



# **CHAMBERS COUNTY**

## **ACCIDENT PREVENTION PLAN**

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## I. Introduction

### SAFETY POLICY STATEMENT

Chambers County is committed to providing a safe and healthful work environment for all our employees and others that may work, visit, or enter our facilities. The objective of our Accident Prevention Program is to prevent accidents and minimize their consequences, and to reduce the frequency and severity of injuries.

It is our policy to manage and conduct operations and business in a manner that offers maximum protection to each and every employee and any other person that may be affected by our operations and business.

It is our absolute conviction that we have the responsibility for providing a safe and healthful work environment for our people and all others that may be affected as we conduct our business. We will make every effort to provide a working environment that is free from any recognized or potential hazard.

We recognize that the success of our safety and health program is contingent and dependent upon support from the Commissioner's Court, management and supervisors down to involvement of all employees of the County.

The Safety Committee will establish avenues to solicit and receive comments, information, and assistance from employees about safety and health. If you have any questions or concerns about employee safety and health, please contact your departmental safety committee member.

Adopted this 10<sup>th</sup> day of April 2007.

\_\_\_\_\_  
County Judge

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Commissioner Pct. 1

\_\_\_\_\_  
Commissioner Pct. 2

\_\_\_\_\_  
Commissioner Pct. 3

\_\_\_\_\_  
Commissioner Pct. 4

## **II. Goals and Objectives**

### **Goals**

**Our Accident Prevention Plan will achieve the following goals:**

- **Effective involvement by each and every department head and employee of the county.**
- **Elimination of any and all hazards (current and potential) that expose or create a risk of any nature.**
- **A reduction of all preventable work related incidents resulting in injury or illness to any county employee or constituent(s).**
- **An increased awareness of the overall safe operation of all facilities.**

### **Objectives**

- **Implementation of an effective Accident Prevention Plan.**
- **Support from each and every level of management and personnel.**
- **Assignment of responsibilities and accountability for the safety program.**
- **Allocation of adequate resources for the support of the program.**
- **Lines of communication involving management and employees at all levels for safety and health concerns.**

*The goals will be realized if the objectives are carried out without hesitation or interruption, and every employee becomes interested in the safety program and its success.*

### **III. Management Element**

#### **Authority and Accountability**

**Chambers County** accepts the responsibility for providing resources and guidance for the development and implementation of the safety program.

**Chambers County** Safety Committee and the Commissioners' Court will be held accountable for the development of the program.

**Commissioners' Court** has the authority to delegate any or all portions of the plan to subordinates, but will be held responsible for the performance of the plan. It is also the Court's responsibility to work with the various county departments to allocate funds for the implementation of the program.

**Commissioners' Court** also has the authority to approve any proposed changes to the original Safety Plan. However, it will be the sole responsibility of the department heads to discipline those who violate policies, procedures, or rules of the Safety Program. Disciplinary actions will be in accordance with disciplinary guidance contained in the county's Personnel Manual (Pages 43 and 44 Article 12).

**Department Heads** are responsible and will be held accountable to ensure that all employees under their control follow all safety and health policies, procedures, or rules established by Chambers County. They are also responsible for coordinating in-house training and guidance to employees under their direction with the authority to discipline. It is also the Department Head responsibility to provide their employees with the basic appropriate personal equipment, necessary to perform their duties in a safe manner. When necessary, the department head will have to allocate funds within their budgets to implement their portion of the safety program. If necessary it is the Department head's responsibility to address Commissioners' Court for the allocation of such funds. When dealing with outside contractors it is the responsibility of the Department Head that awarded the contract to familiarize the contractor with the County's Safety Program.

**Employees** are responsible and will be held accountable for providing this county with a commitment to the Safety Program, abiding by the policies, procedures, rules set forth by the program, and becoming actively involved in the program to assist in providing a safe and healthful workplace for all involved. Employees will help provide the county with possible solutions to safety concerns.

**Contractors** that provide or perform services for the county, at any location, are responsible to ensure that all employees actions and services delivered are in a manner consistent with the County's Safety Program. This document will be made available to all contractors through the County Judge's Office.

## Discipline Policy for Safety Violations

This policy is an integral part of the Chambers County Accident Prevention Plan, and is intended to be consistent with Section 12.02 of the Personnel Policies of Chambers County, Progressive Discipline.

1. Unsafe acts that result in injury to an employee, non-employee, or property damage, and are determined, by investigation, to have been caused by *negligence or carelessness*, will be documented. The following penalties are recommended as a minimum:
  - First occurrence in a twelve-month period – counseling, retraining, documentation.
  - Second occurrence in a twelve-month period – warning, retraining, and documentation. This warning should include an explanation of the penalties that could result from a third occurrence.
  - Third occurrence in a twelve-month period – suspension without pay, reduction in pay, demotion, or dismissal.
  
2. Unsafe acts that result in injury to an employee, non-employee, or property damage, and are determined, by investigation, to have been caused by *gross negligence or willful disregard for safety*, will be documented. Gross negligence is defined as recognition of an unsafe condition but intentionally proceeding without regard for consequences. Willful disregard for safety is defined as intentionally ignoring known safety practices. The following penalties are recommended as a minimum:
  - First occurrence in a twelve-month period – Warning, retraining, documentation. This warning must include an explanation of the penalties that could result from second occurrence.
  - Second occurrence in a twelve-month period – suspension without pay, reduction in pay, demotion, or dismissal.

## **IV. Analysis Element**

The Safety Committee of Chambers County will review and analyze all records and documentation pertaining to the safety and health program. This review will be conducted on an annual basis and will focus on hazard analysis and recognition of developing trends.

Trend analysis will identify recurring accidents and near miss incidents resulting in or potentially involving injury, illness, and/or property damage. The analysis will also recognize repeatedly identified hazards/violations needing corrective action to establish what program component is failing that allows the hazard to exist.

The Safety Committee may provide information and recommendations for corrective measures for trends developing in their areas.

Employees will be made aware of developing trends and hazard exposures by their respective department heads as these conditions are recognized.

Trends of accidents or hazard recurrences will be a focal point for corrective action and employee training as needed.

Department heads of each location will follow corrective measures until the causal factor has been eliminated or controlled.

Department heads will review employee training records on a regular basis to ensure an adequate and effective training program is maintained.

## **V. Recordkeeping Element**

Chambers County believes that the only valid means of reviewing and identifying trends and deficiencies in a safety program is through an effective recordkeeping program. The recordkeeping element is also essential in tracking the performance of duties and responsibilities under the program.

Chambers County is committed to implementing and maintaining an active, up to date recordkeeping program.

### **Injury & Illness Data**

Each department will maintain all records of all work-related injuries and illnesses with the exception of those accidents involving third parties. Such records will be kept at the County Auditor's office.

The following records are applicable only to work related injuries.

Applicable forms or records:

- Accident Reports
- DWC-1
- Witness Reports
- Incident Investigation Reports
- Workers Compensation Coverage Provider Correspondence
- Commissioners' Court & Affected Departments Reports
- Hazard Identification Reports
- Workers Compensation Commission Correspondence

An Accident Log of recordable injuries and illnesses will be maintained by each department and posted at each work location. The information contained in the Accident Log will be maintained current within six days of a recordable accident. The log will be posted in a conspicuous location for employees' review.



All dates pertaining to injuries or illnesses that did not require medical treatment, or were otherwise not recordable, will be maintained in the incident report forms. This will include first aid treatments of any kind.

All accident and incident reports will be analyzed on a regular basis by the safety coordinator to analyze occurrences, identify developing trends, and plan courses of corrective actions. These records will be maintained for a minimum of five years.

### **Safety Surveys and Inspection Reports**

Departments within the county will be required to conduct their own inspections. The respective departments will set the time and frequency of the inspections. Records of these inspections will be kept in the departments where they were generated. The following are those departments required to perform and/or document inspections.

#### **Safety Department**

- Community Building Fire Inspection Reports
- TAC Safety Surveys (maintain file)

#### **R&B Departments, Mosquito Control, Parks, Solid Waste, Maintenance, Airport, Etc.**

- Daily Vehicle Inspection
- 3,000 Mile Inspection
- 250 Hr. Heavy Equipment Inspection
- Job Site Inspection
- Shop Inspection
- Fire Inspection (for each department's workplace)

#### **Maintenance Departments**

- Property Reports
- Boiler Inspections
- Fire Inspections

## **Jail**

- Kitchen Safety
- Cell Area Inspections
- Vehicle Inspections ( Not necessary if inspected by R&B Maintenance Department )
- TCLEOSE Inspections
- Fire Inspection

## **Reports generated by outside professional agencies**

Reports generated by outside professional agencies will receive immediate attention and consideration. All hazards identified and recommendations made will be acted upon in a timely manner. All methods of addressing the issues contained in the reports will be documented in writing and a copy maintained with the survey report. This documentation will also show the date corrections were made or actions taken. These reports and all associated documentation will be maintained for record and periodic review. It is the department head's ultimate responsibility to ensure that corrective actions are taken.

## **Checklists**

Checklists will be developed as part of the periodic self-inspection process by the respective departments. Checklists will be used and maintained including the name of the person performing the evaluation and the date of the inspection. The self-inspections will be reviewed by department heads and the safety department upon completion. All discrepancies identified during the surveys will be evaluated. The self-inspection checklists will be reviewed and evaluated on a regular basis to ensure current applicability. This review will be performed within the respective department with the assistance of supervisors and employees. The checklist will be retained along with other applicable data for review. The list will be developed with the assistance of professionals providing comprehensive surveys (manufacturers, insurance carriers, in-house personnel, local and State Agencies). The hazards and recommendations noted in the inspections or surveys will be given special considerations for addition to the periodic self-inspection checklists. Supervisors will be responsible for assisting in the correction process.

### **Safety Program Review**

Once a year, or sooner if necessary, the entire safety program will be audited by the Safety Committee for effectiveness and detection of possible areas in need of improvement. Findings of this evaluation will be provided to Commissioners' Court as part of the annual report.

### **Safety & Other Related Meetings Minutes**

The Safety Coordinator will keep minutes for the safety committee meetings. These records will include the name of recorder, date, a list of attendees' details about the topics covered during the meeting and action or corrective measures suggested, recommended or taken. The purpose of these is to ensure that decisions effecting the safety and health program of this county are carried out, implemented, and that results are tracked.

### **Training Records**

Each Department will document and maintain records of all safety and health related training.

