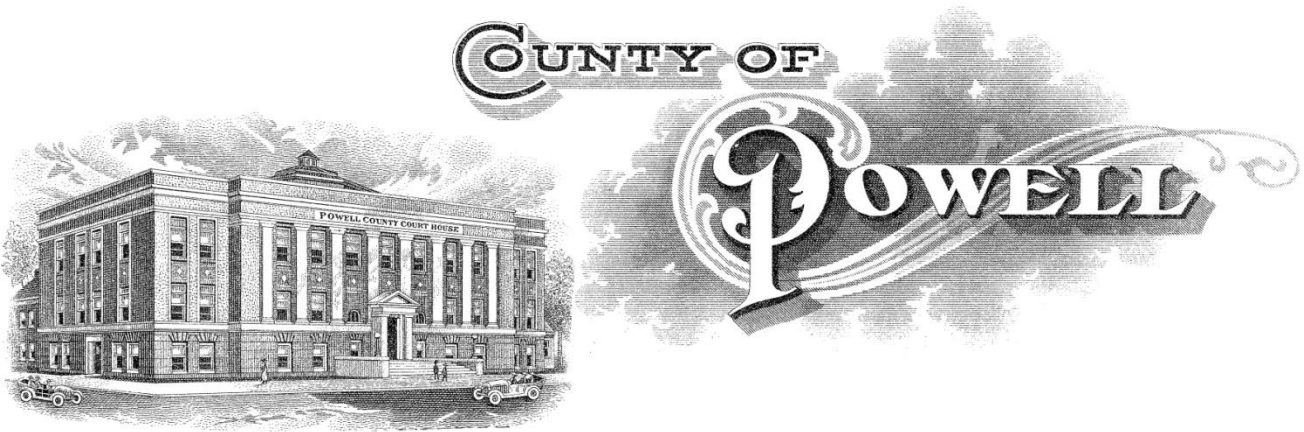


# Powell County Employee Safety Manual



Developed by the Powell County  
Safety Committee  
County Commission  
And  
MACo Risk Management

Adopted By County Commission on May 27 , 2014

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It is the policy of Powell County to provide and maintain safe and healthful working conditions, routine safety training and education, and to follow practices that will safeguard all employees and result in safe working conditions and efficient operation.

When individuals enter the employ of the county they have a right to expect that they will be provided with a proper place in which to work, and proper equipment with which to do their job, so that they will be able to devote their energies to doing their work without danger to their life and health. Only under such circumstances can the association between employee and employer be mutually profitable and harmonious. It is the county's desire to provide a safe place to work and safe equipment to use, as well as to establish and insist upon safe methods and practices at all times.

Safe practices, on the part of county employees, must be part of all operations. This responsibility is required of each official and employee who conducts the affairs of the county, no matter in what capacity they may serve. The idea of job production and safety should be inseparable.

Employee cooperation regarding safety matters should be expected as a condition of employment. Supervisors are responsible for the safety and well-being of their staff in the workplace. This responsibility can be met only by working continuously to promote safe working practices among all employees and to maintain property and equipment in safe operating condition.

An effective safety program, while consisting of many parts, has as its goal the highest level of injury/illness and incident reduction attainable while also reducing property damage by vandalism, theft and fire, damage and injury to the general public, and safe operation of our motor vehicle fleets.

The Powell County Safety Program is designed to establish and maintain a Safety Committee with staff participation to enable the county to provide for the well-being and safety of the employees and residents of Powell County. It is fully endorsed and supported by the County Commissioners and the Board of MACo, and it is to be incorporated into the operational procedures of each Powell County department and shall comply with the current Federal and State Safety and Health Regulations.

The county and each of its departments should introduce changes to the program, wherever necessary, to make it compatible with local circumstances. These changes should be coordinated with the County Safety Coordinator.

The purpose of the Safety Policies and Procedures is to provide a management system for the prevention of occupational injuries and illnesses and compliance with regulations concerning occupational safety and health. Safety Policies and Procedures assign safety responsibilities, promulgate countywide procedures, and set minimum safety program requirements for issues involving county departments. Additional department specific policies and procedures will be issued to implement safety programs.

This Safety Program provides general direction for the administration of occupational safety and health management for Powell County. It is intended to meet the letter and spirit of the Montana Safety Culture Act and achieve full compliance with federal Occupational Safety and Health Administration (OSHA) regulations, as adopted by the State of Montana, governing workplace accident prevention programs.

Separate Safety Policies and Procedures will be issued as needed to address specific safety and health issues or to meet the regulatory requirements for written compliance programs.

Powell County is committed to providing dependable, economical services to the public. The county recognizes its employees as the most important resource in meeting that commitment and is dedicated to providing a safe and healthful work environment.

The county recognizes that some accidents are caused by unsafe conditions or unsafe behavior and strives to systematically eliminate unsafe acts and conditions. In meeting that goal, it is the policy of Powell County to:

- Provide a safe workplace including facilities, equipment, tools and vehicles that meet safety and health standards and practices.
- Define and implement safe work practices to address hazards unique to specific job assignments.
- Train employees in the safe performance of assigned jobs.
- Monitor workplace conditions and employee behavior to ensure compliance with the Powell County Safety Program, as well as individual department and division safety and health requirements.
- Involve all employees in a systematic effort to recognize, report, and correct hazardous conditions and practices.
- Investigate and analyze accidents to identify and eliminate the unsafe conditions and behaviors that caused the accidents.

Safety and incident prevention is a primary and fundamental responsibility of every employee of Powell County. The Safety Program is one of the tools used for working toward the goals of providing quality services, maintaining a positive public image, enhancing employee development, and effectively using county resources.

## **SECTION 3**

## **RESPONSIBILITIES**

All Powell County employees share in the responsibility to establish and maintain a safe working environment. The following responsibilities are guidelines to establish accountability for the Safety Program. These responsibilities are not in any way intended to limit innovation or initiative on the part of any employee who is working toward the goal of achieving a safe workplace.

### **Elected Officials and Department Heads**

The elected officials and department heads are responsible for the following:

- Ensure that the design, maintenance of facilities, tools, equipment and vehicles meet or exceed established safety standards.
- Approve and ensure usage of policies, procedures and safe work practices for department occupations, tasks and locations.
- Approve and ensure usage of safety-training requirements for department employees based on their occupations, work locations and tasks.
- Review department Incident Reports, Incident Investigations and department injury and illness trends. Resolve corrective action issues.
- Review workplace inspections and direct appropriate corrective action to achieve a safe work environment.
- Enforce county and departmental tool, equipment and vehicle standards and rules governing the workplace behavior of employees.
- Ensure employee participation in county and department-required safety training. Recommend additions, deletions, and modifications of safety training requirements or training programs based on observed workplace conditions and employee work behavior.
- Investigate incidents involving employee injury or illness and/or damage to vehicles or other county property. Determine the facts and causes of the accident. Implement or recommend corrective actions for the purpose of preventing similar occurrences in the future.
- Encourage employee involvement in safety hazard recognition and act on hazard elimination and hazard control suggestions from the Safety Committee/Safety Coordinator and individuals.
- Identify unsafe work conditions and unsafe practices and make arrangements for those conditions or practices to be corrected as soon as possible.

### **All Employees**

County employees are responsible for the following:

- Abide by the county and department work practices established for specific job assignments and occupations.
- Report occupational injuries, illnesses, and near misses immediately to their supervisor or by the end of the work shift, obtaining first aid and/or medical attention that may be required. Participate in incident investigations as requested by the Supervisor/Safety Coordinator.
- Participate fully in safety training. Suggest improvements in safety training requirements or programs to the Supervisor or the Safety Committee/Safety Coordinator.
- Identify unsafe work conditions and unsafe practices. Correct hazards or report them to the Supervisor or Safety Committee/Safety Coordinator as appropriate.

