is completed the following activities should occur:
1. Conclude the entry operations by closing off the space and canceling the Entry Permit.
  2. Review activities that took place during the operation.
  3. Review the Permit Confined Space program if deficiencies are noted during the operation and make appropriate documentation and corrections.
- M. Should a contractor be hired to perform work in a permit-required confined space the following procedures will occur:
1. The contractor will be informed that the workplace contains a permit-required confined space and entry is only allowed through compliance with an approved permit space program.
  2. The contractor will be informed that he will be required for abiding by OSHA Standard 1910.146.
  3. The contractor will be apprised of the elements, including identified hazards and the City's experience with the space.
  4. Apprise the contractor of any precautions or procedures that the City has implemented for the protection of employees in or near the permit space.
  5. Coordinate entry operations with the contractor which both the City and contractor personnel will be working in or near the permit space.
  6. Debrief the contractor at the conclusion of the entry operations regarding the permit space program followed and hazards confronted or created in the permit space.
- N. Both non-permit and permit required confined spaces should be re-evaluated at least annually to determine if there has been any change in configuration or hazard.
1. A non-permit confined space in which there has been a change in use or configuration and increases the hazards to the entrants should be reevaluated and, if necessary, reclassify as a permit-required confined space.
  2. A space classified as a permit required confined space may be reclassified as a non-permit confined space if the space no longer poses actual or potential atmospheric hazards and if all hazards within the space are eliminated.

Reasons for any reclassification should be documented with the date, location and signature of the person making the determination. This is to be made available to each employee who is authorized to enter the space and properly filed.

## Permit-Required Confined Space Decision Flow Chart

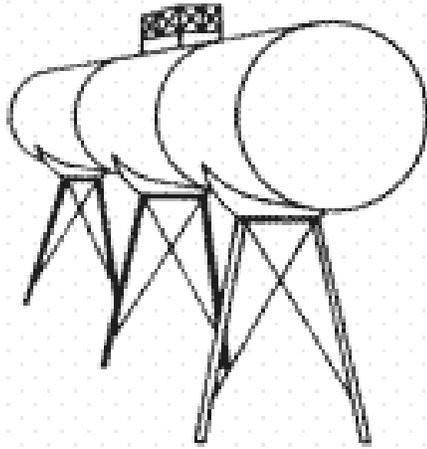


<sup>1</sup> Spaces may have to be evacuated and reevaluated if hazards arise during entry.

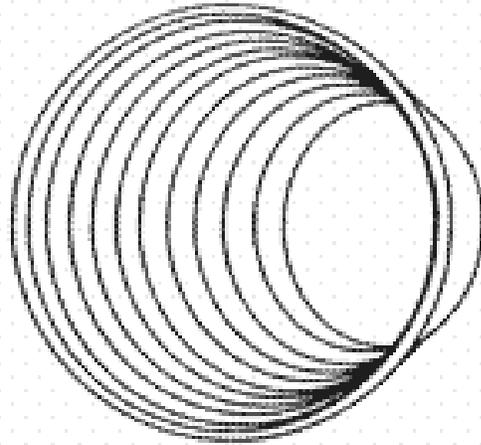
Source: 29 CFR 1910.146 Appendix A.

□

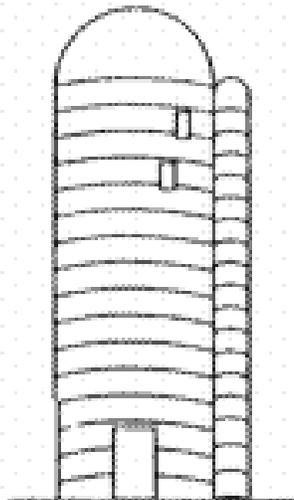
## Examples of Confined Spaces



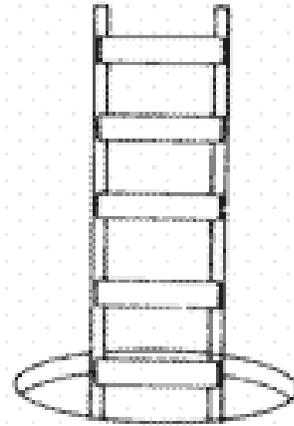
Storage Tank



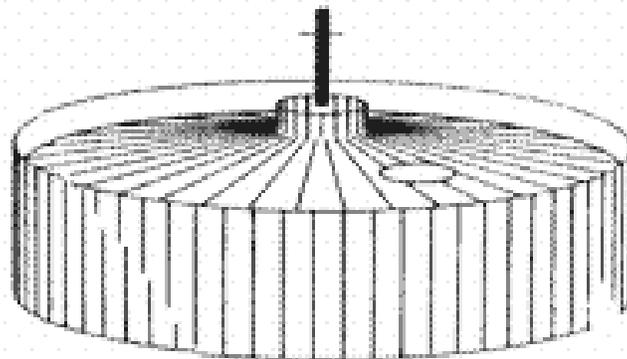
Pipeline



Silo



Manhole



Digester

Examples of Confined Space Warning Signs



## Hazard Evaluation Form Instructions

**General Information:** Provide the date, your name, nearest building, other location information that will help place the space, the purpose of the space (What is it used for? What equipment does it house?, etc.) and the dimensions of the space. Be detailed so that the space can be easily found by others using the information you have provided.