### **Applicable forms:**

#### **Training documentation forms**

All safety related training provided to employees by Chambers County will be documented. This documentation will be maintained as proof of attendance and review to assist in determining the need for additional or repeated training for employees on an individual basis. Records and documentation will include the presenter's name, date of training, topic or subject, legible identification of the attendee, and attendee's signature. The person providing the training is responsible for generating the documentation. The training record will become part of the employee's permanent file and will be maintained by the department.

#### **Accident Investigation**

Department Heads/Elected Officials will ensure proper records and documentation of all accident and incident investigation activities are maintained and reviewed.

## CHAMBERS COUNTY RECORDKEEPING PLAN

Record	Responsible Person	Completion Timeframe	Record Location	Retention of Records	Report Method
<b>FIELD REPORT OF INJURY</b>	Supervisor/ Foreman/ Department Head	Immediately	Departmental Office	Permanent Record	Incident Report
<b>WITNESS STATEMENTS</b>	Supervisor and Witness	Immediately	Departmental Office	Permanent Record	Incident Report
<b>WORKERS' COMPENSATION FIRST REPORT OF INJURY</b>	Department Designee	Within 5 days of employer knowledge of accident or occupational disease. (See TAC Workers' Compensation Claim Handbook).	Safety Department Departmental Office, Treasurer	Permanent Record	DWC Form 1  (See TAC Workers' Compensation Claim Handbook for instructions).
<b>ACCIDENT LOG</b>	Department Head/Designee	Update Monthly and with each DWC Form 1 filed.	Departmental Office	5 years	OSHA 300 or equivalent.
<b>ACCIDENT INVESTIGATION</b>	<ol style="list-style-type: none"> <li>1. Supervisor</li> <li>2. Filed with Safety Coordinator</li> <li>3. Reviewed by Safety Committee and Comm. Court.</li> </ol>	<ol style="list-style-type: none"> <li>1. Immediately after the incident</li> <li>2. Within 5 working days</li> <li>3. Quarterly or more often for special circumstances (July, October, January, and March)</li> </ol>	Safety Department Departmental Office, Treasurer	5 years	Incident Report
<b>TRAINING</b>					
1. Needs Assessment	Foreman with the assistance of Safety Coordinator	Quarterly	Safety Department Departmental Office	3 years	Training Needs and Scheduling Worksheet.
2. Training Classes	Department Head	Within 2 days of each completed training session	Departmental Office	5 years	Training Documentation Form
<b>PPE HAZARD ASSESSMENTS</b>	Department Head	Quarterly. Additionally as necessary.	Departmental Office	3 years	Per 1910 Subpart I - Appendix B

## CHAMBERS COUNTY RECORDKEEPING PLAN (Continued)

Record	Responsible Person	Completion Timeframe	Record Location	Retention of Records	Report Method
<b>INSPECTIONS</b>					
1. Shop & Yard	Department Head Designee	First Friday of each Month	Departmental Office	3 years	Safety Inspection Checklist
2. Daily Vehicle Inspection Checklist	Driver Supervisor Approval if Deficiency exists	Daily as used.	Departmental Office	3 years	Vehicle Inspection Checklist
3. Heavy Equipment Inspection Checklist	Operator Supervisor Approval if Deficiency exists	Daily as used.	Departmental Office	5 years	Heavy Equipment Inspection Checklist
4. HazCom	Dept. Head or Designee	Annually. Additionally as necessary.	Each shop's HAZCOM Manual Safety Department	3 years	Hazard Communication Checklist
<b>HAZARD IDENTIFICATION</b>	Employee completes and files with supervisor.  Alternative Method is to file with Safety Department	Upon noticing hazardous condition or unsafe acts in the workplace.	Filed with the Foreman  Forwarded to Safety Department with corrective actions.	3 years	Hazard Identification Report
<b>PROGRAM ANALYSIS</b>	Safety Coordinator	Annually	Safety Department	5 years	Osha Form 300A
<b>PROGRAM REVIEW BY COMM. COURT</b>	Commissioners Court	Annually or as needed.	Court Record and Safety Department	5 years	Court Minutes

## **VI. Safety and Health Training Element**

Chambers County is committed to training providing safety and health related orientation and training to all employees at all levels of the county. Chambers County will develop, implement, and maintain an aggressive safety and health orientation and training program. The program purpose is to educate and familiarize employees with safety and health procedures, rules, and work practices of the facility. The department head of each department will encourage and require involvement and participation of all department heads, supervisors, and employees. Furthermore, the executive level will support the orientation and training program with allocations in funding, staff, resources, and time to develop and implement this program.

### **Training Program Development**

The training subjects and materials are developed utilizing the county's specific criteria relating to identified and potential hazards, accident and incident hazard, and training required by federal regulations. The orientation and subsequent training sessions will include, but not be limited to, the following:

- Hazards associated with the area
- Hazards of the job or task assignment
- Emergency procedures
- Personal protective equipment
- Hazard communication
- Specific equipment operation training
- Employee reporting requirements
- Accident investigation

The training program will be administered in two phases: new employee or reassigned orientation and regular periodic training and refresher sessions. Aside from the formal safety and health related training classes, employees will receive guidance and instruction on safe operating procedures of each assigned job or task.

### **Orientation**

The orientation training will be administered to all new employees prior to the initial work assignment and to employees' assignment to new or different tasks or jobs. The orientation will consist of all required training programs as well as job and site specific safety and health information. All new employees will be given a tour of their respective work areas, and an opportunity to pose questions to expedite the familiarization process. New employees will not be released to an individual job assignment until it has been determined by their supervisor that the individual has retained the minimal acceptance elements of the training provided and pertinent information to safely perform the assigned duties.

### **Ongoing Training**

All department heads, supervisors, and employee are required to participate and become involved in the ongoing safety and health-training program. The frequency, repetitiveness, and subject matter will be determined by training assessments and audits to be performed by the departments and will be at intervals that ensure demonstration of adequate training. The assessments and audits will be, for the most part, informal questions and observations of employees' work areas. At some point, a more formal survey, such as a written examination, may be required. At no time will an employee be approved to work at an interval greater than 12 months without retraining. All employees assigned to attend a training session must demonstrate competency and retention of information prior to returning to any job assignment.

Department Heads have the authority to assess training effectiveness and are responsible for ensuring implementation of all training.

### **Documentation**

Any and all safety and health related training administered or provided by each department will be documented with the following minimum information:

- Date of training
- Provider (Name and affiliation, if not an employee of the county)
- Subject matter
- Legible name of attendee(s) and supplemental identification if needed or required
- Signature or acknowledgement of attendance

All training records and documentation will become a permanent part of each employee record as well as a master record used to determine participation of all employees. Individual training records will be maintained for the current year and five additional years.

## **VII. Audit and Inspection Element**

### **Comprehensive Surveys and Periodic Self-Inspections**

Chambers County has implemented a program to identify, correct, and control hazards on an ongoing basis. This program will utilize multiple resources to ensure effectiveness.

#### **Comprehensive Surveys**

The county has arranged for each operating location to receive a comprehensive safety and health inspection by TAC on a regular basis at least once a year. These inspections will identify existing and potential hazards and non-compliance issues that should be addressed. The findings of the inspections will be discussed and recommendations for corrective actions suggested. Inspections will also be conducted to evaluate the overall effectiveness of the Accident Prevention Plan and employee training. Recommendations will be made to enhance the performance of the safety and health program. Reports will be forwarded to respective department heads for review.

#### **Safety and Health Self Inspections**

The Department Head or designated individual at each county department will conduct at least monthly in-house safety self-inspections that will cover the entire facility and equipment.

All inspections will be conducted on an ongoing basis without interruption. Management will allocate adequate time and resources to perform the surveys.

Each location will develop and maintain an inspection checklist specific to the operation. The list will be developed utilizing a general inspection checklist and will be evaluated and updated with hazards that are identified during the inspections and other pertinent data as it is acquired. The contents of this checklist will become a part of the permanent record of the inspection and will serve as a confirmation of the inspection. Each checklist will indicate the location or specific site or area inspected, name and title of the inspector, date of inspection, and corrective action taken for identified hazards or violations. The inspection report will be used in trend analysis and record keeping

Employees must be notified of the hazards that pose an immediate threat of physical harm or property damage and informed of measures or steps that will be taken to eliminate, correct, or control the hazard.

Department Heads will review the inspection checklist and any other established documentation to ensure that a course of corrective action and time line has been established for eliminating each deficiency.



# **EMPLOYEE HAZARD IDENTIFICATION POLICY**

## **CHAMBERS COUNTY**

**PURPOSE:** The purpose of this policy is to establish the need for employee participation in identifying existing and potential hazards within county workplaces. It also requires Department Heads and the Safety Committee to take corrective actions and follow-up on hazard notification.

**SCOPE:** The County Commissioners' Court and Elected Officials believe that employee safety and well being are important to county operation. Therefore, this policy pertains to, must be complied with, and enforced by all county employees.

### **RESPONSIBILITIES:**

- A. Anyone who suspects that a hazard exists, or who notices any unsafe work practice must report the existing or potential hazard immediately to his or her supervisor. If a situation exists where reporting to the supervisor is not feasible or would not be properly addressed, a report should be given to a representative of the Safety Committee.
- B. It will be the responsibility of the appropriate Elected officials and department heads to take appropriate action.
- C. The Safety Committee will provide follow-up action and provide monthly written reports to the Commissioners' Court.
- D. Reports will be made on Hazard Identification Report Form.

**\*See Appendix I for associated reporting form: "Hazard Identification Report Form"**

## **VIII. Accident Investigation Element**

### **ACCIDENT REPORTING AND INVESTIGATION**

**PURPOSE:** The purpose of this policy is to establish a method to report and investigate accidents which occur to county employees, county vehicles (including equipment), and/or damage to county property. This policy applies to all accidents or incidents occurring on county owned property or involving county property.

Our goal is to prevent accidents through the identification and correction of factors that contribute to the cause(s) of accidents. In order to carry out this goal, we must have methods in place for the appropriate investigation of these causal factors. By focusing on these factors and taking action to correct these problems, we have an effective tool for the prevention of future accidents.

**SCOPE:** This policy and subsequent responsibilities or procedures apply to all elected or appointed officials and county employees. The appropriate manager, foreman, or supervisor will normally conduct the investigation with the assistance of the Safety Committee or Safety Coordinator, if necessary.