## **Safety Coordinator**

The Safety Coordinator's duties include, but are not limited to, the following:

- Assist and advise all levels of management in establishing an effective safety program.
- Provide new employee general safety and health training/orientation.
- Plan and coordinate inspections, drills, meetings, trainings, and classes, and assist management in all areas of safety and health.
- Assist and provide support for the Safety Committee.
- Coordinate and/or assist in the investigation of all personal injury and property damage incidents.
- Maintain and post OSHA 300/300A Reports.
- Review and revise Safety Programs, Policies, and Procedures.
- Provide hazard assessments for qualifying department participation in required programs.
- Maintain safety training documentation and record keeping.
- Oversee mandatory training for pertinent programs as required in participating departments.

It is the policy of Powell County to provide all safety training prescribed by regulatory requirements and to ensure that all employees understand the hazards to which they may be exposed and how to prevent harm to themselves and others. No employee is expected to undertake a job until he or she has received instructions on how to do it properly and has been authorized by their supervisor to perform that job. Employees are expected to participate and cooperate fully in training programs and to accept and follow established safety and health precautions.

Each worksite presents a unique training challenge. Therefore, each department is expected to specify and provide safety training that is tailored to each employee's occupation, task, and job location. To the extent possible, safety training should be integrated into general job training, rather than treated as a separate issue.

All safety-related training must be documented; the records are to be maintained in the Safety Coordinator's files and/or department files. Documentation shall include a list of employees in attendance, date, the name of the trainer, and an outline/copy of the topics discussed or category of safety training delivered.

### **New Employee Safety Orientation**

The purpose of new employee safety orientation is to provide the employee with information about:

- The general hazards and safety rules of the worksite
- Training in pertinent program-specific hazards, i.e., HazCom, Hearing Conservation, Lockout/Tag out, and the employee's role in emergency situations
- Injury/Illness procedures, Workers' Compensation, and Return to Work Program
- First Aid information
- Emergency/Evacuation Plan notification and action procedures
- Potential hazard information
- Personal work habits and responsibilities
- Safety Program and Safety Committee
- Medical Insurance Wellness benefits, if applicable
- County Safety and Health activities
- Discussion of any questions the employee may have pertaining to the Safety Manual

The new employee receives a copy of the Safety Manual upon being hired. The employee is asked to read the manual prior to their Safety Orientation. The Safety Orientation should take place as soon as practical upon the

employee beginning assigned duties, and will be provided by the Safety Coordinator. The “Safety Orientation Form” (Appendix D in the manual) is to be signed by the Safety Coordinator and the employee, and included in the employee’s personnel file.

## **Continuous Refresher Safety Training**

The Montana Safety Culture Act requires “each employer to conduct an educational-based safety program, including but not limited to a safety training program to provide: continuous refresher safety training, including periodic safety meetings;”

Powell County has established a program of departmental participation in twelve (12) monthly Safety Meetings and Trainings annually.

## **Job-Specific Safety Training**

Job-specific safety training includes personal on-the-job instruction, safety meetings or formal classroom instruction intended to enhance the safety of specific tasks or occupations. Some job-specific training is prescribed in county departmental policies and procedures or in regulatory requirements.

Departments will provide additional training as necessary to improve employee knowledge of safety rules, procedures, and safe practices. The intent of this policy is that safety training will enhance the employee’s understanding of workplace hazards and the prevention of occupational injuries and illnesses, rather than to prescribe the specific format of the safety training.



The Safety Committee is an advisory body organized to bring employees and management together, in a cooperative effort to foster a safety culture and reduce on-the-job injuries and illnesses in the workplace, to provide the mechanism to promote and maintain a safe and healthy working environment for Powell County employees, and to protect the public's resources, to evaluate and make recommendations regarding incidents, practices, resources and issues, to reduce the county's exposure to risk and loss, and to assist the Powell County Commission in the administration of the Safety Program.

### **Safety Committee Procedures**

- To meet monthly.
- Attend meetings, and document all activities including meeting agendas, minutes, and recommendations.
- Motivate employees to create a safety culture in the workplace.
- Communicate with employees regarding Safety Committee activities.
- Review and aid in the coordination of safety activities of all departments within the county.
- Perform annual departmental safety inspections/audits and assist in coordination of emergency procedure drills, special training opportunities, and educational classes.
- Review safety reports, suggestions, recommendations, and comments.
- Review all incident reports to study causes and determine methods to prevent recurrence.

### **Safety Committee Membership**

- The Commission will request all Elected Officials/Department Heads to encourage and support volunteers from their departments to apply for a position on the Safety Committee.
- Members join the Safety Committee for a period of one year or longer.
- The Safety Committee rule of order will be informal, with consensus by majority.
- The Safety Coordinator will serve as Chairman of the Committee and provide a monthly Safety Coordinator Report at the meetings.
- The Safety Committee will meet once a month on a scheduled basis.
- Meetings should be attended by the Commission liaison. The Commissioner should coordinate with Elected Officials/Department Heads as needed to implement Committee recommendations.
- The Safety Committee should maintain a Safety Bulletin Board in an accessible location for employees. The bulletin board should provide updates on, i.e., Safety Committee activities, upcoming events, safety posters, other educational materials, and the annually posted OSHA 300A Report.

## SECTION 6 HEALTH, SAFETY AND LOSS CONTROL INSPECTIONS

The purpose of periodic Health, Safety and Loss Control Inspections is to identify any risks or occupational health and safety concerns, to correct them so as to protect the county's employees and assets (financial and physical), and to reduce risk of incident, injury, and other forms of loss.

Inspection Check List forms can be used help you get familiar with potential hazards that you would identify during an inspection. See Appendix B

- On an annual basis, the Safety Committee Inspection team should inspect, or cause to be inspected department(s), buildings(s), or grounds as determined by the Committee.
- The county cooperates with the State Government in any Occupational Safety and Health Administration (OSHA)-related inspections within the county. The Safety Coordinator and/or Safety Committee member(s) should accompany the L&I Health and Safety Bureau personnel on any inspections.
- Elected Officials/Department Heads and employees should assist and cooperate in all inspections to ensure that all areas are reviewed and all hazards are identified.

### Inter-County Safety Inspections Procedures

Inspections should be conducted in a manner designated by the Safety Committee, drawing upon the assistance of staff and consultants, etc., as needed. Safety Committee inspections may address any area of loss control, and should be documented in writing.

1. Emphasis should be placed upon conditions of facilities, equipment, tools and machines, electrical conditions, lighting, guarding, storage, chemicals (HazCom), First Aid and emergency equipment, and housekeeping, etc., as well as implementation of the overall programs.
2. Conditions noted to be unsafe should be tagged and taken out of service until the unsafe condition has been mitigated and a complete inspection report written and delivered to the department for mitigation. The report should include mitigation response dates and documentation of the results and procedures followed.
3. Responsible Elected Officials/Department Heads should return the inspection report by the specified date to the Safety Coordinator/Safety Committee with documentation of the results and procedures followed in the required abatement.

### Montana Department of Labor and Industries (L&I) Health and Safety Bureau Inspections

The Safety Coordinator should act as the county liaison for the inspection and will maintain communication with the L&I Inspector through the inspection process. L&I Inspection

compliance officers generally concern themselves with safe working practices, pertinent program

documentation, records of required equipment inspections, adequacy of protective equipment, guarding of machines, use of shoring, equipment configurations with respect to operation protection, etc.