**Before you start the Hazard Evaluation:** Ask yourself, “Is this space large enough to be entered by someone to perform work?” Spaces that are not big enough to fit an employee crawling, kneeling, squatting, etc. are not considered confined spaces by definition. If **YES** – Go to Question #1 under Hazard Evaluation. If **NO** – **Complete the General Information Section and Check the box “Not a Confined Space” – STOP!**

### Hazard Evaluation:

**Question #1:** Spaces with one means of entry/exit or that require any unusual effort (climbing a ladder, crawling, shimmying, etc.) to access will be marked “YES”. Sewers/tunnels with multiple access points will be marked “YES”. Check **YES/NO** and proceed to Question #2 under Hazard Evaluation.

**Question #2:** Spaces that have to be ventilated before entering, spaces that must be pumped dry before entering, spaces that are normally occupied by solids, liquids, gases, moving parts or equipment, etc. are not designed for continuous occupancy and must be marked “NO”. Having a ventilation system in place does not make the area designed for continuous occupancy by itself. Check **YES/NO**. *If you answered “YES” to Question #1 and “NO” to Question #2 this area is a Non-Permit Confined Space. Continue to Question #3 under Hazard Evaluation to determine if it will become Permit-Required.*

**Question #3:** Spaces that are used for the storage of liquids (chemicals, fuels, etc.) gases (LN2, LOX, etc.), solids (coal dust, grains) may leave hazardous residues/vapors/combustible dusts behind when made available for maintenance purposes. They must be marked “YES”. Spaces that lie below ground may be subject to accumulation of methane from plant decay, hydrogen sulfide, or “heavier than air” gases. Certain work processes occurring in a space may create hazardous atmosphere (welding, cutting, etc.). These factors must also be considered and if present mark “YES”. Check **YES/NO** and continue to Question #4.

**Question #4:** Spaces that contain loose granular material (sand, grain, etc.) have resulted in worker fatalities when the material collapsed/engulfed the employee entering the space. Check **YES/NO** and continue to Question #5.

**Question #5:** Spaces with inwardly converging or steeply sloped walls (hoppers, etc.) ending in smaller cross section can trap employees resulting in injury/death. Check **YES/NO** and continue to Question #6.

**Question #6:** Are there any other recognized serious safety or health hazards in this space? Consider everything you know about working safely. Are there fall hazards present entering/exiting or within the space? Is there deep standing water? Are open high voltage busses present? Are there other physical hazards (hot steam lines, etc.) present? Check **YES/NO**. If **YES**, explain in the next section.

### Explain all YES responses (Attach an additional page if necessary)

If you answered “YES” to Question 1 and “NO” to Question 2, **AND** answered “NO” for Questions 3, 4, 5 and 6 – Check the “Non-Permit Confined Space” line and **STOP!**

If you answered “YES” to any one of Questions 3, 4, 5, or 6 – Check the “Permit-Required Confined Space” box and answer Question #7 about identifying the space.

**Question #7:** If you answered “NO” (that the space does not have a Permit-Required Confined Space sign) and you have determined that it is a Permit-Required Confined Space, an appropriate sign must be placed.