#### **RESPONSIBILITIES:**

- A. NOTIFICATION** - When an accident or incident occurs, the department head, foreman, or supervisor will file an "Incident Report" with their Supervisor immediately. Phone contact is encouraged if possible to facilitate a quick investigation before the surrounding conditions change. Once notified, the Supervisor will forward this information immediately to the Safety Coordinator and the Department Head for assistance with the investigation.
- B. INVESTIGATION TIMELINE** - A determination will be made if it is necessary for the Supervisor to begin gathering evidence, e.g. photos, statements, etc. Realizing the importance of accident cause recognition, it may be necessary to investigate and report accidents or incidents where no injuries or other losses occurred. The investigation will be conducted immediately. Depending on the severity of the problem, the Supervisor and Safety Coordinator will set a time for the investigation to begin. The investigation will be recorded on the Incident Investigation Report by the department head/foreman. Immediately upon completion (no later than 5 days after knowledge of the incident), the report will be sent to the Safety Committee Chair.

**C. DEPARTMENT RESPONSIBILITY** – The Department Head/Supervisor will review the determined causes of the accident and immediately evaluate his/her work area for similar problems. The Department Head/Supervisor will take immediate action to either eliminate or control the identified problems. Notification of corrections as well as problems that cannot be corrected immediately will be sent to the Safety Committee Chair.

**D. REVIEW OF FINDINGS AND RECOMMENDATION** - The Safety Committee will review all findings of uncontrolled workplace or operational hazards to develop a proposed plan for correction and to communicate appropriate corrective action already taken. This information will be sent to Commissioner's Court for appropriate action.

**E. ACTION BY COMMISSIONERS' COURT** - The Commissioner's Court will establish funding as needed to correct these hazards in an appropriate manner. The Commissioners' Court, with the assistance of the Safety Committee, will develop a timeline for correction by the department. The Department Head must post notice of the hazard or problem and take appropriate interim measures to prevent accidents from recurring.

**F. ACCIDENTS INVOLVING THIRD PARTIES** - It is the responsibility of any county employee to assist any visitor reporting an injury suffered in or on county property. If the employee witnesses an accident, the employee should:

- (1) render assistance.
- (2) call Personnel Manager or supervisor.

If the injured party states that there was no harm, the employee must still report the injury to their supervisor. Supervisors must report incident immediately.

Employees will be asked to complete an Incident Report Form to document third party accidents. If possible get a written statement from the injured party and send all information to the County Auditor's Office.

**A. INCIDENT REVIEW TRAINING** - Accident investigations will be conducted as instructed in training sessions given to Elected Officials, Department Heads, Supervisors and Safety Committee members. Initial training of these individuals will be conducted and subsequent training scheduled as needed to maintain the quality and effectiveness of the accident investigation program.

## **IX. Periodic Review and Revision Element**

### **PROGRAM REVIEW & REVISION**

The Safety Director and Safety Committee or other designated representative will periodically (at least annually) review and revise the components of the Accident Prevention Plan for effectiveness and implementation. Special attention will be devoted to areas and criteria that demonstrate failure in a program component, introduction of new procedures, processes, or equipment. Corrective measures will be taken as needed to reemphasize or restructure the Accident Prevention Plan to perform at the optimum effectiveness.

Information will be solicited from area supervisors and employees to determine the effectiveness of each program component, and assistance in developing adjustments and corrections.

## Appendix I

### Sample Forms

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# SAFETY INSPECTION CHECKLIST AND REPORT

County \_\_\_\_\_ Location/Department \_\_\_\_\_

Date of Inspection \_\_\_\_\_ Date of Last Inspection \_\_\_\_\_

Names of Inspection Personnel \_\_\_\_\_

Instructions: This checklist is merely a tool to assist you in making an inspection of your premises. No representation is made or intended that by being in full compliance with each of the items set forth, you will be in full compliance with the requirements of any traditional, state, county or city governmental regulations or laws. There is no representation made that this checklist is complete and covers all possible risks or hazards that should be reviewed. This is a general checklist, and specific locations may require expansion or alteration of the items to be review. This checklist should be modified to best serve the unique needs of each county.

<u>CONDITION AND PROTECTION SATISFACTORY?</u>	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
<b>1. General Conditions:</b>				
a) First Aid – adequate equipment, properly used:	_____	_____	_____	_____
b) Adequate Light throughout work area:	_____	_____	_____	_____
c) Noise level satisfactory:	_____	_____	_____	_____
d) Adequate ventilation throughout:	_____	_____	_____	_____
e) Housekeeping satisfactory:	_____	_____	_____	_____
f) Material storing and stacking satisfactory:	_____	_____	_____	_____
g) Hand tools properly maintained:	_____	_____	_____	_____
h) Acids and corrosives safely handled and stored:	_____	_____	_____	_____
i) _____	_____	_____	_____	_____
j) _____	_____	_____	_____	_____
<b>2. Unsafe Practices:</b>				
a) Existence or observance of unsafe practices:	_____	_____	_____	_____
b) Personal protective equipment provided/used:	_____	_____	_____	_____
c) Following safety rules:	_____	_____	_____	_____
d) _____	_____	_____	_____	_____
e) _____	_____	_____	_____	_____
<b>3. Housekeeping:</b>				
a) Oily rags stored in closed containers	_____	_____	_____	_____
b) Mops and brooms stored when not in use	_____	_____	_____	_____
c) Proper signs for mopping and waxing area	_____	_____	_____	_____
d) _____	_____	_____	_____	_____
e) _____	_____	_____	_____	_____
<b>4. Fire Hazards:</b>				
a) Fire extinguishers checked, tagged, accessible:	_____	_____	_____	_____
b) Extinguishers proper for exposure:	_____	_____	_____	_____
c) Hoses, sprinkler equipment, alarms:	_____	_____	_____	_____
d) Exits marked, lighted, accessible:	_____	_____	_____	_____
e) Flammable liquids stored, handled & disposed of properly:	_____	_____	_____	_____
f) Proper disposal of rubbish:	_____	_____	_____	_____
g) _____	_____	_____	_____	_____
h) _____	_____	_____	_____	_____
<b>5. Floors:</b>				
a) Surface nails, splinters, breaks, slipperiness:	_____	_____	_____	_____
b) Loose carpet, tile:	_____	_____	_____	_____
c) Liquid, oil, grease hazards:	_____	_____	_____	_____
d) _____	_____	_____	_____	_____
e) _____	_____	_____	_____	_____

**6. Stairs:**

- a) Lighting adequate and maintained: \_\_\_\_\_
- b) Handrails adequate, secure: \_\_\_\_\_
- c) Non-skid surface: \_\_\_\_\_
- d) \_\_\_\_\_

<u>CONDITION AND PROTECTION SATISFACTORY?</u>	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
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**7. Ramps and Platforms:**

- a) Strength adequate: \_\_\_\_\_
- b) Surfaces unobstructed, non-slip: \_\_\_\_\_
- c) Railings and toeboards in place: \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

**8. Electrical Equipment:**

- a) Switchboards, transformers, wiring & controls adequate: \_\_\_\_\_
- b) Apparatus identified, grounded, guarded: \_\_\_\_\_
- c) Portable tools grounded: \_\_\_\_\_
- d) Circuit overload prevented: \_\_\_\_\_
- e) Extension cords, proper size and secured: \_\_\_\_\_
- f) \_\_\_\_\_
- g) \_\_\_\_\_

**9. Hoists, Cranes:**

- a) Cables, cable fastenings, slings satisfactory: \_\_\_\_\_
- b) Properly guarded: \_\_\_\_\_
- c) Weight limit marked: \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

**10. Ladders, Scaffolds:**

- a) Inspection and maintenance satisfactory: \_\_\_\_\_
- b) Safety feet where required: \_\_\_\_\_
- c) \_\_\_\_\_

**11. Elevators**

- a) Hoistway, car doors and gates satisfactory: \_\_\_\_\_
- b) Preventive Maint. Program Established: \_\_\_\_\_
- c) Emergency Phone/Alarm: \_\_\_\_\_
- d) No Smoking Sign: \_\_\_\_\_
- e) Sign posted, "DO NOT USE IN CASE OF FIRE OR OTHER EMERGENCY" \_\_\_\_\_

**12. Machine Hazards:**

- a) Operator Training Provided: \_\_\_\_\_
- b) Points of operation guarded: \_\_\_\_\_
- c) Gears, pulleys, machine parts guarded: \_\_\_\_\_
- d) Guards interlocked where necessary: \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_

**13. Vehicle Operations:**

- a) Written procedures regarding driver restrictions, personal use, etc. distributed to and reviewed with drivers of county vehicles: \_\_\_\_\_
- b) Driving record of county employees operating vehicles For county purposes reviewed prior to hiring & done annually: \_\_\_\_\_
- c) Road test given by qualified driver prior to hiring: \_\_\_\_\_
- d) Defensive driving course offered to new employees Who drive in the scope of their employment: \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_

**14. Vehicle Maintenance:**

- a) Preventive maintenance system established: \_\_\_\_\_
- b) Vehicle safety inspection conducted monthly: \_\_\_\_\_
- c) Hoods, cabovers, dump sections of trucks and similar movable parts blocked or rendered inoperative when doing maintenance: \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

<u>CONDITION AND PROTECTION SATISFACTORY?</u>	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
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**15. Mowers, Shredders:**

- a) Preventive maintenance performed on mowers and shredders: \_\_\_\_\_
- b) Slow moving signs installed on mowers & shredders: \_\_\_\_\_
- c) Proper guards installed on mowers & shredders: \_\_\_\_\_
- d) Axles and U-joints inspected regularly: \_\_\_\_\_
- e) Blades checked before use for tightness: \_\_\_\_\_
- f) \_\_\_\_\_
- g) \_\_\_\_\_

**16. Parking Areas:**

- a) Parking areas well illuminated with designated entrances, and directional sign(s): \_\_\_\_\_
- b) Car stops provided around buildings: \_\_\_\_\_
- c) Signs, utility poles, gas meters, power transformers, fire hydrants, etc. in parking area properly marked & protected: \_\_\_\_\_
- d) Areas designated for delivery: \_\_\_\_\_
- e) Signs in good condition: \_\_\_\_\_
- f) Holes filled in parking areas: \_\_\_\_\_
- g) \_\_\_\_\_
- h) \_\_\_\_\_

**17. Pressure Apparatus:**

- a) Recent inspection certificate: \_\_\_\_\_
- b) Welding cylinders, compressors secured and guarded: \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**18. Other:**

Use this space for additional information or suggestions:

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Report Submitted To: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up conducted by: \_\_\_\_\_ Date: \_\_\_\_\_



# OFFICE SAFETY INSPECTION CHECKLIST

Department:  
 Inspected By:  
 Date of Inspection:

The purpose of this form is to be used as a guide to self-inspection by supervisors and safety committees. The guides to hazards on this form are general and incomplete. The inspector should expand these to fit the actual situation. **Please provide recommendations for "no" answers.**

- Well-planned safety inspections help in detecting hazards before an accident occurs.
- Before the inspection, analyze past accidents to determine specific causes and high hazard areas or operations. Give special attention to these during the inspection.
- Removing hazards increases operating efficiency, because safety and efficiency go hand in hand.
- Both unsafe conditions and unsafe acts are contributing factors in industrial accidents. An unsafe condition, in addition to being a direct cause of accidents, often requires or suggests, an unsafe act.