1. In the event of receipt of a safety violation, the Safety Coordinator should ensure that the violation is posted on a bulletin board nearest to the violation until it has been abated.
2. The Elected Official/Department Head should insure that the correction of a violation is performed within the thirty (30) day abatement period, unless the abatement period has been extended.
3. The Elected Official/Department Head involved should prepare timely requests for a variance or for a hearing when the citation is questionable and should be aggrieved.
4. The Board of County Commissioners should be notified when modifications require the expenditure of funds so that appropriate action can be taken.
5. The Elected Official/Department Head should prepare and follow through on any requests for extensions needed indicating why it is needed and how long the delay will be, with a copy to the Safety Coordinator/Safety Committee.
6. Upon actual completion of corrective action, the Elected Official/Department Head will certify, by date and signature at the bottom of the citation form, that each violation has been abated. The form should be forwarded to the Safety Coordinator to be returned to the L&I Inspector.

## Employee General Safety Rules

- Seek medical attention, if necessary, for any incident resulting in an injury. All incidents must be reported to the supervisor as soon as possible or by the end of the work shift.
- Report unsafe conditions, procedures, and practices to your supervisor immediately.
- Possession of firearms on Powell County property or in county vehicles is prohibited unless part of the employee's job description.
- The use or possession of alcohol, illegal drugs, or other controlled substances on the job is prohibited.
- Smoking is permitted in designated areas only.
- Each employee is responsible for good housekeeping. Keep your work area in a clean, uncluttered state. Do not walk by a situation of poor housekeeping if it can be easily corrected or needs immediate attention such as spills on floors, ice on steps, and so on. Call the Facilities Department if the situation requires their attention.
- Obey all warning tags and signs. They are there because hazards exist.
- No employee should take chances on the job which could endanger his or her personal safety and health or the safety and health of co-workers or others.
- Do not operate machinery or use tools you are not qualified to use.
- Do not enter hazardous areas you are not authorized to enter.
- Use all personal protective equipment and devices required and provided.
- If an established job procedure must be deviated from, supervisory approval should be obtained and an alternative, temporary job procedure must be agreed upon. This alternative job procedure should not create any new or additional hazards or unnecessarily expose employees to hazards.
- Become familiar with and conduct your work activities in accordance with these general safety rules and other specific safe operating procedures which are applicable.
- Refrain from fighting, horseplay, or distracting fellow workers.
- Follow proper lifting procedures at all times.
- Wearing of safety restraints when riding/driving a county vehicle is mandatory if so equipped.
- Know the location of fire/safety exits and evacuation procedures.
- Participate in safety training.
- When operating county vehicles or equipment, drivers must operate/drive safely and prudently.
- When using cell phones in a county vehicle, pull over and stop on the side of the road or utilize a hands-free device.

- Above all, be ALERT and be RESPONSIBLE! Your safety and health depends on it.

## **Lifting Procedures**

Proper manual lifting techniques will protect your back by keeping it in its strongest position during stress. These techniques are not natural movements and must be learned and practiced.

Keep the basic principles in mind every time you lift, no matter how small the load.

1. Assess the load before you lift. Know your limitations. Get help for heavy or bulky objects.
2. Spread feet shoulder width apart to give you a solid base of support.
3. Place your feet as close as possible to the base of the object you are lifting with one foot slightly in front of the other.
4. Bend with the knees and maintain the natural curve in the back during the entire lifting operation (weightlifter position).
5. Get a good grip on the object and primarily use the leg muscles, not the back, to lift the load.
6. Move your feet to change directions – avoid twisting.
7. Don't overdo. Take frequent breaks for repetitive lifts. Your back is more susceptible to injury when tired.

## **Office Safety**

Office work is more dangerous than is commonly supposed and serious injury incidents can occur during normal office routine. Good housekeeping and proper storage are important factors in office safety and fire prevention. Proper lifting techniques will prevent most back injuries. Offices are typically inspected for safety compliance less often than other areas. It is important that you correct or report unsafe conditions to your supervisor.

- Every employee is responsible for keeping his or her work area clean and orderly. Even a pencil or paper clip can cause a slip or fall.
- Open doors slowly. Be extra cautious when you come to a door that can be opened in your direction. Slow down when you come to a "blind" corner.
- Do not read while walking.
- Proceed with caution. Haste when walking between desks can result in bruises and falls.
- Keep electrical cords and other tripping hazards out of aisle ways, and do not run cords through doorways or under carpets.
- Keep file, desk and table drawers closed when not in use. Close them before you leave them.
- Never open more than one file drawer at a time. The entire cabinet may tip over.

- Be careful when opening drawers to full extension in case there is no locking device.
- Load file cabinets and bookcases with the heaviest items in the bottom to prevent tipping.
- Maintain office tables, desks and chairs in good condition and free from sharp corners, projecting edges, wobbly legs, etc.
- Use chairs sensibly. Do not tilt chair or slump back, which may cause the chair to slip or break.
- Never use a chair, desk or other office furniture for a step stool or ladder.
- Keep the blades of paper cutters closed when not in use.
- Keep razor and “exacto” blades covered. Report even minor injuries and take precautions to avoid infection.
- Be sure that cords and plugs on all electrical equipment are in good shape. If a machine causes a shock or starts smoking, unplug it immediately and report it to the supervisor.
- Do not overload outlets.
- Do not use a surge protector for anything other than office equipment (no coffee pot, heater, fan, etc.).
- Do not use extension cords as permanent wiring (to be unplugged at the end of each work day).
- Do not attempt any electrical repairs.
- Use handrails when ascending or descending stairs. Don’t carry a load that restricts vision.
- Walk, do not run. When walking in hallways, keep to the right, especially at corners.
- Be careful in front of doors that open outward and open doors slowly.
- Avoid spilling or splashing liquids on the floor. If you spill it, clean it up. Provide barricades or other warnings as necessary.

## **Office Ergonomics**

Ergonomic injuries include tendonitis, carpal tunnel syndrome, lower back pain, and other disorders that involve pain and damage to muscles, tendons and nerves in the back, neck, shoulders, elbows, wrists and hands. These musculoskeletal problems are referred to as cumulative trauma disorders (CTD) or repetitive motion injuries and are generally caused by:

- Making the same motion over and over.
- Staying in the same position too long.
- Working in a position that puts stress on muscles and joints.
- Working with tools and equipment that don’t fit your body.
- Using excessive physical force.
- Exposure to vibration over a long period of time.

You can help prevent CTD’s by avoiding awkward body positions:

- Adjust your workstation before you begin working.
- Maintain the natural curve in your back while sitting, standing and lifting.
- Keep your wrists straight as much as possible while typing or doing other repetitive tasks.
- Take breaks from repetitive motion tasks by switching periodically to other task.
- Use the right tools for the job, especially when they are used often or for long periods of time.

If you spend a lot of time at a computer workstation:

- Position the keyboard so that the wrists are kept straight in a neutral position. Your elbows should be at about the same height as the keyboard.
- Sit with your back in a neutral posture, maintaining the natural curve, with feet on the floor and thighs parallel to the floor or with knees slightly lower. Adjust the chair height and use a foot rest if necessary.
- Position the screen just below eye level and about an arm’s length away to prevent neck and shoulder strain. The screen should be lower if you use bifocals.
- Change positions, stretch, and take “mini-breaks” periodically.

Pay attention to early signs of cumulative trauma disorders and make adjustments in your workstation or the way you do your work. Report the symptoms to your supervisor and work together to correct the causes of the injuries. Early indicators of CTD, which usually occur in the hands, arms, shoulders, neck, and back include:

- Stiffness or soreness
- Aches and pains
- Numbness or tingling
- Swelling
- Burning sensation
- Reduced strength

## **Working in Extreme Weather Conditions**

Powell County’s climate may be severe and conditions may change rapidly. Hot weather and exposure to the sun present the potential for heat stress and sunburn. Cold conditions can lead to hypothermia or frostbite, either of which can be fatal in the worst cases. Employees are expected to monitor weather and be prepared to protect themselves against its effects.