## CONFINED SPACE ENTRY PERMIT

<b>GENERAL INFORMATION</b>																																																																																																													
Space to be entered _____	Purpose of Entry _____																																																																																																												
Location/Bldg. _____	Authorization Duration of Permit _____																																																																																																												
	Date _____ to _____																																																																																																												
	Time _____ to _____																																																																																																												
<b>PERMIT SPACE HAZARDS</b> Indicate specific hazards with initials	<b>EQUIPMENT REQUIRED FOR ENTRY &amp; WORK</b> Specify as required																																																																																																												
<input type="checkbox"/> Oxygen deficiency (less than 19.5%) <input type="checkbox"/> Oxygen enrichment (greater than 23.5%) <input type="checkbox"/> Flammable gases or vapors (greater than 10% of LFL) <input type="checkbox"/> Airborne combustible dust (meets or exceeds LFL) <input type="checkbox"/> Toxic gases or vapors (greater the PEL) <input type="checkbox"/> Mechanical hazards <input type="checkbox"/> Electrical shock <input type="checkbox"/> Materials harmful to skin <input type="checkbox"/> Engulfment <input type="checkbox"/> Other _____	Personal Safety: <input type="checkbox"/> Ventilation Requirements <input type="checkbox"/> Respirators <input type="checkbox"/> Clothing <input type="checkbox"/> Heat, hand and Foot Protection <input type="checkbox"/> Shields / Barricades <input type="checkbox"/> Full-Body Harness with D-Ring <input type="checkbox"/> Life Lines <input type="checkbox"/> Emergency Egress Procedures  <input type="checkbox"/> Communications <input type="checkbox"/> Resuscitator/inhaler <input type="checkbox"/> Employee Qualified <input type="checkbox"/> Buddy System <input type="checkbox"/> Attendant <input type="checkbox"/> Lighting <input type="checkbox"/> Emergency Escape/ Retrieval Equipment  Other: _____ _____ _____																																																																																																												
<b>PREPARATION FOR ENTRY</b> Check after steps have been taken	<b>COMMUNICATION PROCEDURES</b> To be used by attendants and entrants																																																																																																												
<input type="checkbox"/> Notification of affected departments of service interruption <input type="checkbox"/> Isolation Methods <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Barriers <input type="checkbox"/> Purge clean <input type="checkbox"/> Blank/blind <input type="checkbox"/> Inert <input type="checkbox"/> Other _____ <input type="checkbox"/> Atmospheric test <input type="checkbox"/> Ventilate  <input type="checkbox"/> Personal Awareness: <input type="checkbox"/> Pre-entry briefing on specific hazards and control methods <input type="checkbox"/> Notify contractors of permit and hazard conditions <input type="checkbox"/> Other _____  <input type="checkbox"/> Additional permits required and/or attached <input type="checkbox"/> Hotwork <input type="checkbox"/> Line breaking <input type="checkbox"/> Other _____	_____ _____ _____  <b>AUTHORIZED ENTRANTS</b> (list by name or attach roster) _____ _____ _____																																																																																																												
<b>EMERGENCY SERVICE</b>	<b>AUTHORIZED ATTENDANTS (List by name)</b>																																																																																																												
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I certify that all required precautions have been taken and necessary equipment provided for safe entry and work in this confined space.																																																																																																													
Printed Name _____	Signature _____ Date _____ Time _____																																																																																																												

**THIS PERMIT MUST BE POSTED ON JOB SITE - GOOD ONLY ON INDICATED DATE**

## HOT WORK PERMIT

ISSUED DATE: _____ / _____ / _____		TIME _____ AM / PM		
EXPIRATION DATE _____ / _____ / _____		TIME _____ AM / PM		
<b>LOCATION OF WORK</b>			<b>REQUIRED</b>	<b>INITIALS</b>
<b>WORK TO BE DONE</b>	CHECK:			
	WELDING			
	TORCH			
	CUTTING, BURNING			
	OPEN FLAME			
	INTERNAL COMBUSTION EQUIPMENT Type			
	OTHER Type			
<b>UNIVERSAL REQUIREMENTS</b>	FIRE EXTINGUISHER AT SITE		X	
	FIRE WATCH ASSIGNMENT NAME:		X	
	AREA CLEARED OF FLAMMABLES & COMBUSTIBLES		X	
	WALL PENETRATIONS PROTECTED		X	
	DRAINS/FLOOR OPENINGS/GRATES PROTECTED		X	
	DUST ACCUMULATION REMOVED		X	
	FIRE ALARM COMPONENTS DEACTIVATED LIST:		X	
<b>ADDITIONAL PRECAUTIONARY REQUIREMENTS</b>	PROTECTIVE SHIELDING			
	GASTECH METER TEST	<b>RESULTS</b>	%	
	SPECIAL PRECAUTIONS LIST:			
<b>AUTHORIZATION TO PROCEED</b>	REQUESTED BY:			
	PHONE		FAX:	
	DEPT./ DIVISION			
	ISSUED BY:			
	PHONE		FAX:	
DEPT./ DIVISION				

**THIS PERMIT MUST BE AVAILABLE ON THE  
JOB/WORK SITE AT ALL TIMES**

## **Hazard Communication (Material Safety Data Sheets)**

### Purpose:

To establish policies and procedures to keep employees aware of the types, nature and possible hazards of the chemicals they are exposed to.

### Related State or Federal Guidelines:

OSHA Standard 1910.1200(b)(4)(ii) – Hazard Communication

1. Employers shall maintain copies of any material safety data sheets that are received with incoming shipments of the sealed containers of hazardous chemicals, shall obtain a material safety data sheet as soon as possible for sealed containers of hazardous chemicals received without a material safety data sheet, and shall ensure that the material safety data sheets are readily accessible during each work shift to employees when they are in their work area(s)

*Note: This is only a portion of the full statutes. The entire statute can be reviewed over the internet at <http://www.osha.gov>*

### Responsibilities:

All cost centers utilizing hazardous materials (chemicals) for their operations.

### Attachments:

Material Safety Data Sheet (Sample)

Responsibility for Generating And Disseminating Information

What are MSDSs?