<i><b>INSPECTION GUIDES</b></i>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDATIONS</b>
<i><b>FURNITURE AND EQUIPMENT:</b></i>			
1. Are desks, chairs, file cabinets, etc., in good condition and positioned so that drawers do not open into halls or walkways?			
2. <u>Are lower file cabinet drawers used for heavier loads so that upper drawers are not disproportionately heavy? Is one drawer opened at a time? Are file cabinets secured to the floor, wall, or are several bolted together? Do people use the handles when</u>			
3. <u>Is furniture used as stepping stools or ladders?</u>			
4. <u>Are desk chairs in good repair? Do rollers operate properly and have a smooth, even surface on which to operate?</u>			
5. Do personnel get help from the maintenance or custodial department to move heavy objects, such as file cabinets?			
<i><b>AISLES AND FLOORS:</b></i>			
1. Is there a clear aisle of four feet for two-way traffic within a room or office? Is unobstructed access maintained to all parts of a room?			
2. Are floors, aisles, halls, and stairways properly lighted, clear of loose objects, extension cords, wastebaskets, pencils, bottles, etc.?			
3. Are electrical or telephone outlets in the floor protected by arrangement of furniture or other means to minimize tripping hazards?			
4. Are carpets secure? Do they have curled edges or torn places that can cause tripping?			

5. Do ramps or inclines have slip resistant surfaces? If the floor is smooth, are abrasive strips added? Are unusual changes in the walking surface highlighted with yellow paint?			
<b><i>INSPECTION GUIDES</i></b>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDATIONS</b>
<b><i>AISLES AND FLOORS (continued):</i></b>  6. Are spills cleaned up as soon as possible? Are they guarded by a person or barricade/furniture until cleanup is accomplished?			
7. <b><u>Do people walk on the right side of hallways, especially at corners?</u></b>			
8. <b><u>Do stairways have handrails? Is the leading edge of the tread slip resistant and firm?</u></b>			
<b>ELECTRICAL EQUIPMENT:</b>			
1. Are office machines grounded if they are equipped with a ground wire or three-prong plug?			
2. Are electrical cords and plugs in good repair? Are there loose plugs, worn insulation, or defective outlets?			
3. If an adapter is used to insert a grounded plug into an underground receptacle, is the pigtail attached to a grounded object?			
4. Are electrical extension cords the 3-wire grounded type? Are they arranged so as not to cross walkways?			
5. Are wall outlets overloaded by connecting additional appliances with adapters or extension cords?			
6. Is the maintenance department called to make electrical repairs?			
<b>SUPPLIES:</b>			
1. Are supplies stored and maintained in an orderly condition? Are heavier items stored on lower shelves and lighter items, or less frequently used items on higher shelves?			
2. Are the tops of filing cabinets or bookcases used to store materials and supplies?			
3. Do personnel get help, or use materials handling equipment for moving heavy objects.			

<b>DOORS:</b>			
1. Do glass doors or glass panels have bars or highly visible markings to prevent someone from walking or running through them.			
2. Do solid doors have a clear panel at eye level to help prevent them from being opened into someone on the opposite side? Are signs that warn to "open slowly" posted if clear panels are not installed?			
<b><u>INSPECTION GUIDES</u></b>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDATIONS</b>
<b><u>SPECIALIZED EQUIPMENT (PROJECTORS, RECORDERS, REPRODUCTION, ETC.):</u></b>			
1. Are all moving parts of machines properly guarded?			
2. <b><u>Is the person operating the equipment trained in its operation and does he/she check instructions prior to using it?</u></b>			
3. <b><u>Are defects noted during operation of equipment?</u></b>			
<b>MISCELLANEOUS:</b>			
1. Is a safe, secure ladder or step stool used when individuals must reach high places?			
2. Do employees wear the proper type of shoes for working conditions?			
3. Is glassware placed in appropriate locations/containers and not left where hazards are created?			
4. Are ashtrays provided for disposal of burned tobacco and matches?			
5. Are "no smoking" signs placed in appropriate areas?			
<b>FIRE PREVENTION:</b>			
1. Are employees trained in the use of portable fire extinguishers?			
2. Are fire extinguishers securely mounted on walls? Are the locations marked?			

## ACCIDENT INFORMATION SHEET

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_

MAKE, MODEL, YEAR OR VEHICLE: \_\_\_\_\_

\_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER (VIN): \_\_\_\_\_

WITNESS STATEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WITNESSES NAME, ADDRESS AND PHONE NO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PERSON COMPLETING FORM

\_\_\_\_\_  
DATE

# INCIDENT REPORT

This incident is an:

<input type="checkbox"/> INJURY	<input type="checkbox"/> ILLNESS	<input type="checkbox"/> DAMAGE	<input type="checkbox"/> THIRD PARTY INVOLVED
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Date: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_

Date Reported: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

1. Name of Party Involved/Injured/Ill		2. Social Security Number	3. Sex	4. Age	5. Date of Incident
6. Home Address _____ Phone ( ) _____		7. Employee's Occupation		8. Job Task at Time of Incident	
9. Date of Hire	10. Employee was Working <input type="checkbox"/> Alone <input type="checkbox"/> with Fellow Workers <input type="checkbox"/> Other _____	11. Employment Category <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Non-employee		12. Time and Day <input type="checkbox"/> ____ A.M. <input type="checkbox"/> ____ P.M. <input type="checkbox"/> _____ day of week	
10. Experience in Occupation at Time of Incident <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-5 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 5 or more years		11. Name and Address of Physician _____ Phone ( ) _____		12. Name and Address of Hospital _____ _____ _____	
13. Specific Location of Incident Was it on the employer's premises? Yes No		14. Phase of Employee's Workday at Time of Injury <input type="checkbox"/> During break period <input type="checkbox"/> Entering or leaving the building <input type="checkbox"/> Performing work duties <input type="checkbox"/> Working overtime <input type="checkbox"/> Other (explain below) <input type="checkbox"/> During meal period			
15. Employee's Supervisor at time of Incident. Witnessed Incident? <input type="checkbox"/> yes <input type="checkbox"/> no		16. Probable Recurrence Rates <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare		17. Loss Severity Potential <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor	

**21. PART of BODY INJURED or AFFECTED**  Not Applicable

<input type="checkbox"/> Skull, Scalp	<input type="checkbox"/> Jaw	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Foot
<input type="checkbox"/> Eye	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Hand	<input type="checkbox"/> Thigh	<input type="checkbox"/> Toe
<input type="checkbox"/> Nose	<input type="checkbox"/> Spine	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Elbow	<input type="checkbox"/> Finger	<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Ankle
<input type="checkbox"/> Mouth	<input type="checkbox"/> Chest	<input type="checkbox"/> Other Body Part	<input type="checkbox"/> Forearm	<input type="checkbox"/> Hip	<input type="checkbox"/> Other _____	

**22. NATURE of INJURY, ILLNESS, or PROPERTY/BUILDING/EQUIPMENT DAMAGE**

<input type="checkbox"/> Puncture	<input type="checkbox"/> Bruise, Contusion	<input type="checkbox"/> Skin Disorder	<input type="checkbox"/> Amputation	<input type="checkbox"/> Muscle Sprain	<input type="checkbox"/> Building Damage	<input type="checkbox"/> Equipment Damage
<input type="checkbox"/> Laceration	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Burn	<input type="checkbox"/> Insect/Animal Bite	<input type="checkbox"/> Muscle Strain	<input type="checkbox"/> Irritation	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Fracture	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Hernia	<input type="checkbox"/> Infection	<input type="checkbox"/> Other

<p><b>23. DISPOSITION</b></p> <input type="checkbox"/> Days away from work # _____ <input type="checkbox"/> Restricted work days # _____ <input type="checkbox"/> Date returned to work ____/____/____ Sent to <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital	<p><b>24. DIAGNOSIS</b></p> _____ _____ _____	<p><b>25. SEVERITY</b></p> <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Lost Work Days <input type="checkbox"/> Fatality <input type="checkbox"/> Other (specify) _____
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**26. WITNESSES**

Names: \_\_\_\_\_

**27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED to INCIDENT?  Not Applicable**

- Close Clearance/Congestion       Floors/Work Surfaces       Inadequate Housekeeping       Defective Tools/Equipment/Vehicle
- Hazardous Placement       Inadequate Ventilation       Equipment Failure       Illumination
- Inadequate Warning System       Equipment/Workstation Design       Inadequate Guards/Barriers       Inadequate/Improper PPE

**28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS?  Not Applicable**

- Abuse or Misuse       Inadequate Supervision       Inadequate Purchasing       Inadequate Engineering
- Inadequate Maintenance       Inadequate Tools/Equipt./Mat.       Improper Work Surfaces       Wear and Tear
- Lack of Knowledge/Training       Improper Motivation       Inadequate Capacity       Lack of Skill

**29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT?  Not Applicable**

- Failure to Make Secure       Under the Influence of Drugs/Alcohol       Failure to Warn/Signal       Inadequate/Improper PPE Use
- Nullified Safety/Control Devices       Used Defective Equipment       Horseplay/Distractive Action       Operating at Improper Speed
- Used Equipment Improperly       Improper Lifting       Operating Procedure Deviation       Running/Rushing/Acting in Haste
- Improper Loading       Unauthorized Actions       Used Wrong Tool/Equipment       None
- Improper Technique       Improper Position       Servicing/Operating Equipment       Other \_\_\_\_\_

**30. PREVENTIVE MEASURES (What corrective actions have been taken or are planned to prevent a recurrence?)**

- Improve Enforcement       Improve Clean-Up Procedures       Repair/Replace Equipment       Corrective Counseling
- Improve Storage/Arrangement       Rotation of Employee       Eliminate Congestion       Improve/Change Work Method
- Identify/Improve PPE       Install/Revise Guards/Devices       Task Analysis to be Completed       Task Analysis/Procedure Revision
- Improve Design/Construction       Job Reassignment of Employee       Use Other Materials/Supplies       Improve Illumination
- Mandatory Pre-Job Instructions       Improve Ventilation       Reinstruction of Employee       Other \_\_\_\_\_