In general, employees should provide themselves clothing as protection from severe weather conditions, if it is the type of clothing that may be used both on and off the job. Examples include coats, hats or caps, boots, and gloves. Certain departments have clothing allowances to provide for seasonal clothing needs. Check with your supervisor.

### **Hot Weather Guidelines**

- Dress for conditions – lightweight, light-colored loose clothing is best. Wear a hat with a wide brim if you’re out in the sun.

- Use sunscreen.
- Reflected sun is even more potent than direct exposure. Be particularly careful of sun exposure on cloudy days and near water, concrete, or sand.
- Eat a well-balanced diet, but try to stay away from hot or heavy foods. Do not take salt tablets or other salt supplements without a doctor's recommendation.
- Drink plenty of fluids. Don't wait until you're thirsty. The best fluid replacement is water. Avoid alcohol and caffeine.

## **Cold Weather Guidelines**

- Dress for the conditions in layers of loose, dry clothing. A good moisture-wicking fabric or wool clothing with a waterproof layer over it is very effective.
- Change clothing right away if you get wet.
- Cover your head and face. You can lose up to 40% of your body heat if you don't wear a hat.
- Wear shoes and gloves designed for cold weather. Don't handle anything with bare hands, especially if it is made of metal.
- Keep moving when you're in the cold.
- Return to a warm vehicle or take regular breaks in warm areas frequently.
- Consider use of slip/fall protection – slip on/strap on cleats – in icy, slippery conditions.

For hypothermia, get medical help quickly and keep the person covered with blankets. Don't use hot baths, electric blankets or hot water bottles. For frostbite, get medical help and warm the body part with blankets or warm (not hot!) water. Don't rub, use heat lamps or hot water bottle or go near a hot stove. Don't break any blisters that form.

## **Hazard Communication**

Powell County has an established Hazard Communication (HazCom) Program. A copy of the HazCom Program is available in the Courthouse, Road Department, Solid Waste District, Weed Department, Sheriff's Department and Detention Center, and the Commission Office.

The HazCom Program complies with the OSHA Hazard Communication Standard 29 CFR 1910.1200, by compiling a hazardous chemicals list, using applicable [Material] Safety Data Sheets ([M]SDS), ensuring that containers are labeled, and by providing training and necessary personal protective equipment (PPE).

Copies of the OSHA Hazard Communication Standard are available in the [M]SDS Binders located at the above mentioned locations and their respective shops and field locations. Under this program employees will be informed of the contents of the Hazard Communication Standard, and provided with applicable [M]SDSs that provide information pertaining to the hazardous properties of the chemicals with which they work, safe handling procedures, hazard material labeling, and measures to take to protect themselves from these chemicals.

## **Hearing Conservation**



It is the policy of Powell County to protect the hearing of all workers whose noise exposures equal or exceed an action level of 85 decibels (dB) for an 8-hour day. In accordance with this policy, this organization has established a Hearing Conservation (HC) Program. This program applies to all persons working in areas or with equipment that have noise levels of 85 decibels, A weighting (dBA) or higher.

The purpose of this HC Program is to prevent occupational hearing loss and comply with the OSHA Standard 29 CFR 1910.95 for Occupational Noise Exposure. The HC Program includes as a minimum: noise monitoring; audiometric testing; hearing protectors; education and training; and record keeping.

Occupational noise can cause hearing loss, and increase the worker's susceptibility to other workplace problems including physical and psychological disorders, interference with speech and communication, and disruption of job performance associated with excessive noise intensities. This exposure to noise produces hearing loss of a neural type involving injury to the inner ear hair cells. The loss of hearing may be temporary or permanent. Brief exposure causes a temporary loss. Repeated exposure to high noise levels will cause a permanent loss. Permanent hearing loss is preventable with the continued use of proper hearing protection and reduction of workplace noise levels to 85 decibels or below.

## **Blood borne Pathogens**

In accordance with OSHA Standard 29 CFR 1910.130 Powell County has established a Blood borne Pathogens (BBP) Program which is monitored by the Public Health Department. A copy of the BBP Program is located in the Clerk and Records Office. The Public Health Department provides BBP training to all departments on an annual basis with more extensive training for the higher risk departments.

The Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), which causes AIDS, are the two most prominent blood borne pathogens. County employees, including the Sheriff's Department, Sanitarian, Public Health Department, Solid Waste District, Facilities Department and other department employees who perform janitorial functions, have the highest potential for blood borne pathogen exposure.

All employees shall be given initial and annual BBP training through the Public Health Department. In addition, employees in the higher risk departments will be offered HBV vaccinations at county expense or they may sign a Declination Waiver.

The higher risk departments have the greatest potential exposure and have extensive departmental procedures to cover potential exposure situations. Regardless of risk level all employees should follow the BBP Program procedures and report exposure incidents to their supervisor, the Public Health Department, and seek medical evaluation and treatment as soon as possible.

## **Lockout/Tag out Procedures**

OSHA Standard 29 CFR 1910.147 requires that hazardous energy must be controlled during service or maintenance of machines and equipment. Lockout and Tag out (LOTO) procedures are necessary to protect workers from electric shock, accidental start-ups, or other release of energy.

Every department that has employees performing maintenance where there is exposure to hazardous energy must have:

- Locks and/or tags and lockout devices that are not used for anything else.
- Procedures for performing such maintenance specific to their area.
- Training for all employees involved in maintenance activities.

LOTO of energy isolating devices should be used to ensure that the machine or equipment is isolated from all potentially hazardous energy, and locked out or tagged out before employees performing any servicing or maintenance activities where the unexpected energization, start-up, or release of stored energy could cause injury.

### **Sequence of Lockout/Tag out (LOTO) System Procedures:**

1. Notify all affected employees that a LOTO system is going to be utilized and the reason therefore. The authorized employee should know the type and magnitude of energy that the machine or equipment utilizes and should understand the hazards.
2. If the machine or equipment is operating, shut it down by the normal stopping procedure.
3. Operate the switch, valve, or other energy isolating device so the equipment is isolated from its energy source. Stored energy (such as springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.
4. LOTO the energy isolating devices with assigned locks or tags.
5. First, make sure that no personnel are exposed, second, check on the disconnect of energy source, and third, operate the push button or other operating controls to make certain the equipment will not operate.
6. **CAUTION - Return operating controls to neutral or off position after the test. The equipment is now locked out or tagged out.**

### **Restoring Machines or Equipment to Normal Production Operations:**

1. After the servicing/maintenance is complete and equipment is ready for normal operation, check the area around the machine or equipment to ensure that no one is exposed
2. After all guards have been reinstalled, employees are in the clear, remove the LOTO devices. Operate the energy isolating devices to restore energy to the equipment.

### **Procedure Involving More Than One Person:**

In the preceding steps, if more than one individual is required to LOTO equipment, each shall place his/her own LOTO device on the equipment. When an energy isolating device cannot accept multiple locks or tags, a hasp may be used. If lockout is used, a single lock may be used to lockout the machine or equipment with the key being placed in a box or cabinet. Each employee will use his/her own lock to secure the box or cabinet. As each person no longer needs to maintain his or her lockout protection, that person will remove their lock.

### **Basic Rules for Using Lockout/Tag out System Procedures:**

All equipment should be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy isolating device where it is locked out or tagged out.

### **Personal Protective Equipment**

Personal Protective Equipment (PPE) plays an important role in protecting workers from hazards on the job. PPE is required in particular locations and for certain tasks, based on safety regulations and good safety practice.