### Policies & Procedures:

A. Hazard evaluation, acquisition, and distribution of Material Safety Data Sheets (MSDS).

1. Each City cost center shall survey all chemicals or other substances used in their operations and prepare an inventory of products which may be controlled under the provisions of OSHA Standards.
2. After completing this inventory the cost center should check to make sure there is a Material Safety Data Sheet (MSDS) on file and accessible to employees.
3. If there is no Material Safety Data Sheet (MSDS) on file the cost center is to contact the manufacturer or supplier and request one be sent to the cost center for filing.
4. The City's Purchasing Section, through the procurement process, is responsible for the acquisition of substances or mixtures which are classified as a hazardous substance. Through this process Purchasing should request that suppliers provide an MSDS for each substance/mixture as a condition of purchase.
5. Any cost center receiving a new product which requires an MSDS should make sure they have an MSDS on file.
6. Any employee has the right to examine and obtain the MSDS for the hazardous substances to which they may be or have been exposed through employment with the City.

- B. Employee Education and Training: Each Department/Division shall be responsible for developing and implementing an instructional program covering those substances and mixtures used for their operations.
1. The program may be presented through a visual, audible or written form at the discretion of the cost center. The program content should include, but not be limited to the following items:
    - a) Chemical and common substance names.
    - b) Location of substances in the workplace.
    - c) Proper and safe handling of the substance.
    - d) First aid treatment and antidotes in the event of overexposure.
    - e) Adverse health effects of the substances.
    - f) Appropriate emergency procedures.
    - g) Proper procedures for clean-up of leaks and spills.
    - h) Potential for flammability, explosion and reactivity.
    - i) The location of the Material Safety Data Sheet.
  2. The Human Resources and Risk/Safety Department will, upon request, assist in the development and implementation of the instructional programs. Before implementing this program it should be reviewed with the Human Resources and Risk/Safety Department for appropriateness of content.
  3. Employees should be trained once per year. New employees should be trained within the first thirty- (30) days of their employment.
  4. Attendance should be kept at the training sessions. The list of attendees will be forwarded to the Human Resources and Risk/Safety Department. This list should indicate the date of the training, the hazardous substance(s) discussed, and whether this was for orientation of a new employee or annual retraining.

## Material Safety Data Sheet (Sample)

IDENTITY *(As Used on Label and List)*

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

### Section I

Manufacturer's Name	Emergency Telephone Number
Address <i>(Number, Street, City, State, and ZIP Code)</i>	Telephone Number for Information
	Date Prepared
	Signature of Preparer <i>(optional)</i>

### Section II - Hazardous Ingredients/Identity Information

Hazardous Components (Specific Chemical Identity; Common Name(s))	OSHA PEL	ACGIH TLV	Other Limits Recommended	% <i>(optional)</i>

### Section III - Physical/Chemical Characteristics

Boiling Point		Specific Gravity (H <sub>2</sub> O = 1)	
Vapor Pressure (mm Hg)		Melting Point	
Vapor Density (AIR = 1)		Evaporation Rate (Butyl Acetate = 1)	
Solubility in Water			
Appearance and Odor			

### Section IV - Fire and Explosion Hazard Data

Flash Point (Method Used)	Flammable Limits	LEL	UEL
Extinguishing Media			

Special Fire Fighting Procedures
Unusual Fire and Explosion Hazards

**Section V - Reactivity Data**

Stability	Unstable		Conditions to Avoid
	Stable		
Incompatibility ( <i>Materials to Avoid</i> )			
Hazardous Decomposition or Byproducts			
Hazardous Polymerization	May Occur		Conditions to Avoid
	Will Not Occur		

**Section VI - Health Hazard Data**

Route(s) of Entry:	Inhalation?	Skin?	Ingestion?
Health Hazards ( <i>Acute and Chronic</i> )			
Carcinogenicity:	NTP?	IARC Monographs?	OSHA Regulated?
Signs and Symptoms of Exposure			
Medical Conditions Generally Aggravated by Exposure			
Emergency and First Aid Procedures			

**Section VII - Precautions for Safe Handling and Use**

Steps to Be Taken in Case Material is Released or Spilled
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Waste Disposal Method
Precautions to Be taken in Handling and Storing
Other Precautions

**Section VIII - Control Measures**

Respiratory Protection ( <i>Specify Type</i> )		
Ventilation	Local Exhaust	Special
	Mechanical ( <i>General</i> )	Other
Protective Gloves		Eye Protection
Other Protective Clothing or Equipment		
Work/Hygienic Practices		

## Responsibility for Generating and Disseminating Information

Producers of chemicals have the primary responsibility for generating and disseminating information, whereas users of chemicals must obtain the information and transmit it to their own employees. In general, it works like this:

Chemical Manufacturers/ Importers	<ul style="list-style-type: none"><li>• Determine the hazards of each product.</li></ul>
Chemical Manufacturers/ Importers/ Distributors	<ul style="list-style-type: none"><li>• Communicate the hazard information and associated protective measures downstream to customers through labels and MSDSs.</li></ul>
Employers	<ul style="list-style-type: none"><li>• Identify and list hazardous chemicals in their workplaces.</li><li>• Obtain MSDSs and labels for each hazardous chemical, if not provided by the manufacturer, importer, or distributor.</li><li>• Develop and implement a written hazard communication program, including labels, MSDSs, and employee training, on the list of chemicals, MSDSs and label information.</li><li>• Communicate hazard information to their employees through labels, MSDSs, and formal training programs.</li></ul>

## What are MSDS's, and Why are They Needed?

The MSDS is a detailed information bulletin prepared by the manufacturer or importer of a chemical that describes the physical and chemical properties, physical and health hazards, routes of exposure, precautions for safe handling and use, emergency and first-aid procedures, and control measures.

Chemical manufacturers and importers must develop an MSDS for each hazardous chemical they produce or import, and must provide the MSDS automatically at the time of the initial shipment of a hazardous chemical to a downstream distributor or user. Distributors also must ensure that downstream employers are similarly provided an MSDS.

Each MSDS must be in English and include information regarding the specific chemical identity of the hazardous chemical(s) involved and the common names. In addition, information must be provided on the physical and chemical characteristics of the hazardous chemical; known acute and chronic health effects and related health information; exposure limits; whether the chemical is considered to be a carcinogen by NTP, IARC, or OSHA; precautionary measures; emergency and first-aid procedures; and the identification (name, address, and telephone number) of the organization responsible for preparing the sheet.

Copies of the MSDS for hazardous chemicals in a given worksite are to be readily accessible to employees in that area. As a source of detailed information on hazards, they must be readily available to workers during each workshift. MSDSs have no prescribed format.

Employers must prepare a list of all hazardous chemicals in the workplace. When the list is complete, it should be checked against the collected MSDSs that the employer has been sent. If there are hazardous chemicals used for which no MSDS has been received, the employer must contact the supplier, manufacturer, or importer to obtain the missing MSDS. A record of the contact must be maintained.

## Bloodborne Pathogens

### Purpose:

To provide safe working conditions that protect employees from being unnecessarily exposed to bloodborne pathogens health hazards.

### Related State or Federal Guidelines:

OSHA Standard #1910.1030 – Bloodborne pathogens

*Note: Due to the length of these standards, they will not be written in this section. These standards can be viewed over the internet at <http://www.osha.gov>*

### Responsibilities:

**Management/Supervisors** - assure that all employees who are exposed to potentially infectious materials, objects, or fluids are protected from exposure by compliance with OSHA standards to include:

- Establishing, maintaining and enforcing compliance with City and department exposure control plans.
- Observing and enforcing universal precautions.
- Providing mandated engineering and work practice controls.
- Providing approved protective equipment.
- Complying with mandated housekeeping procedures in the workplace.
- Providing hepatitis vaccinations and post-exposure evaluation and follow up.
- Communicating biohazard information in the workplace through interactive training, educational materials and proper signage.
- Training employees annually and maintaining training records.
- Informing Human Resources & Risk/Safety of all exposure incidents

### **Human Resources & Risk/Safety**

- Issuing and administering this plan and making sure that the plan satisfies the requirements of all applicable federal, state or local bloodborne pathogen regulations.
- Working with departments to identify which employees are likely to be exposed to bloodborne pathogens.
- Developing procedures for post-exposure incidents.
- Maintaining medical records of exposure incidents and hepatitis vaccination records.
- Working with departments to complete exposure incident reports and notifying affected individuals.
- Evaluating and updating the program annually.

**Employees** - In addition to the general mandate to observe universal precautions, all employees shall be responsible to comply with the exposure control plan and to cooperate with management to maintain safety from bloodborne pathogens in the workplace.

Attachments:

Exposure Control Plan  
Employee Exposure by Job Classification

Forms:

Post-Exposure Checklist  
Exposure Injury Log

Policies and Procedures:

- A. All city departments must apply all known reasonable procedures to prevent and reduce the risk of bloodborne disease transmission or exposure to potentially infectious materials in the workplace. The city observes the OSHA Bloodborne Standard, related regional directives and any applicable rules or laws to eliminate or minimize the occupational exposure of City employees to and possible subsequent infection with bloodborne diseases. The OSHA standards governing these exposures are adopted as formal city operating guidelines. Copies of these standards are available through the OSHA website at <http://www.osha.gov>
- B. All city employees are required to observe universal precautions to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluids is difficult or impossible, all body fluids will be treated as though they were potentially infectious.
- C. Definitions:

*Blood Borne Pathogens:* Microorganisms that are present in human blood and can cause disease in humans. These pathogens include hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

*Exposure Incident:* When an employee has contact with blood or other potentially infectious materials as a result of his or her duties. This contact includes specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact.