**31. EMPLOYEE'S DESCRIPTION of INCIDENT (attach sheet for additional comments)  Comments sheet attached**

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Signature of Employee: \_\_\_\_\_

**32. SUPERVISOR'S DESCRIPTION of INCIDENT (attach sheet for additional comments)  Comments sheet attached**

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Signature of Supervisor:

**33. WITNESS or THIRD-PARTY STATEMENT (attach sheet for additional comments)  Comments sheet attached**

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Signature of Witness/Third-Party:

**HAZARD IDENTIFICATION REPORT FORM**

EMPLOYEE NAME \_\_\_\_\_

Date of Hazard Recognition or Observation: \_\_\_\_\_

Hazard or Problem:

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Suggested Corrective Action:

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**Departmental Action**

Name of Dept. Head or official taking action: \_\_\_\_\_

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

Action Taken:

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## Safety Committee Action

Committee Member's Name: \_\_\_\_\_

Date of Follow-up: \_\_\_\_\_

Commissioners' Court Report Date: \_\_\_\_\_

Interim Protection Provided: \_\_\_\_\_

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Long Term Corrective Action Required: \_\_\_\_\_

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Estimated Total Cost of Corrective Action \_\_\_\_\_



# Safety Orientation Checklist

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Name \_\_\_\_\_ Date Employed \_\_\_\_\_

Department/Precinct Assigned \_\_\_\_\_ Type of Work \_\_\_\_\_

## Previous Work Experience and Training

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## I HAVE BEEN INSTRUCTED IN THE FOLLOWING, WHERE APPLICABLE:

- Safety policy and programs
- Hazard Communication
- Safety rules, general and specific to my job
- Safety rule enforcement
- Specific hazards of my job
- When and where to report unsafe conditions or procedures
- How, when and where to report injuries
- Proper work shoes and other personal protective equipment needed
- Equipment operation and maintenance
- List Equipment and Vehicles

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- Fire alarm and extinguishing equipment
- Lifting and material handling
- Housekeeping and personal hygiene
- Care and use of tools and equipment
- First Aid Training
- Other specific instruction given

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Follow-up on employee will be observed by \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Employee's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

# Safety Meeting Record

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County/Department: \_\_\_\_\_

Training Topic: \_\_\_\_\_

Individual Responsible: \_\_\_\_\_ Date: \_\_\_\_\_

**Print name, do not write in cursive**

Name	Department	Address
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# TRAINING DOCUMENTATION

## Training Information

Group Trained (dept., committee, precinct., etc.):	Date(s) of Training:	Length of Program (hours):
Training Subject/Title:	Topics Covered:	
Materials Used:	Materials Distributed:	

## Instructor Information

Instructor Name(s):	Training Organization:	Instructor Signature(s):
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## Certification Information (check applicable boxes)

<b>Training Meets:</b> <input type="checkbox"/> Requirements of: <input type="checkbox"/> Recommendations of: <input type="checkbox"/> N/A	<input type="checkbox"/> County Policy <input type="checkbox"/> Department Policy <input type="checkbox"/> Insurer <input type="checkbox"/> Regulation (explain): ___ Hazcom (Worker Right to Know) ___ Bloodborne Pathogen ___ TCLEOSE Certification ___ Other _____  <input type="checkbox"/> Loss Control Committee <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A
Certifying Organization (if applicable):	
Trainer Certification Number (if applicable):	

# TRAINING DOCUMENTATION

## Training Attendance

Please print, do not write in cursive

Name	Department	Address
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# DAILY VEHICLE/EQUIPMENT INSPECTION

County/Road Department: \_\_\_\_\_

(✓) If okay (X) If not okay-requires action		Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before Starting</b>	Engine Oil Level					
	Coolant Level					
	Tires					
	Battery Fluid & Terminals					
	Belts and Hoses					
<b>After Starting</b>	Engine					
	Instruments					
	Lights					
	Horn					
	Windshield Wiper					
	Clutch					
	Transmissions					
	Brakes					
	Steering					
Other Remarks:						

## MILEAGE AND FUEL CONSUMPTION RECORD

Next 3,000 Inspection \_\_\_\_\_

Date	Beginning Mileage	Gallons Fuel	Tank #	Quarts Oil	Ending Mileage	Project	Operator

# 3,000 MILE INSPECTION CHECKLIST

\_\_\_\_\_ COUNTY ROAD DEPARTMENT

Date: _____		Make/Model/Year	Equipment Number
Mileage: _____			
Shop Work Order #: _____			
Mileage/Hours	Date	Inspector	
Ref: Repair Order No.			

Required Action Key:   Ⓢ = Replace           (A) = Adjust, Replace if necessary           All Others = Inspect  
 Inspection Marking Key:   ✓ = Satisfactory   — = Not Applicable   X = Deficiency   ⊗ = Deficiency Corrected

<b>Engine Compartment:</b> <input type="checkbox"/> Radiator Condition <input type="checkbox"/> Pressure Cap <input type="checkbox"/> Coolant Level <input type="checkbox"/> Anti-Freeze <input type="checkbox"/> Hoses/Clamps <input type="checkbox"/> Recovery Tank <input type="checkbox"/> Oil Cooler/Lines/Fittings <input type="checkbox"/> Trans Cooler/Lines/Fittings <input type="checkbox"/> Fan Belt (A) <input type="checkbox"/> A/C Drive Belt (A) <input type="checkbox"/> Gen/Alt Belt (A) <input type="checkbox"/> Water Pump Belt (A) <input type="checkbox"/> Gen/Alt Mts/Cables <input type="checkbox"/> Starter Mts/Cables <input type="checkbox"/> Battery Condition <input type="checkbox"/> Battery Level <input type="checkbox"/> Terminals/Cables <input type="checkbox"/> Access Wiring <input type="checkbox"/> Brake Fluid <input type="checkbox"/> Brake Booster <input type="checkbox"/> Air Filter Ⓢ <input type="checkbox"/> Fuel Filter/Gasket Ⓢ <input type="checkbox"/> Fuel Lines/Fittings <input type="checkbox"/> Return Lines/Fittings <input type="checkbox"/> Carb/Choke (A) <input type="checkbox"/> PS Fluid/Filter Ⓢ <input type="checkbox"/> Hydraulic Fluid/Filter Ⓢ	<b>Engine Running:</b> <input type="checkbox"/> Oil Pressure Gauge <input type="checkbox"/> Oil Temperature Gauge <input type="checkbox"/> Ammeter/Voltmeter <input type="checkbox"/> Fuel Gauge <input type="checkbox"/> Coolant Temp Gauge <input type="checkbox"/> Choke <input type="checkbox"/> Neutral Safety Switch <input type="checkbox"/> Tachometer <input type="checkbox"/> Air Pressure Gauge <input type="checkbox"/> Brake Vacuum Gauge <input type="checkbox"/> Fuel Switch-over <input type="checkbox"/> Manifolds <input type="checkbox"/> Air Compressor/Tank(s) <input type="checkbox"/> Switches <input type="checkbox"/> Service Lights <input type="checkbox"/> Wipers/Washer <input type="checkbox"/> Horn <input type="checkbox"/> Heater/Defroster <input type="checkbox"/> Mirrors  <b>Miscellaneous</b> <input type="checkbox"/> Cab Steps <input type="checkbox"/> Cab Handrails <input type="checkbox"/> Side Mirrors <input type="checkbox"/> Beacon Light	<b>Lubrication:</b> <input type="checkbox"/> Oil/Filter Ⓢ <input type="checkbox"/> Clutch Release Bearing <input type="checkbox"/> U Joints/Flanges <input type="checkbox"/> Ball Joints <input type="checkbox"/> Kingpins/Draw Keys <input type="checkbox"/> Tie Rods/Idle Arm/Drag Link <input type="checkbox"/> Fittings <input type="checkbox"/> Transmission <input type="checkbox"/> Differential <input type="checkbox"/> Hydrovac  <b>Underbody:</b> <input type="checkbox"/> Exhaust System <input type="checkbox"/> Shocks/Springs <input type="checkbox"/> Torsion Bars <input type="checkbox"/> Suspension Bushings <input type="checkbox"/> PS Hoses/Cylinders <input type="checkbox"/> Steering Gear (A) <input type="checkbox"/> Brake Lines <input type="checkbox"/> Tires/Pressure (A) <input type="checkbox"/> Wheel Lugs/Rims	<b>Operating:</b> <input type="checkbox"/> Brakes (A) <input type="checkbox"/> Clutch (A) <input type="checkbox"/> Emergency Brake (A) <input type="checkbox"/> Steering (A) <input type="checkbox"/> Shift Linkage (A) <input type="checkbox"/> Transmission <input type="checkbox"/> Odometer <input type="checkbox"/> Two-Speed Axle <input type="checkbox"/> Backup Alarm <input type="checkbox"/> Headlight Alignment (A) <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Front End Alignment/Toe-in <input type="checkbox"/> Doors/Glass/Seals  <b>Supplemental:</b> <input type="checkbox"/> PTO <input type="checkbox"/> Hydraulic Pump <input type="checkbox"/> Bed Hoist <input type="checkbox"/> Hoist Cylinder Mts. <input type="checkbox"/> Dump Bed <input type="checkbox"/> Bed Hinge Pins <input type="checkbox"/> Dump Bed Lock <input type="checkbox"/> Tailgate Lock <input type="checkbox"/> Aux. Fuel Tank
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# Heavy Equipment INSPECTION CHECKLIST

## COUNTY ROAD DEPARTMENT

Date: _____		Make/Model/Year	Equipment Number
Mileage: _____			
Shop Work Order #: _____			
Mileage/Hours	Date	Inspector	
Ref: Repair Order No.			