Protecting our employees by providing a safe work environment is a core safety value of Powell County. It is the county's objective that employees use recommended PPE in areas where their use would prevent employee injuries. The use of proper PPE should be determined as conditions warrant and/or ordered to do so by a supervisor. Employees should take necessary precautions, follow proper safety procedures, and use recommended PPE when necessary to avoid exposure to injury or illness to themselves and others.

The following are recommended uses for PPE per OSHA General Industry Standards:

- Hard Hats - when working in areas where there is a potential for injury to the head from falling objects. (29 CFR 1910.135(a)(1))
- Safety Vests or High Visibility Clothing - High visibility is one of the most prominent needs for workers who must perform tasks near moving vehicles or equipment. (Federal Highway Administration's (FHWA) Worker Visibility, 23 CFR Part 634.1; section 5(a) (1) of The OSH Act, 29 U.S.C. §654(a) (1), also known as the General Duty Clause)
- Protective Footwear - when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such employees' feet are exposed to electrical hazards. (29 CFR 1010.136(a))
- Hand Protection - to use appropriate hand protection when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical burns; thermal burns; and harmful temperature extremes. (29 CFR 1910.138(a))
- Eye and Face Protection - use of appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation. (29 CFR 1010.133(a) (2))
- Hearing Protection - protection against the effects of noise exposure shall be provided when employees are exposed to an 8-hour time-weighted average of 85 decibels or greater. (29 CFR 1910.95)
- Personal Fall Arrest System - means a system used to arrest an employee in a fall from a working level. (29 CFR 1926.502(d) Construction)

Employees should wear clothing suitable for the job to be performed. Suitable clothing means clothing that will minimize the possibility of damage from moving machinery, hot or injurious substances, weather conditions, or harmful agents.

Supervisors should be responsible to ensure compliance with the provisions of the State Administrative Code by all members of their crews, or departments. The PPE selected should meet applicable standards, such as those of Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), National Institute for Occupational Safety and Health (NIOSH), American National Standards Institute (ANSI), or the National Fire Protection Association (NFPA).

## **Confined Spaces**

Even though Powell County employees have no established areas designated as confined spaces to deal with as part of their work activities, very few work situations have as much potential for serious safety hazards as confined spaces. The atmosphere in a confined space may have insufficient oxygen to support life, or may be toxic, flammable or explosive. The lack of ventilation in confined spaces causes welding, painting, use of

hazardous materials, or other activities that change the atmosphere to be especially dangerous. The limited opening for entry and exit makes rescue difficult and dangerous.

Most of the severe injuries and fatalities in confined spaces occur because an employee either went into a confined space without first testing its atmosphere or did not continuously monitor the space. If the event county employees, during the course of their duties, encounter confined spaces that have not been specifically evaluated, these are general guidelines for all employees. Each department will develop, train, operate, and monitor a specific confined space program for that area.

More than half of the fatalities in confined spaces are would-be rescuers. Prior to entry, assume that every confined space has an unknown hazardous atmosphere.

A **confined space** is a space that has all of the following characteristics:

- Is large enough for an employee to bodily enter and configured so that the employee can perform assigned work,
- has limited or restricted means for entry or exit, and
- is not designed for continuous employee occupancy.

Examples of confined spaces include: tanks, vessels, manholes, storm drains, headwalls, silos, storage bins, hoppers, meter vaults, digesters, lift and transfer stations, shafts and pits. Unfavorable natural ventilation is common in confined spaces.

## **Respiratory Protection**

In the event a need for protection from exposure to high dust or particulate levels, exposure to toxic materials or oxygen deficiency becomes evident, a Respiratory Protection Program should be established. The program would provide a medical examination, fit testing of a respirator, and training on the proper use and care of the respirator for qualified employees.

In some situations, such as dusty outdoor conditions, dust masks may be available as a convenience. There would be no obligation that the masks be worn, and the requirements in the above paragraph do not apply.

## **Fall Protection**

Due to the diversity of work environments and rare occasions that fall protection may be required; Powell County currently addresses the need for fall protection on an incident by incident basis. The best safety procedures and training for an infrequent situation where employees must work at heights over 6 feet are discussed and implemented on an as needed basis, i.e., full body harness and lanyard or partitioning by the use of rope or guardrail.

The operation of vehicles is required in many aspects of county employment. How each vehicle is handled and maintained directly affects the effectiveness and efficiency of government services.

Each year, injuries, property and liability damage claims continue to occur. Most direct costs of these incidents are paid by insurance. However, the indirect costs are paid by the county, such as increased premiums, loss of vehicle use, vehicle replacement costs, loss of employee productivity, deductible payments, increased paperwork, etc.

The purpose of the Vehicle Fleet Safety Policies and Procedures is to ensure that acceptable standards of proficiency and safety are maintained by each employee who operates a vehicle on county business.

#### Recommendations

1. The county is dedicated to eliminating conditions that adversely affect the wellbeing of employees and otherwise threaten financial stability through incident losses.
2. Employees should operate all vehicles used for county business in a safe and economical manner. In order to accomplish this, the following practices should be followed:
  - A. All drivers should have a valid Montana Driver's license for the vehicle operated.
  - B. All applicable motor vehicle laws should be adhered to. Any traffic citations should be reported to the Elected Official/Department Head or supervisor, and should be the responsibility of the operator.
  - C. No unauthorized passengers or drivers should be allowed to either operate or ride in county vehicles.
  - D. Transporting family members in county vehicles should be allowed only when the family member is accompanying an employee to a business meeting or official function with a signed waiver for each specific function.
  - E. Seat belts should be worn at all times while either operating or riding as a passenger in the vehicle.
  - F. All vehicle collisions or property damage incidents should be reported and investigated as per policy.
  - G. County vehicles should be used for official use only.
  - H. County vehicles should not be taken home overnight except as follows:
    - a. Employees may take a county vehicle home for one night when attendance to an out-of-county meeting takes place late at night after normal working hours or early in the morning prior to normal work hours.
    - b. Those employees designated by their Elected Official/Department Head.
    - c. For more than one night when specifically authorized by the Board of County Commissioners in writing.
    - d. As specifically designated by the county board overseeing that employee.
    - e. County vehicles should be available for county business on a first come first serve basis.
    - f. County vehicles may be used for travel to lunch when an employee is on business, or when an employee is in a location where driving to obtain his/her personal vehicle would result in an extra and unnecessary expenditure of time and money.
    - g. Vehicles should be operated only when they are in safe operating condition.
3. Each driver's privilege to operate a vehicle on official business extends only as long as the driver operates the vehicle in a safe and efficient manner. A record of "preventable" incidents may be cause for appropriate disciplinary action.

4. Any employee performing work which requires the operation of a county vehicle should notify his/her immediate supervisor in those cases where his/her license is expired, suspended or revoked and/or is unable to obtain an occupational permit from the State Department of Licensing. Failure to report may be cause for disciplinary action.
5. Selection of employees who will be required to drive full or part-time should be done with care. No employee should drive a county vehicle unless certified to operate it by the employee's supervisor.
6. Vehicle incidents should be reported and investigated in accordance with related policies and procedures.
7. Vehicles should contain appropriate warning and safety devices as needed.
8. Personal vehicles should not be used on official business unless there is no county vehicle available. Any employee using a personal vehicle on county business should maintain auto liability insurance of at least the following limits:
  - A. Bodily Injury: \$50,000 Each Person, \$100,000 Each Occurrence.
  - B. Property Damage: \$25,000 Each Occurrence.
  - C. Uninsured Motorist: \$30,000 Each Person, \$60,000 Each Occurrence.

### **Vehicle Fleet Safety Procedures**

Driver Selection - Even though driving may be incidental to the primary reasons county employees are hired, the considerations given to driver selection are often the most important factor that will affect county vehicle incidents.