*Non-Intact Skin:* Skin that has cuts, abrasions or other openings through which Blood Borne pathogens could enter the bloodstream.

*Occupational Exposure:* Reasonably anticipated employee contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This includes skin, eye, mucous membrane or parenteral contact.

*Source Individual:* Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

*Universal Precautions:* An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other Blood Borne pathogens.

# City of Dunedin Bloodborne Pathogens Exposure Control Plan

The following exposure control plan applies to all city departments/division. Individual departments/divisions should adopt control plans which, while providing equivalent protection, detail the specific procedures expected of employees in the department.

## 1. Universal Precautions

The City mandates universal precautions at all times to prevent contact with blood or other potentially infectious materials (OPIM). It is difficult or impossible to differentiate between body fluid types under circumstances present in the workplace. Therefore, all body fluids shall be considered potentially infectious materials, including blood and unfixed tissue or organs from a living or dead human.

## 2. Engineering and Work Practice Controls

- a) Engineering and work practice controls shall be researched and used, if applicable, anytime there is a known or anticipated exposure to bloodborne pathogens. (a) Engineering controls are those controls which removes the human contact with the potential exposure to bloodborne pathogens. Examples of engineering controls are; automated refuse collectors, tongs for handling contaminated materials, sharps containers.
- b) Hand-washing facilities shall be provided at all locations where there is an anticipated exposure to bloodborne pathogens. If the anticipated exposure is to a crew working in the field, an approved portable pressure tank may be used. There shall be a sufficient amount of soap and water to wash the greatest number of anticipated washings on the crew. Where the anticipated exposure is to an individual, antiseptic hand cleaner or towelettes may be used. However, if antiseptic hand cleaner or towelettes are used, the exposed areas shall be washed with soap and running water as soon as possible.
- c) Employees using personal protective equipment (PPE) shall wash with soap and water as soon as possible after removal of PPE.
- d) Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- e) Contaminated syringes or needles shall be handled only in accordance with approved one-handed methods or with approved mechanical devices. Needles shall not be bent, recapped, or removed unless authorized by the department/division director and specifically trained to do so. Shearing or breaking of contaminated needles is prohibited.
- f) If potentially contaminated syringes or needles are discovered on city property, the devices shall be placed in approved containers. After securing in an approved container, the Fire Department shall be notified for disposition.

- g) Eating, drinking, smoking, applying cosmetics, lip balm or handling contact lenses are prohibited in work areas, including field locations, where there is an anticipated exposure to bloodborne pathogens.
  - h) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or OPIM are present.
  - i) Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing and shall be decontaminated as necessary. Emergency service equipment, such as ambulances may be used while contaminated to complete the assignment. However, upon completion of the immediate assignment the vehicle shall be removed from service and the contaminated area decontaminated prior to the next use. The contaminated area shall be identified with an approved BIOHAZARD label, and all affected employees, including maintenance personnel, shall be informed of the hazard, until decontaminated.
3. Personal Protective Equipment (PPE)
- a) When an employee has an anticipated exposure to a bloodborne pathogen, and the exposure cannot be controlled through engineering or work practice controls, personal protective equipment shall be provided.
  - b) The equipment shall be provided at no cost to the employee and shall be decontaminated and/or replaced as necessary by the department.
  - c) All employees shall wear the personal protective equipment whenever there is a potential for an exposure.
  - d) Personal protective equipment shall only be considered appropriate when it does not permit blood or other potentially infectious materials to contact the employee's street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
  - e) All personal protective equipment shall be approved by the department/division director.
  - f) Personal protective equipment shall be appropriate for the anticipated exposure. Some examples of PPE are latex (surgical) gloves, surgical masks, face-shields, disposable coveralls, and disposable boots.
  - g) If the PPE is penetrated by blood or OPIM the PPE shall be removed immediately or as soon as feasible.
  - h) All PPE shall be removed before leaving the work area, and placed into an appropriate designated area or container for storage, washing, decontamination, and/or disposal.
  - i) If gloves are used for protection, the following precautions shall be taken:
    - 1) Disposable gloves shall be replaced as soon as practical when contaminated.
    - 2) Disposable gloves shall not be washed or decontaminated for reuse.
    - 3) Reusable gloves may be decontaminated for reuse if the integrity of the glove is not compromised. Reusable gloves shall be thrown away if the glove is contaminated and cracked, torn, punctured, or when their ability to function as a barrier is compromised.
  - j) Masks, eye, and face protection shall be worn when there is an anticipated exposure to splashes, spraying, spatter of blood or OPIM.
  - k) Other body protection, such as disposable coveralls, over-boots and aprons, shall be worn when there is an anticipated exposure to blood or OPIM.

- l) PPE shall be cleaned, laundered, and disposed of as required by the department, at no cost to the employee.