Required Action Key:   Ⓢ = Replace           (A) = Adjust, Replace if necessary           All Others = Inspect  
 Inspection Marking Key:   ✓ = Satisfactory   - = Not Applicable   X = Deficiency   ⊗ = Deficiency Corrected

SYSTEM	PM OPERATION
ENGINE AIR CLEANER FUEL AND COOLING SYSTEMS	Check operation of all units.
	Engine oil (R).
	Engine oil filter (R).
	Turbo-charger oil filter (R).
	Oil in governor (A).
	Service air cleaner and precleaner (A).
	Change oil in fuel injection pump housing (if applicable).
	Fuel filters (R).
	Clean fuel water trap.
	Service crankcase breathers (A).
	Condition and adjustment of all drive belts (A).
	Condition of all air intake piping (A).
	Condition of exhaust system (A).
	Operation and condition of cooling system (A).
Anti-freeze solution (R).	
Record engine oil pressure.	
ELECTRICAL SYSTEM	Service batteries (check specific gravity).
	Operation and condition of gauges and meters.
	Operation and condition of lights.
	Operation and condition of windshield wipers.
	Operation and condition of starting and charging systems.
	Tune-up engines.
CLUTCH BRAKES TRANSMISSION STEERING SYSTEMS	Clutch operation and adjustment.
	Master cylinder level and brake system for leaks.
	Brake operation and adjustment.
	**Inspect brake lining, brake cylinders, and all component parts, every three (3) years. Date lining was inspected.
	Parking brake operation and adjustment.
	Drain transmission and transfer drive, and refill to correct oil level.
	Transmission filter. Clean serviceable filter.
	Clean transmission and converter breathers.
Operation and condition of steering system.	
HYDRAULIC SYSTEM	Replace hydraulic filter and check system for leaks.
	Drain hydraulic reservoir every two (2) years and refill to proper oil level. (Date oil changed _____).
	Clean hydraulic breathers.

SYSTEM	PM OPERATION
CIRCLE MOLDBOARD	Operation and condition of circle assembly (shoes, teeth).
	Circle reverse gear box oil level.
	Operation and condition of moldboard. (Cutting edges, end bits, shiftable moldboard cylinder, side shift assembly).
	Check operation and condition of scarifier assembly.
AXLES TANDEMS SHAFTS, TIRES MISC	Drain differential(s), final drives, tandems, every two years and refill to proper oil level. (Date changed _____).
	Clean differential breathers.
	Condition of propeller shafts and universals.
	Condition of tires.
LUBRICATION	Condition of cab assembly. (Doors, glass, etc.)
LUBRICATION	Lubricate machine per manufacturer's recommendations.
MISCELLANEOUS	Cab steps
	Cab handrails
	Side mirrors
	Beacon light
	Backup alarm

**Inspection Remarks:** \_\_\_\_\_

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**Reviewed By:** \_\_\_\_\_

**Repair Remarks:** \_\_\_\_\_

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**Reviewed By:** \_\_\_\_\_



# JOBSITE INSPECTION FORM

Work Area: \_\_\_\_\_

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

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Areas/Items to be Inspected	Okay	Needs Improvement	N/A	Comments
<b>Chemical/Hazard Communication</b>				
Product name & hazard warning labels clearly visible				
Proper containers used				
Lids closed when not in used				
Minimum amount of flammable materials in the working area				
Empty containers properly disposed				
MSDS available for all chemicals in the workplace				
Chemical inventory list posted				
All employees trained in the chemicals hazards				
<b><u>Electrical</u></b>				
Electrical panels easily accessible				
Wiring, insulation in good conditions				
Equipment grounded				
Electrical disconnects provided & functional				
Electrical installations conduited				
Explosion proof fixtures where required				
Electrical outlets, plugs and junction boxes properly covered				
<b><u>Personal Protective Equipment</u></b>				
Safety glasses, goggles, face masks being worn where needed				
Hearing protection being worn where required				
Gloves in good condition being worn where required				
Safety shoes being worn where required				
Leather welding outfits for welders				
<b><u>Housekeeping</u></b>				
Aisles clearly marked and unobstructed				
Floors clean, orderly, free of trip, slip and fall hazards				
Exits clearly marked and unobstructed				

Areas/Items to be Inspected	Okay	Needs Improvement	N/A	Comments
<b><u>Fire Prevention</u></b>				
Fire equipment in good condition				
Fire extinguisher inspected				
Fire equipment clearly marked				
Availability of welding curtain				
Fusible links in parts washer in good condition and doors unobstructed				
Unsafe practices observed				
<b><u>Elevated Work Areas</u></b>				
Railings secured 42 inches high top rail mid-rail				
4" toe boards in place where materials could fall along sides				
Proper non-skid flooring				
Accumulation of materials on elevated surfaces				
Load evenly distributed				
<b><u>Ladders</u></b>				
Safety feet, rungs, side rails in good condition				
Free from grease and oils				
Doors blocked or guarded if they interfere with the use of a ladder				
Metal Ladders not used near electrical installations				
<b><u>Stairs</u></b>				
At least 24 inches wide				
Handrails provided on open sides				
Areas clean and unobstructed				
Uniform height and tread depth				
<b><u>Machine Guarding</u></b>				
Guards secured in place				
Interlocked guards operating properly				
Operator instruction and service manuals available				
All controls clearly marked				
All controls, including foot controls guarded against accidental start-up				
Mechanics properly trained in the adjustment of guards				

Areas/Items to be Inspected	Okay	Needs Improvement	N/A	Comments
<b><u>Lockout Tag Out</u></b>				
Lockout/Tag Out procedures being used				
Tags and locks issued to authorized personnel				
<b><u>Portable Hand Tools</u></b>				
Tools, electrical cords and air hoses in good condition				
Guards and safety devices in good operating conditions				
Proper storage for tools not being used				
<b><u>Lifting Equipment</u></b>				
Free of physical damage deformed hooks, frayed cables				

Cleaned and lubricated as required				
Lifting capacity clearly marked				
All controls operational				
Safety latches intact and operational on all hooks				
<b><i>Compressed Gasses</i></b>				
Special storage area away from heat sources				
Stored upright and chained to prevent falling over				
Contents legibly marked and segregated by item				
Caps hand tight				
<b><i>Employee Work Practices</i></b>				
Loose hair or employee clothing				
Employee overexertion				
Potential for repetitive motion injury				
Sturdy shoes suitable for work environment				
Unsafe practices observed				

Completed by:

Date:

# County Building Fire Inspection Form

Date:	Building/Dept:
Inspector Name:	Address:
Phone:	Occupancy Type:

<b><u>Access &amp; Premises</u></b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Are address numbers for the building clearly marked from the street?			
Is the exterior fire department access unobstructed?			
Is combustible vegetation removed so as to not create a fire hazard?			
Is there maintained a minimum of 3' clearance around fire hydrants?			
<b><u>Exits/Egress</u></b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Are the exits and doors easily recognizable, unobstructed, and maintained functional?			
If the main exit door is provided with key-locking hardware, is there a sign above the door that states "THIS DOOR MUST REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED" and are the other exit doors able to be opened from the inside w/o the use of a key or any special knowledge or effort?			
Are the exits and exit enclosures free from the storage of combustible materials?			
Are doors with self-closing hinges maintained in the closed position (not blocked open)?			
<b><u>Electrical</u></b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Is wiring and insulation in good condition?			
Are electrical installations in conduits?			
Are all electrical outlets, switched and junction boxes properly covered with cover plates and is the electrical system safe from any apparent shock and/or other electrical hazard?			
Are circuit breakers/fuses labeled so as to identify the area protected?			
Is the area maintained clear at least 30" in front of the electrical panel(s)?			
Are extension cords used only for temporary use?			
Are extension cord(s) of heavy duty construction, maintained in good condition, and only used as temporary wiring, or to service small portable appliances?			
Are extension cord(s) grounded when serving grounded appliances?			
Are extension cord(s) plugged directly into an approved receptacle, power tap, or multi-plug adapter and, except for approved multi-plug extension cord(s), serve only 1 portable appliance?			
Is the amp rating of the extension cord(s) greater than the rated capacity of the portable appliance supplied by the cord(s)?			
If multiple items need to be plugged in, is a power tap utilized with a built-in circuit breaker and is the power tap plugged directly into a permanently installed receptacle?			
<b><u>Emergency Lighting/Egress Illumination</u></b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
If emergency lighting is provided, is it maintained in operable condition?			
Is the means of egress illuminated when the building or structure is occupied?			
<b><u>Exit Signs</u></b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
If exit signs are required, are they maintained illuminated or self-luminous?			
Does the backup-battery work? (push the test button – exit sign should illuminate)			
<b><u>Fire Alarm System</u></b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
If the building is equipped with a fire alarm system, has the required annual service of the fire alarm system been performed by a qualified fire alarm company?			
<b><u>Fire Extinguishers</u></b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Is there access to fire extinguisher(s) at a minimum 2A-10BC?			
Is the travel distance from all portions of the building less than 75' to a fire extinguisher?			
Are all fire extinguishers visible and accessible (not blocked)?			
Have the fire extinguisher(s) been serviced/tagged by a fire extinguisher company within the last 12 months?			
Are the fire extinguisher(s) properly mounted? (Proper locations near exit doors where possible, not exceeding maximum travel distance, properly mounted maximum 5' high if <40lbs., maximum 3.5' high if >40lbs. In all cases, minimum 4" above ground).			
<b><u>Fire/Smoke Separations</u></b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Are the fire/smoke separations (smoke doors, fire doors, walls, etc.) maintained/working condition?			
Are fire doors unblocked and unobstructed?			
<b><u>Fire Suppression Systems</u></b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Is the top of storage maintained a minimum of 18" below head deflectors in sprinklered areas?			

If the building is equipped with a fire sprinkler system, has the required annual service of the fire sprinkler system been performed in the last year by a qualified sprinkler company?			
In commercial cooking applications, has the hood suppression system been serviced in the last six months and is the hood cleaned at intervals to prevent the accumulation of grease?			
<b>Heat Producing Appliances</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
If portable electric heaters are used, are they used safely? Also, are they plugged directly into wall outlets and kept a minimum of 3' away from combustibles?			
Is the clearance between ignition sources, such as light fixtures, heaters, and flame producing devices, and combustible storage maintained in an approved manner?			
<b>Housekeeping &amp; Decorations</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Is combustible rubbish that is stored in containers outside of vaults or rooms removed from the building a minimum of once each working day?			
Are oily rags or similar materials stored in metal, metal-lined, or other approved containers equipped with tight-fitting covers?			
Are combustible decorations flame retardant?			
Is there at least 24" clearance between the ceiling and storage items (if no sprinkler)?			
<b>Mechanical Hazards</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Is the venting for exhaust products of combustion intact for gas appliances (ie, water heaters, furnaces)?			
Are safe clearances maintained between gas fired appliances (such as water heaters, furnaces, etc.) and combustible materials?			
<b>Smoke Detectors</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
If smoke detection is required in common areas such as corridors or part of the fire alarm system, have they been tested in the last year by a qualified service company?			
<b>Storage of Combustibles</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Is the storage of combustible materials orderly?			
Are combustible materials not stored beneath the building or structure?			
Are the boiler rooms, mechanical rooms and electrical panel rooms maintained without the storage of any combustible materials within?			
Are trash containers over 40 gallons provided with lids and made of noncombustible construction?			
Are dumpers that are 1.5 cubic yards or more not stored inside the building and placed more than 5' from combustible walls, openings or combustible roof eave lines?			
<b>Storage of Compressed Gas Cylinders</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
If you have compress gas containers, are they chained to prevent falling?			
<b>Storage of Combustible and Flammable Liquids</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Are quantities in excess of 10 gallons of flammable and combustible liquids used for maintenance purposes and the operation of equipment stored in liquid storage cabinets?			
Are outside storage tanks protected so as to avoid damage by vehicles/equipment?			
Are no smoking signs posted as appropriate?			