1. Evaluation of driver qualifications should be made through the following:
  - A. Previous employers reference check to verify employment and to help determine the driving qualifications and history of the applicant.
  - B. Motor vehicle records check made through the Powell County Sheriff's Office.
  - C. Personnel file review to consider driver training received, record of preventable incidents, driving history, driving certifications, Vehicle Operator Record, etc.
2. Drivers of county vehicles may be considered qualified to drive when they meet the following criteria:
  - A. Possess a valid driver's license of the proper class.
  - B. Capable of passing a physical examination when a question of fitness to drive arises because of illness or injury.
  - C. Capable of passing written tests on driving regulations whenever required.
  - D. Capable of passing a driving test.
  - E. Have demonstrated proficiency with the particular type of vehicle or equipment routine to be utilized.

Driver Training - The Safety Committee may periodically administer, or arrange for attendance at a Defensive Driving course.

1. Assignments for said course should be made as follows:

- A. Mandatory attendance for employees who demonstrate questionable driving capabilities or habits as determined by their immediate supervisor.
- B. Voluntary attendance for employee who have not attended a Defensive Driver course in the past five (5) years.



## **Minimum Qualifications for the Operation of County-owned Vehicles and Privately-owned Vehicles While Conducting Official Business**

The purpose of this section is to ensure that an acceptable standard of proficiency and safety is met by each employee who operates county-owned vehicles. (Also refer to Powell County Personnel Policy)

### Recommendations

1. Employees are encouraged to use county vehicles instead of their own for Official County business whenever possible.
2. Personal vehicles may be used for official county business with the prior approval of the employee's Elected Official/Department Head. Employees using their personal vehicles will be reimbursed at the prevailing rate established by the Board of County Commissioners after submittal of the appropriate form to their Elected Official/Department Head. No county employees should be required to provide their own vehicle for conducting county business unless required in their job description.
3. All employees whose duties require the operation of a county-owned vehicle or who operate a privately-owned vehicle while conducting official business as a part of their employment with the county should possess a valid Montana State Drivers' License and a safe driving record.
4. Prior to acceptance for employment with the county in a position that would necessitate the operation of a motor vehicle in the course of performing the assigned duties of that position, an employee's motor vehicle operators record may be requested from the State Department of Motor Vehicles by the Personnel Office. If a Department of Motor Vehicles review indicates three or more moving violations within three years of the date of review, the employee may be denied authorization to operate a vehicle while representing the county. If the employment is incumbent upon the ability to operate a vehicle, the prospective employee may be denied employment.
5. Employees operating county-owned vehicles or privately-owned vehicles while conducting official business should observe all traffic laws, rules and regulations, and the dictates of common sense and good judgment.
6. If during the course of employment an employee exhibits a disregard for acceptable safe driving procedures, the responsible Elected Official/Department Head may deny further authorization to operate a vehicle while representing the county.
7. Any employee who operates a privately-owned vehicle while conducting official business for the county should maintain automobile liability insurance of \$25,000/\$50,000/\$10,000 pursuant to §61-6-103 MCA. Employees who do not maintain minimum liability coverage should not operate privately-owned vehicles in an official capacity.

## **Employee Actions at Accident Scenes**

The purpose of this section is to establish policy guidelines for employees traveling in county-owned vehicles for rendering assistance at accident scenes.

### Recommendations

1. It should be the responsibility of county employees, while traveling in county vehicles to stop at accident scenes and render whatever assistance that is within their capability, if it is safe to do so. It is not the intention of this policy to impose strict procedures in governing the actions of employees at accident scenes. It is realized that each employee should use his/her own judgment in determining if assistance is needed and what assistance they are capable of providing.

2. As a minimum, the employee should ensure that police and fire personnel have been notified (if necessary). If injuries have occurred, and the employee is capable and qualified, first aid may be rendered to the victim.
3. The employee should remain at the accident scene until emergency vehicles arrive and offer assistance to police and fire personnel as needed.
4. The employee should remain polite and helpful in all circumstances and never speculate on cause, effect, or blame involved in the accident.
5. An Incident Report should be completed by the employee, preferably within 24 hours, describing their involvement at the accident and a copy forwarded to the Safety Coordinator/Safety Committee.

The purpose of this section is to establish guidelines and areas of responsibility for maintaining a safe and healthy work environment.

Elected Officials/Department Heads or immediate supervisors should make sure that the employees under their supervision are well acquainted with existing safety rules and should see that the rules are uniformly enforced. Safety education and adherence of all safety rules should be promoted by supervisors. Everyone should be constantly on the alert to observe and report unsafe working practices or existing hazardous working conditions with the aim of immediate correction.

The county maintains Workers' Compensation (WC) Insurance to cover injury/illnesses incurred by county employees when on duty. Liability insurance is carried to cover incidents affecting citizens and visitors if there is negligence by staff or the county.

### **Record Keeping Occupational Injury and Illness**

In accordance with applicable requirements of the Safety Culture Act/OSHA Standards, the Safety Coordinator should ensure the appropriate records are kept as follows:

1. Maintain a log and summary of occupational Injuries and Illness on Montana OSHA Form 300. Recordable cases include every occupational injury or illness that involves:
  - Death
  - Days away from work
  - Restricted work or transfer to another job
  - Medical treatment BEYOND first aid
  - Loss of consciousness
  - A significant injury or illness diagnosed by a physician or other licensed health care professional
  - Work-related case involving cancer, chronic irreversible disease, fractured or cracked bone, or punctured eardrum
  - Any needle stick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material; employee medical removal; tuberculosis infection; Standard Threshold Shift (STS) and if total hearing level is 25 decibels or more above audiometric zero in the same ear as the STS on an employee's hearing test
2. Original copies of all First Reports generated when an employee is injured on the job should be kept in the Personnel Department files.
3. Enter each recordable injury and illness on the log as early as practicable, but no later than seven (7) calendar days after receiving the information that a recordable case has occurred.
4. The Safety Coordinator is responsible for maintaining records and ensuring proper postings.
5. Posting of the completed summary OSHA 300A form for the previous year from February 1<sup>st</sup> - April 30th of the current year.
6. Maintain records for five years following the year to which they relate.

## **Incident Reporting**

Reporting is a basic and essential part of an effective management and loss control program. Since every incident includes a sequence of contributing causes, it is possible to avoid a repeat performance of the first event by recognizing and reducing or eliminating these causes. The removal of a single cause can prevent a recurrence.

Incident Report forms can be found in each department (**RED** - Incident Reporting File) and may be used for Property Damage With/Without Injury, Near Miss, or Safety Violations reporting.

- An incident of Property Damage Without Injury should be reported to the Elected Official/Department Head, and the Incident Report form filed with the Clerk & Recorder for processing (copy to the Safety Coordinator).
- An incident of Property Damage/With Injury should include the Property Damage Incident Report to be filed with the Clerk & Recorder for processing (copy to Safety Coordinator), and a First Report filed with the MACo WC Claims Division.
- In the case of a Near Miss and/or Safety Violation, the report should be delivered to the Elected official/Department Head and Safety Coordinator for investigation, resolution, and mitigation.

Timely and complete reporting facilitates incident investigation, and may also preserve and protect the health and safety of injured persons and the resources of the county.

### **Definitions:**

Occupational Injury is defined as a personal injury arising out of, and in the course of, employment with the county.

Occupational Illness is defined as a disease caused by certain hazardous conditions or materials when there is a direct causal connection between the conditions under which the work is performed and the occupational disease.

Incident is defined as an event, intentional or unintentional, that resulted in or contributed to, or could have (near miss) resulted in or contributed to a loss, injury, damage, or harm to persons or property from fire, theft, vandalism, weather, etc.