#### 4. Housekeeping

- a) Departments shall ensure that the worksite is maintained in a clean and sanitary condition. Supervisors shall determine and implement an appropriate written schedule for cleaning and a method for decontamination. If the anticipated exposure location is in the field, the supervisor shall determine if and where decontamination is necessary and implement the appropriate actions.
- b) All equipment and environment, including work surfaces, shall be cleaned and decontaminated after known or suspected contact with blood or OPIM.
- c) All protective coverings, such as plastic wrap used to cover equipment, shall be removed as soon as feasible.
- d) All bins, cans, pails or similar devices, which are anticipated to become contaminated, shall be visually inspected and cleaned on a regular schedule. Except if there is visible contamination, they shall be cleaned immediately.
- e) All refuse anticipated to be contaminated with blood or OPIM shall be handled with a mechanical device.

#### 5. Waste Management

- a) To prevent the spread of known or potentially infectious disease, a waste management program will be implemented. The program will be implemented as soon as the potential exposure is discovered. The city will use red plastic bags, identified with the biohazard label for contamination containers. Unless the contaminated materials are evidence and used in a criminal proceeding, the containers shall be transported only by persons qualified to handle biohazardous waste.
- b) When contaminated materials are removed, they shall be placed in an appropriate biological hazard container. The container shall be:
  - 1) closable,
  - 2) constructed to contain all contents and prevent leakage of fluids,
  - 3) labeled biohazard and colored red, and
  - 4) closed prior to removal.
- c) Disposal of all infectious waste shall be done in accordance with all federal, state, and local requirements.

#### 6. Decontamination and Laundry

- a) Decontamination of employees, equipment, materials, and the environment shall be done immediately or as soon as practical, upon discovery of the contamination. Decontamination means, the washing of the body, equipment, materials, and the environment so as not to have any contamination with blood or OPIM.
- b) The minimally acceptable level of decontamination is washing with soap and water. Depending on the type of contamination, more critical measures may need to be taken.
- c) If an employee's clothes become contaminated, the employee shall immediately, or as soon as feasible, remove all contaminated clothing and wash with soap and water. If the employee becomes grossly contaminated, decontamination shall follow department policy or the employee shall be transported to a hospital for decontamination. If the

- employee is required to enter a city vehicle while contaminated, both the employee and vehicle shall be decontaminated prior to being put back into service.
- d) All clothing and equipment considered for decontamination shall be placed in an appropriately colored or labeled container and transported to an approved commercial laundry.
  - e) Only qualified personnel shall transport contaminated materials. During transport, approved containers shall be utilized.
7. Hepatitis B Vaccination Information
- a) All employees who have a reasonably anticipated occupational exposure to hepatitis B and have received bloodborne pathogen training shall be offered the opportunity to receive the hepatitis B vaccination series, and any boosters as recommended by the United States Public Health Service. Getting the hepatitis B series is not mandatory, nor is it a bona fide occupational qualification.
  - b) The hepatitis B vaccination series shall be offered to all employees within 10 days of initial assignment, unless the employee has previously received the complete hepatitis B series; unless the antibody testing has revealed that the employee is immune to hepatitis B, or that the vaccine is contraindicated for medical reasons.
  - c) An employee may decline to receive the hepatitis B series initially, and change his/her mind and receive the series at any time they perform duties where there is a reasonably anticipated occupational exposure to hepatitis B.
  - d) If an employee declines to receive the hepatitis B vaccination series, the employee shall sign a statement indicating the declination. (See appendix)
8. Post Exposure Evaluation and Follow-up
- a) Upon notification of an exposure to blood or other potentially infectious materials (OPIM) the employee will be given the opportunity to have a confidential medical evaluation and follow-up by a qualified health care provider.
  - b) The immediate supervisor of the employee exposed to blood or OPIM shall perform an investigation of the exposure immediately after the exposure. A copy of the evaluation shall be provided to the person performing the medical evaluation. The Post-Exposure Checklist shall be used.
  - c) The department shall obtain a copy of the health care provider's written opinion within 15 days of the evaluation, and shall provide the exposed employee a copy.
  - d) After an exposure, an employee shall be given the opportunity to have their blood tested for the presence of hepatitis B (HBV) and human immunodeficiency virus (HIV).
  - e) After an exposure, an employee shall be given the opportunity for counseling.
9. Communication and Training
- a) Communication of the potential hazards from blood or OPIM contaminated materials shall be done by means of labels or signs, with the appropriate "biohazard" label, or red bags or red containers, which meet the OSHA requirements.
  - b) All employees working in classifications identified as having a reasonably anticipated potential for an occupational exposure to blood or OPIM, shall be trained prior to initial assignment, upon change in assignment, and annually thereafter.