Notes/Comments:

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

# JAIL INSPECTION CHECKLIST AND REPORT

County: \_\_\_\_\_

Location/Department: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

Names of Inspection Personnel: \_\_\_\_\_

Instructions: This checklist is merely a tool to assist you in making an inspection of your premises. No representation is made or intended that by being in full compliance with each of the item set forth, you will be in full compliance with the requirements of any traditional, state, county or city governmental regulations or laws. There is no representation made that this checklist is complete and covers all possible risks or hazards that should be reviewed. This is a general checklist, and specific locations may require expansion or alteration of the items to be review. This checklist should be modified to best serve the unique needs of each county.

<b>CONDITION AND PROTECTION SATISFACTORY?</b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b><u>RESPONSIBLE DEPT./PERSON</u></b>	<b><u>ACTION TAKEN</u></b>
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**1. Floors and walkways:**

- a) Floors free of tripping hazards:  YES  NO
- b) Loose carpet, tile:  YES  NO
- c) Liquid, oil, grease hazards:  YES  NO
- d) Slippery walking surfaces:  YES  NO
- e) Changes on floor elevation properly marked:  YES  NO
- f) Proper signs for mopping and waxing area:  YES  NO
- g) Unobstructed halls and walkways:  YES  NO

**2. Stairs:**

- a) Lighting adequate and maintained:  YES  NO
- b) Handrails adequate, secure:  YES  NO
- c) Non-skid surface:  YES  NO
- d) Unobstructed steps:  YES  NO
- e) \_\_\_\_\_:  YES  NO
- f) \_\_\_\_\_:  YES  NO

**3. Ramps and Platforms:**

- a) Strength adequate:  YES  NO
- b) Surfaces unobstructed, non-slip:  YES  NO
- c) Railings and toe boards in place:  YES  NO
- d) \_\_\_\_\_:  YES  NO

**4. Electrical Equipment:**

- a) Unobstructed electrical panels:  YES  NO
- b) Apparatus identified, grounded, guarded:  YES  NO
- c) Portable tools grounded:  YES  NO
- d) Circuit overload prevented:  YES  NO
- e) Extension cords, proper size and secured:  YES  NO
- f) \_\_\_\_\_:  YES  NO
- g) \_\_\_\_\_:  YES  NO

**5. Booking Area:**

- a) Accessible First Aid kit:  YES  NO
- b) Floors free of slippery conditions:  YES  NO
- c) Housekeeping satisfactory:  YES  NO
- d) Furniture free of nails, splinters, or sharp corners:  YES  NO
- e) \_\_\_\_\_:  YES  NO
- f) \_\_\_\_\_:  YES  NO

**6. Commissary:**

- a) Housekeeping satisfactory:
- b) Material storing and stacking satisfactory:
- c) \_\_\_\_\_

CONDITION AND PROTECTION SATISFACTORY?	<u>YES</u>	<u>NO</u>	RESPONSIBLE DEPT./PERSON	<u>ACTION TAKEN</u>
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**7. Kitchen**

- a) Housekeeping satisfactory:
- b) Sharps properly stored::
- c) Floors free of tripping hazards::
- d) Walking freezer organized & free of slippery walking surfaces:
- e) Material storing and stacking satisfactory::
- f) Electrical outlets near water faucets protected with GFCI:

**8. Elevators:**

- a) Hoistway, car doors and gates satisfactory::
- b) Emergency Phone/Alarm:
- c) No smoking sign::
- d) Sign posted, "DO NOT USE IN CASE OF FIRE OR OTHER EMERGENCY"

**9. Storage Area::**

- a) Adequate light throughout work area:
- b) Housekeeping satisfactory::
- c) Material storing and stacking satisfactory::
- d) Oily rags stored in closed containers:
- e) Mops and brooms stored when not in use:
- f) \_\_\_\_\_

**10. Sally Port::**

- a) Floors free of tripping hazards:
- b) Floors free of liquid, oil, grease hazards::
- c) Slippery walking surfaces:
- d) Changes on floor elevation properly marked::
- e) Garage doors in good operational condition:
- f) Intercom system in good operational conditions:

**11. Laundry::**

- a) All chemical containers labeled:
- b) Wet floor signs posted:
- c) Floors free of tripping hazards:
- d) \_\_\_\_\_

**12. Dispatch Area:**

- a) Chairs are in good operational condition:
- b) Working surfaces area free of sharp edges and corners:
- c) Operator has easy access to communication equipment

**13. Parking Areas**

- a) Parking areas well illuminated /designated entrances & directional sign(s):
- b) Car stops provided around buildings:
- c) Signs, utility poles, gas meters, power transformers, fire hydrants, etc., in parking area properly marked & protected:
- d) Areas designated for delivery:
- e) Signs in good condition:
- f) Holes filled in parking areas:
- g) \_\_\_\_\_
- h) \_\_\_\_\_

**14. Unsafe Practices:**

- a) Existence or observance of unsafe practices:
- b) Personal protective equipment provided/used:
- c) Following safety rules:
- d) \_\_\_\_\_

CONDITION AND PROTECTION SATISFACTORY?	<u>YES</u>	<u>NO</u>	RESPONSIBLE DEPT./PERSON	<u>ACTION TAKEN</u>
15. Cell Area				
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

**17. Other:**

Use this space for additional information or suggestions

**Report Submitted to:**

**Date:**

**Follow-up conducted by:**

**Date:**

**Additional actions/recommendations:**



## HAZARD COMMUNICATION CHECKLIST (HazCom)

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Entity/Department: \_\_\_\_\_

Completed By: \_\_\_\_\_

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

Action to be Taken	Yes	No
1. Listed all of the hazardous chemicals in our workplace.		
2. Established a file for information on hazardous chemicals.		
3. Obtained an MSDS for each hazardous chemical in use.		
4. Developed a system to ensure that all incoming hazardous chemicals are labeled.		
5. Reviewed each MSDS to be sure it is complete.		
6. Made sure that MSDS's are available where necessary.		
7. Developed a written hazard communication program.		
8. Developed a method to communicate hazards to employees and others.		
9. Informed employees of protective measures for hazardous chemicals used in the workplace.		
10. Alerted employees to other forms of warning that may be used.		

**Appendix II**  
**OSHA 1910 Subpart I Appendix B**

## Osha 1910 Subpart I Appendix B

This Appendix is intended to provide compliance assistance for employers and employees in implementing requirements for a hazard assessment and the selection of personal protective equipment.

1. Controlling hazards. PPE devices alone should not be relied on to provide protection against hazards, but should be used in conjunction with guards, engineering controls, and sound manufacturing practices.
2. Assessment and selection. It is necessary to consider certain general guidelines for assessing the foot, head, eye and face, and hand hazard situations that exist in an occupational or educational operation or process, and to match the protective devices to the particular hazard. It should be the responsibility of the safety officer to exercise common sense and appropriate expertise to accomplish these tasks.
3. Assessment guidelines. In order to assess the need for PPE the following steps should be taken:
  - a. Survey. Conduct a walk-through survey of the areas in question. The purpose of the survey is to identify sources of hazards to workers and co-workers. Consideration should be given to the basic hazard categories:
    - (a) Impact
    - (b) Penetration
    - (c) Compression (roll-over)
    - (d) Chemical
    - (e) Heat
    - (f) Harmful dust
    - (g) Light (optical) radiation
  - b. Sources. During the walk-through survey the safety officer should observe:
    - (a) sources of motion; i.e., machinery or processes where any movement of tools, machine elements or particles could exist, or movement of personnel that could result in collision with stationary objects;
    - (b) sources of high temperatures that could result in burns, eye injury or ignition of protective equipment, etc.;
    - (c) types of chemical exposures;
    - (d) sources of harmful dust;
    - (e) sources of light radiation, i.e., welding, brazing, cutting, furnaces, heat treating, high intensity lights, etc.;
    - (f) sources of falling objects or potential for dropping objects;
    - (g) sources of sharp objects which might pierce the feet or cut the hands;
    - (h) sources of rolling or pinching objects which could crush the feet;
    - (i) layout of workplace and location of co-workers; and (j) any electrical hazards. In addition, injury/accident data should be reviewed to help identify problem areas.
  - c. Organize data. Following the walk-through survey, it is necessary to organize the data and information for use in the assessment of hazards. The objective is to prepare for an analysis of the hazards in the environment to enable proper selection of protective equipment.

d. Analyze data. Having gathered and organized data on a workplace, an estimate of the potential for injuries should be made. Each of the basic hazards (paragraph 3.a.) should be reviewed and a determination made as to the type, level of risk, and seriousness of potential injury from each of the hazards found in the area. The possibility of exposure to several hazards simultaneously should be considered.

4. Selection guidelines. After completion of the procedures in paragraph 3, the general procedure for selection of protective equipment is to:

(a) Become familiar with the potential hazards and the type of protective equipment that is available, and what it can do; i.e., splash protection, impact protection, etc.;

(b) compare the hazards associated with the environment; i.e., impact velocities, masses, projectile shape, radiation intensities, with the capabilities of the available protective equipment;

(c) select the protective equipment which ensures a level of protection greater than the minimum required to protect employees from the hazards; and

(d) fit the user with the protective device and give instructions on care and use of the PPE. It is very important that end users be made aware of all warning labels for and limitations of their PPE.

5. Fitting the device. Careful consideration must be given to comfort and fit. PPE that fits poorly will not afford the necessary protection. Continued wearing of the device is more likely if it fits the wearer comfortably. Protective devices are generally available in a variety of sizes. Care should be taken to ensure that the right size is selected.

6. Devices with adjustable features. Adjustments should be made on an individual basis for a comfortable fit that will maintain the protective device in the proper position. Particular care should be taken in fitting devices for eye protection against dust and chemical splash to ensure that the devices are sealed to the face. In addition, proper fitting of helmets is important to ensure that it will not fall off during work operations. In some cases a chin strap may be necessary to keep the helmet on an employee's head. (Chin straps should break at a reasonably low force, however, so as to prevent a strangulation hazard). Where manufacturer's instructions are available, they should be followed carefully.