Minor injuries require first aid, doctor visit/outpatient care.

Major injuries require doctor/hospitalization.

### **Reporting Policies and Procedures for Occupational Incident Injury/Illness**

1. All occupational injuries/illnesses, no matter how minor, should be reported as soon as physically able, and no later than the end of the working shift to the immediate supervisor (verbal reporting constitutes “notice given”).
2. The employee should obtain appropriate medical treatment in accordance with the Safety and Health Policies.
3. If the incident caused illness/injury (physical harm to the body), a First Report form must be filed with MACo’s WC Division. The form can be obtained from each employee’s Employee Manual, located in the pink envelope.
4. The file contains the Incident Reporting Procedure (Appendix C) and detailed, color coded instructions on how to fill out the First Report and who is responsible for each section. All questions should be answered to ensure that your medical costs and any salary lost because of the injury will be paid.

5. The immediate supervisor should record all appropriate information that will facilitate a thorough investigation of the incident.
6. In the event of a fatality or multiple injuries requiring hospitalization, the Board of County Commissioners, Elected Official/Department Head, Department of Labor & Industries (444-6104), and MACo's Risk Management Department (449-4370) should be notified immediately.
7. In the event of a fatality, notification of next of kin, or those persons so designated by the employee in event of an emergency, should be coordinated through and approved by the County Commissioners.
8. The Personnel Officer should be the prime contact between the county and the MACo Workers' Compensation Division for industrial injury claims.
9. All injuries should be considered "alleged injuries" if they are suspicious in nature, not witnessed, reported late, or of a non-visible nature.
10. The Safety Coordinator/Safety Committee should review all industrial incidents and recommend appropriate actions to avoid, prevent, or reduce future similar incidents.
11. Employees should refer all formal requests for production of evidence relating to industrial incidents to the Powell County Attorney prior to releasing any information.
12. See Appendix C - Detailed Employee Injury/Illness/Incident/Near Miss Reporting Procedure.

### **Return To Work Program**

Powell County has developed a Return To Work (RTW) injury management plan. It includes a team effort involving the injured worker, the treating health provider, insurance provider and internal county management.

RTW has long been known to reduce workers' compensation costs; however, it has recently been found to also reduce pain and suffering by the employee, speed up healing times, and increase the level of healing a person experiences.

Our employees are our greatest assets and the county is committed to providing prompt, high-quality medical care and returning injured workers to full gainful employment as soon as medically feasible. Studies show that RTW programs help speed the recovery process through maintaining job skills and reducing the impact of work-related injuries on the injured worker's family and income. The Powell County Commissioners believe that this program aids in retaining productive people, minimizes costs, and believe the workers will be better able to return sooner and avoid long-term disabilities affecting their careers.

### **Property Damage With/Without Injury**

1. All incidents, no matter how minor, which result or may result in a liability claim against the county, or give the county a liability claim against others, should be promptly reported to the Elected Official/Department Head.
2. All damage to or loss of county property in excess of one hundred dollars (\$100) in value should be reported (excluding cracked windshields) to the Elected Official/Department Head using an Incident Report Property Damage With/Without Injury form (Appendix A) to be filed with the **Clerk & Recorder's Office** for processing (copy to Safety Coordinator). This includes damage to buildings, grounds, infrastructure, signs, equipment, tools, supplies, etc. Property damage with injury would require the additional filing of a First Report with MACo's WC Division per the

Occupational Injury/Illness Policy referenced above.

1. Damage that is not of natural cause should be reported to the Powell County Sheriff's Department as soon as possible. The employee and the immediate supervisor should cooperate with the thorough investigation of the incident.
2. Employees should not discuss details of the investigation with unauthorized persons and should not admit liability.
3. **See Appendix A.** Incident Report Form/Property Damage With/Without Injury.

### **Vehicular Collision**

1. All vehicular collisions involving county vehicles or personal vehicles used on county business, no matter how minor, should be reported promptly to law enforcement, the Elected Official/Department Head, and Safety Coordinator as soon as physically able. The employee should also request that all parties and properties concerned remain at the scene of the incident if possible until a law enforcement representative has released them.
2. An employee involved in a collision should obtain appropriate medical treatment as needed.
3. The employee should refrain from making statements regarding the incident with anyone other than the investigating officer, employer's officials, and employer or personal insurance company representatives. Statements should be confined to factual observations.
4. Anytime an incident causes injury, First Report should be filed with MACo's WC Division.
5. Any damage to property requires an Incident Report to be completed and filed with the Clerk and Recorder's office (copy to Safety Coordinator) and inclusion in the employee's personnel file.
6. Damage to the vehicle should then be reported to the insurance carrier (or appropriate body) on the Auto Incident Notice form available from and processed through the Clerk and Recorder's office.
7. If the incident may result in someone alleging liability against the county, the Clerk and Recorder's office should also file the report with the county insurance carrier (or risk pool, etc.).
8. In the case of a fatality or if two or more employees are hospitalized, the Elected Official/Department Head should report the incident to the Board of County Commissioners, the nearest office of the Department of Labor and Industries (444-6401), and MACo Risk Management (449-4370). The report should relate the circumstances, the number of fatalities, and the extent of any injuries.
9. The Safety Coordinator should investigate the incident and the Safety Committee should review all collisions and recommend actions to avoid, prevent, or reduce future similar incidents.
10. County employees should refer all formal requests in production of evidence relating to a vehicular collision to the County Attorney prior to releasing any information.

### **Defective Equipment**

When an incident happens where defective equipment is a possibility, the following action should be taken:

- Follow the procedures for Property Damage With/Without Injury.

- Turn the equipment involved over to the employee's supervisor.
- A detailed report should be written within 24 hours to include circumstances surrounding the incident and manufacturing information available concerning the equipment in question.
- The Safety Coordinator should investigate the incident and the Safety Committee should review and recommend actions to avoid, prevent, or reduce future similar incidents.

The purpose of incident investigation is to prevent repeat incidents by learning causes so that corrective actions can be taken to implement needed physical changes, improve operating procedures, improve safety and supervision, upgrade training, and reduce the probability of a repeat event and resulting loss of human and economic resources.

### **Incident Investigation Checklist**

#### 1. Descriptions and Identification of the Premises

- A. Exact location, giving street numbers and any other designation necessary to pinpoint the location.
- B. Type of building (Use and construction type)
- C. Age of building (If necessary, obtain name of architect, contractor, and builder).
- D. General condition of building or area.
  - a. Is building or area in good general condition?
  - b. Is building or area well maintained?
  - c. Is building kept in good repair?
- E. Use to which facility, area, or equipment is put.
  - a. Is the use proper?
  - b. Is the use lawful?
  - c. Is the use hazardous in any way?
  - d. Does the use create a nuisance?
- F. What is the history of previous incidents with this facility, area or equipment?

#### 2. Ownership and Control

- A. Who owns the facility or equipment?
- B. How long has local government used the facility or equipment?
- C. If another tenant or facility user is involved, obtain a list of names, addresses, and phone numbers, and their insurance company.
- D. Obtain a copy of building lease when applicable.
- E. Does a landlord control the area of a facility complained of? If so, obtain name, address, and phone number, including his insurance company.
- G. Who is responsible for the cleaning and general maintenance? If not local government, obtain names, addresses and phone numbers, including their insurance companies.

#### 3. Coverage

- A. Make sure the incident occurred within the local government's jurisdiction.
- B. Make sure the incident occurred on local government property.
- C. Are there any easements within the incident area?
- D. Did the incident occur under the possible control of someone else, and not the local government?
- E. Were there any contracts or hold harmless agreements signed that have a bearing on this incident? If yes, obtain.
- F. Can liability be transferred to another party (contractor, hold harmless signer, private property owner)?
- G. Does the county's insurance cover this incident?
- H. Check for possible completed operations:
  - a. Obtain exact date when work was done.
  - b. Was job accepted as completed?
  - c. Was payment made for completed job?