- c) Training: Employees will be trained annually on the Bloodborne Pathogens Exposure Control Program, symptoms of Bloodborne diseases, ways in which Bloodborne pathogens are transmitted, an explanation and copy of the exposure control plan and how to recognize tasks that might result in occupational exposure.
- \* a copy and explanation of the standard.
  - \* an explanation of our ECP and how to obtain a copy.
  - \* an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
  - \* an explanation of the use and limitations of engineering controls, work practices, and PPE.
  - \* an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
  - \* an explanation of the basis for PPE selection.
  - \* information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
  - \* information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
  - \* an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
  - \* information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
  - \* an explanation of the signs and labels and/or color coding required by the standard and used at this facility.
  - \* an opportunity for interactive questions and answers with the person conducting the training session.

#### 10. Recordkeeping

- a) Individual employee medical records shall be kept in the Human Resources & Risk/Safety Department. The records shall be kept confidential and only released to the employee, to anyone having the employee's express written consent, and as may be required by law. Employee medical records with regard to exposures to blood or other OPIM shall be kept for the term of employment and/or in accordance with the official records retention laws.
- b) An official record of training shall be maintained in the employee's personnel file in Human Resources. Training records shall be provided, upon request, to employees, employee representatives, and as required by law. The record of training shall be maintained for three (3) years after the training date.

City of Dunedin  
 Bloodborne Pathogen  
 Post-Exposure Checklist

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

√	Activity Completion	Date
	Employee furnished with documentation regarding exposure incident. (Exposure Incident Investigation Form)	
	<u>Source individual's</u> blood tested and results given to exposed employee.	
	_____ Consent has not been able to be obtained.	
	<u>Exposed employee's</u> blood collected and tested.	
	Appointment arranged for employee with City Physician.	
	Documentation forwarded to healthcare professional: _____ Bloodborne pathogens standard _____ Description of exposed employee's duties _____ Description of exposure incident, including exposure routes _____ Results of source individual's blood testing _____ Employee's medical records	

**HEPATITIS B VACCINE DECLINATION (MANDATORY)**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_



The following job classes may have occupational exposure to bloodborne pathogens or other potentially infectious materials (OPIM).

<b>JOB TITLE</b>	<b>DEPARTMENT</b>	<b>EXPOSURE OF POSITIONS</b>
Fire Chief	Fire	All Positions
Assistant Fire Chief	Fire	All Positions
Fire Marshal	Fire	All Positions
Division Chief of EMS/Support Services	Fire	All Positions
Division Chief of Training	Fire	All Positions
District Chief	Fire	All Positions
Deputy Fire Marshal	Fire	All Positions
Fire Lieutenant	Fire	All Positions
Firefighter/Paramedic	Fire	All Positions
Firefighter/EMT	Fire	All Positions
Utilities Inspector	Public Works & Utilities	All Positions
Construction Inspector	Public Works & Utilities	All Positions
Facilities Maintenance Staff	Public Works & Utilities	Selected Positions (based on assignments)
Foreman III	Public Works & Utilities	All Positions
Foreman I/Dispatcher	Public Works & Utilities	All Positions
Equipment Operator III	Public Works & Utilities	All Positions
Solid Waste Driver/Loader	Public Works & Utilities	All Positions
Public Services Staff	Public Works & Utilities	Selected Positions (based on assignments)
Mechanic	Public Works & Utilities	All Positions
Wastewater Supervisors	Public Works & Utilities	All Positions
Wastewater Plant Operators	Public Works & Utilities	All Positions
Wastewater Service Workers	Public Works & Utilities	All Positions
Wastewater Collection Technicians	Public Works & Utilities	All Positions
Wastewater Maintenance Mechanics	Public Works & Utilities	All Positions
TV/Seal Truck Operator	Public Works & Utilities	All Positions
Field Service Representative	Public Works & Utilities	All Positions
Water Staff	Public Works & Utilities	Selected Positions (based on assignments)
Parks Staff	Parks and Recreation	Selected Positions (based on assignments)
Recreation Staff	Parks and Recreation	Selected Positions (based on assignments)
Volunteer AED Coordinators	All applicable facilities	All Positions

Among the above listed job classes, the tasks and procedures which can cause exposure to bloodborne disease are as follows:

**Fire Department Positions:** Life saving and first aid; contact with refuse or unidentified materials at fire or accident scenes.

**Public Works & Utilities Positions:** Contact with Sewage or refuse during repair and maintenance activities potential for exposure to discarded sharps.

**Parks Maintenance Positions:** Contact with sewage or refuse during repair and maintenance activities. Potential for contact with persons in need of medical attention.

**Recreation Positions:** Potential for contact with persons in need of medical attention.

**City's designated AED Coordinators:** Potential for contact with persons in need of medical attention.

**Collateral Exposure of City Positions:** Any city employee can, by virtue of administering routine, emergency first aid or by unanticipated exposure to sewerage, refuse or OPIM, be exposed to bloodborne disease. To mitigate such collateral exposures, the City has developed a general exposure control plan, which is attached as an addendum to this manual. It is the responsibility of all departments to familiarize employees with this control plan and to assure that it is followed in the event of an unanticipated exposure.

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