7. Reassessment of hazards. It is the responsibility of the safety officer to reassess the workplace hazard situation as necessary, by identifying and evaluating new equipment and processes, reviewing accident records, and reevaluating the suitability of previously selected PPE.

8. Selection chart guidelines for eye and face protection. Some occupations (not a complete list) for which eye protection should be routinely considered are: carpenters, electricians, machinists, mechanics and repairers, millwrights, plumbers and pipe fitters, sheet metal workers and tinsmiths, assemblers, sanders, grinding machine operators, lathe and milling machine operators, sawyers, welders, laborers, chemical process operators and handlers, and timber cutting and logging workers. The following chart provides general guidance for the proper selection of eye and face protection to protect against hazards associated with the listed hazard "source" operations.

Eye and Face Protection Selection Chart

Source	Assessment of Hazard	Protection
IMPACT - 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. See notes (1), (3), (5), (6), (10). For severe exposure, use faceshield.
HEAT-Furnace operations, pouring, casting, hot dipping, and welding.	Hot sparks .....	Faceshields, goggles, spectacles with side protection. For severe exposure use faceshield. See notes (1), (2), (3).
	Splash from molten metals.....	Faceshields worn over goggles. See notes (1), (2), (3).
	High temperature exposure.....	Screen face shields, reflective face shields. See notes (1), (2), (3).
CHEMICALS-Acid and chemicals handling, degreasing plating.	Splash .....	Goggles, eyecup and cover types. For severe exposure, use face shield. See notes (3), (11).
	Irritating mists ..	Special-purpose goggles.
DUST - Woodworking, buffing, general dusty conditions.	Nuisance dust .....	Goggles, eyecup and cover types. See note (8).
LIGHT and/or RADIATION - Welding: Electric arc	Optical radiation .	Welding helmets or welding shields. Typical shades: 10-14. See notes (9), (12).
Welding: Gas	Optical radiation .	Welding goggles or welding face shield. Typical shades: gas welding 4-8, cutting 3-6, brazing 3-4. See note (9).
Cutting, Torch brazing, Torch soldering	Optical radiation ..	Spectacles or welding face-shield. Typical shades, 1.5-3. See notes (3), (9).
Glare	Poor vision .....	Spectacles with

shaded or  
special-purpose  
lenses, as  
suitable. See  
notes (9), (10).

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Notes to Eye and Face Protection Selection Chart:

(1) Care should be taken to recognize the possibility of multiple and simultaneous exposure to a variety of hazards. Adequate protection against the highest level of each of the hazards should be provided. Protective devices do not provide unlimited protection.

(2) Operations involving heat may also involve light radiation. As required by the standard, protection from both hazards must be provided.

(3) Faceshields should only be worn over primary eye protection (spectacles or goggles).

(4) As required by the standard, filter lenses must meet the requirements for shade designations in 1910.133(a)(5). Tinted and shaded lenses are not filter lenses unless they are marked or identified as such.

(5) As required by the standard, persons whose vision requires the use of prescription (Rx) lenses must wear either protective devices fitted with prescription (Rx) lenses or protective devices designed to be worn over regular prescription (Rx) eyewear.

(6) Wearers of contact lenses must also wear appropriate eye and face protection devices in a hazardous environment. It should be recognized that dusty and/or chemical environments may represent an additional hazard to contact lens wearers.

(7) Caution should be exercised in the use of metal frame protective devices in electrical hazard areas.

(8) Atmospheric conditions and the restricted ventilation of the protector can cause lenses to fog. Frequent cleansing may be necessary.

(9) Welding helmets or faceshields should be used only over primary eye protection (spectacles or goggles).

(10) Non-sideshield spectacles are available for frontal protection only, but are not acceptable eye protection for the sources and operations listed for "impact."

(11) Ventilation should be adequate, but well protected from splash entry. Eye and face protection should be designed and used so that it provides both adequate ventilation and protects the wearer from splash entry.

(12) Protection from light radiation is directly related to filter lens density. See note (4). Select the darkest shade that allows task performance.

9. Selection guidelines for head protection. All head protection (helmets) is designed to provide protection from impact and penetration hazards caused by falling objects. Head protection is also available which provides protection from electric shock and burn. When selecting head protection, knowledge of potential electrical hazards is important. Class A helmets, in addition to impact and penetration resistance, provide electrical protection from low-voltage conductors (they are proof tested to 2,200 volts). Class B helmets, in addition to impact and penetration resistance, provide electrical protection from high-voltage conductors (they are proof tested to 20,000 volts). Class C helmets provide impact and penetration resistance (they are usually made of aluminum which conducts electricity), and should not be used around electrical hazards.

Where falling object hazards are present, helmets must be worn. Some examples include: working below other workers who are using tools and materials which could fall; working around or under conveyor belts which are carrying parts or materials; working below machinery or processes which might cause material or objects to fall; and working on exposed energized conductors. Some examples of occupations for which head protection should be routinely considered are: carpenters, electricians, linemen, mechanics and repairers, plumbers and pipe fitters, assemblers, packers, wrappers, sawyers, welders, laborers, freight handlers, timber cutting and logging, stock handlers, and warehouse laborers.

10. Selection guidelines for foot protection. Safety shoes and boots which meet the ANSI Z41-1991 Standard provide both impact and compression protection. Where necessary, safety shoes can be obtained which provide puncture protection. In some work situations, metatarsal protection should be provided, and in other special situations electrical conductive or insulating safety shoes would be appropriate.

Safety shoes or boots with impact protection would be required for carrying or handling materials such as packages, objects, parts or heavy tools, which could be dropped; and, for other activities where objects might fall onto the feet. Safety shoes or boots with compression protection would be required for work activities involving skid trucks (manual material handling carts) around bulk rolls (such as paper rolls) and around heavy pipes, all of which could potentially roll over an employee's feet. Safety shoes or boots with puncture protection would be required where sharp objects such as nails, wire, tacks, screws, large staples, scrap metal etc., could be stepped on by employees causing a foot injury.

Some occupations (not a complete list) for which foot protection should be routinely considered are: shipping and receiving clerks, stock clerks, carpenters, electricians, machinists, mechanics and repairers, plumbers and pipe fitters, structural metal workers, assemblers, drywall installers and lathers, packers, wrappers, craters, punch and stamping press operators, sawyers, welders, laborers, freight handlers, gardeners and grounds-keepers, timber cutting and logging workers, stock handlers and warehouse laborers.

11. Selection guidelines for hand protection. Gloves are often relied upon to prevent cuts, abrasions, burns, and skin contact with chemicals that are capable of causing local or systemic effects following dermal exposure. OSHA is unaware of any gloves that provide protection against all potential hand hazards, and commonly available glove materials provide only limited protection against many chemicals. Therefore, it is important to select the most appropriate glove for a particular application and to determine how long it can be worn, and whether it can be reused.

It is also important to know the performance characteristics of gloves relative to the specific hazard anticipated; e.g., chemical hazards, cut hazards, flame hazards, etc. These performance characteristics should be assessed by using standard test procedures. Before purchasing gloves, the employer should request documentation from the manufacturer that the gloves meet the appropriate test standard(s) for the hazard(s) anticipated. Other factors to be considered for glove selection in general include:

(A) As long as the performance characteristics are acceptable, in certain circumstances, it may be more cost effective to regularly change cheaper gloves than to reuse more expensive types; and,

(B) The work activities of the employee should be studied to determine the degree of dexterity required, the duration, frequency, and degree of exposure of the hazard, and the physical stresses that will be applied.

With respect to selection of gloves for protection against chemical hazards:

(A) The toxic properties of the chemical(s) must be determined; in particular, the ability of the chemical to cause local effects on the skin and/or to pass through the skin and cause systemic effects;

(B) Generally, any "chemical resistant" glove can be used for dry powders;

(C) For mixtures and formulated products (unless specific test data are available), a glove should be selected on the basis of the chemical component with the shortest breakthrough time, since it is possible for solvents to carry active ingredients through polymeric materials; and,

(D) Employees must be able to remove the gloves in such a manner as to prevent skin contamination.

12. Cleaning and maintenance. It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision.

For the purposes of compliance with 1910.132 (a) and (b), PPE should be inspected, cleaned, and maintained at regular intervals so that the PPE provides the requisite protection. It is also important to ensure that contaminated PPE which cannot be decontaminated is disposed of in a manner that protects employees from exposure to hazards. [59 FR 16362, April 6, 1994]



## **Appendix III**

### **Operations in Public Way**

## OPERATIONS IN THE PUBLIC WAY

Whenever operations are taking place in streets, parkways, sidewalks or other places where citizens as well as employees may be endangered, the supervisor or crew leader on the worksite is as responsible for the safety of the public in this type of operation as for getting the job done. The supervisor must spend ample time before, during and after the work to protect employees and the public from the hazards created by this work. The following procedures are to be followed:

1. If street construction or repair work is to be done, preparations will be made to assure vehicle and pedestrian safety before such work is allowed to begin.
2. If traffic is affected by the operation, proper signing must be used to warn in advance of the work area and traffic control signs in and around the affected areas are to be correctly placed and maintained through the period when work is being performed and traffic obstructions exist.
3. Where barricades and signs are used overnight, supervisors will examine the work area for proper placement at the end of the workday.
4. Lighted barricades will be used whenever possible for overnight protection.
5. Where traffic must be periodically stopped or obstructed by workers or equipment in the traveled portion of a roadway, a flagman wearing a protective vest will be stationed.
6. All workers in or near the roadway will wear reflective vests or cross straps on their clothing while at the worksite.
7. Flagmen will be used to slow or direct traffic where the approach to the work area does not provide adequate visibility to drivers.
8. Assistance in setting up signage or barricading should be available at any time for the MLCM.
9. All plates used to cover holes in the street on a temporary basis are to be "spiked" in place.
10. In any case where streets are significantly obstructed or closed for any period of time, the police department and fire department will be notified of the situation and told approximately how long the closure will be in effect. ***Pedestrian Safety***
  1. When pedestrian traffic is impeded by official municipal barricades, restrictive tape, rope or other restraint will be used to keep the public from the worksite.
  2. If pedestrian traffic must be routed off sidewalks and into the street, protection will be provided by cones, barricades and signs, to guard from vehicular traffic.
  3. Holes in the sidewalk or parkway which *must* be left open will be covered whenever possible along with perimeter protection. Every possible means of preventing accidental entry into the hole should be used. Keep in mind that darkness and weather conditions can complicate this situation.
  4. Where an unusual situation exists that cannot be easily resolved, or when personal injury or damage to equipment or property occurs as a result of operations, contact the responsible Supervisor and the Department Head immediately.