- d. Were any exposures left at site?
- e. Were any complaints made about workmanship?
- f. Were any repairs made, or conditions corrected?
- g. Are inspection records available, complete?
- h. Did the operation involve a service or maintenance contract? If so, obtain.

4. Actual or Constructive Notice

- A. Who was responsible for the general maintenance of the building, area or equipment?
- B. Was the individual aware of the risk or exposure?
- C. How did it come to his attention?
- D. When did it come to his attention?
- E. How long had the condition been permitted to exist?
- F. Were any regular inspections made? By whom? Reports made?
- G. If the local government was unaware of the exposure, could it have been identified through a regular inspection?
- H. Was the building, area, or equipment regularly inspected?
- I. Are safety precautions regularly used in maintenance?

5. Physical Conditions

- A. Describe the condition that caused the incident.
- B. Exact location. Preserve any evidence. Take pictures.
- C. If pertinent, describe composition, nature, condition of floor (wet, debris, slick, broken, rough, slope, cracked, and obstructed).
- D. Was the incident caused by defective conditions owing to ordinary wear and tear? Faulty construction?
- E. Describe lighting conditions (time of day, weather, windows, shades, power, and lights).
- F. Describe weather conditions.
- G. Are warning or cautionary signs posted? Photograph.
- H. Are blueprints or plans available if necessary? Where?
- I. Did facility meet code?
- J. Had repairs been made? By whom, when, how, guarantee?

6. Reports and Witnesses

- A. Obtain signed statements from all parties.
- B. Were any confessions or admissions made? Obtain.
- C. Document any injuries sustained.
- D. Obtain names, addresses, and phone numbers of all witnesses involved.
- E. Obtain names, addresses, and phone numbers of outside witnesses who can testify regarding conditions, policies, procedures, practices, routines, etc.
- F. Obtain a police, physician, or other available reports.

7. Information from Claimant

- A. Claimant's name and all previous names or aliases under which the claimant was even known.
- B. Age, general appearance, and impression made. Obtain any legally permissible public information as to the claimant's character, intelligence, integrity, driving record, police record, etc.
- C. Present and previous address and phone number.
- D. Military status if applicable.
- E. Dependency status.
- F. Employment history.
- G. Possible distractions to claimant:
  - a. Weather
  - b. Was claimant carrying any packages, umbrella, or other objects that could have affected vision,

- balance, etc.? Describe.
  - c. Was claimant watching someone or something?
  - d. Was claimant talking to anyone at time of incident?
  - e. Was claimant daydreaming or preoccupied?
  - f. Was claimant awake?
  - g. Was claimant worried or under stress?
  - h. Was claimant tired?
- H. Did the claimant's clothes have any bearing on the incident?
- a. Hat over eyes?
  - b. Collar or hat over ears?
  - c. Are clothing or shoes a tripping or other hazard?
- I. Did claimant's physical condition have any bearing on the incident?
- a. Medical condition (heart disease, epilepsy, faintness, etc.)
  - b. Alcohol or drug use.
  - c. Illness or lack of sleep (work hours?)
  - d. Any physical disabilities? Describe.
  - e. Eyesight (need glasses? wearing glasses/contacts?)
- J. Ascertain circumstances surrounding claimant incident.
- a. Was claimant invited guest, trespasser?
  - b. Why was claimant in area?
  - c. Who was with claimant just prior and following incident? Interview.
  - d. If claim involves injury, how was claimant hurt?

#### 8. Street & Sidewalk Incidents

- A. Describe composition of street or walk.
- B. Determine if publicly or privately owned? Easements?
- C. Were attempts made to guard or barricade the exposure?
- D. Were any warning signs placed around the defect?
- E. Had there been previous complaints about the exposure?
- F. Did the abutting property owner have any responsibility?
- G. Who originally constructed the street or walk? When?
- H. If the exposure was caused by tree roots, who planted, maintains, owns them?

#### 9. Snow and Ice Cases

- A. Describe slope.
- B. Was ice caused by leaking water? If so, was leak from public water main or private service line, or defective spout or other part of building?
- C. Was snow involved, how much? When did it stop snowing? Who is responsible for snow removal?
- D. Was snow hard, packed, soft, and icy?
- E. Was attempt made to clean the snow? Who? When?
- F. Was cleaned snow piled up so that it melted and created hazard?
- G. Was there any defect under the snow?
- H. What was weather at time of incident?
- I. Review snow removal resolution, policy, and procedures. Were they complied with?

#### 10. Slippery Floors Cases

- A. Was the floor wet? Who caused it to be wet?
- B. Were any caution or warning signs put out?
- C. Was the floor waxed? When? By whom?
- D. Obtain information on wax used (manufacturer, directions for use, manufacturer's insurer).
- E. Were manufacturer's directions complied with?
- F. What method was used to apply wax?
- G. If necessary, obtain chemical analysis of wax and have a friction test made before waxing, after waxing, and after buffing.

#### 11. Stairway Cases

- A. What is description and construction of stairs?
- B. What are measurements (height, depth, width)?
- C. Are all steps of equal height, etc.?
- D. What is condition of steps?
- E. Do stairs have covering? Of what? Condition?
- F. Did stairs have any signs? Defective?
- G. Were stairs unusual in any way? (curved, winding)
- H. Give location and description of any landings.
- I. Does the construction of the stairs conform to building code? If not, what violations are there?
- J. Was there any obstruction on stairs? Describe fully.
- K. Were stairs lighted?
- L. Were stairs in common use? Who else uses them?
- M. Any complaints or reports ever made about stairs?
- N. Was there a handrail? Exactly where, how fastened, what composition, what condition, how high?
  
- O. What kind of shoes was claimant wearing? Describe soles and condition?
- P. Was claimant carrying anything? Describe fully?
- Q. Was claimant wearing anything that could catch, cause trip, fall, or obscure vision?
- R. What caused the incident? (trip, slip, failure to use handrail, loss of balance, intoxication, etc.)
- S. How did claimant fall (backwards, forwards, side, lurch)?
- T. Did claimant attempt to catch rail or self? Which foot was forward?
- U. Diagram exact location of fall. Between which steps?

#### 12. Falling Object Cases

- A. From where did the object fall?
- B. What was the exact spot where it landed?
- C. What sort of object fell?
- D. Who owned the object?
- E. What caused the fall?
- F. If the object that fell was in or a piece of a building:
  - a. Who was in control of the building?
  - b. How old was the building?
  - c. When was area last inspected?
  - d. Have pieces ever fallen previously?
  - e. Were shelves secured?
  - f. Were weather factors involved?
  - g. How were materials stacked? Where?
- G. If a construction case:
  - a. Were the floors covered?
  - b. Who was working above? Obtain all names, addresses and phone numbers, including contractors,

- subcontractors and insurers.  
c. What caused the fall? Who?

### 13. Construction Cases

- A. Obtain names and insurance carriers of all parties.
- B. Obtain copies of all contracts.
- C. Who controlled the operation? Who supervised the work?
- D. Was the work unusually hazardous?
- E. Were the workers experienced?
- F. Were they licensed, if required?
- G. Were they properly supervised?
- H. Were they engaged in unusual or unorthodox practices or techniques?
- I. What was the nature of their tools and equipment? Who furnished them?
- J. Was the construction regularly inspected? Obtain all daily work logs and inspection reports.
- K. Were defects noted? Should they have been? By whom?
- L. Were any repairs made? When, by whom, how? If not, why not?
- M. What safety measures were taken? By whom? (Lanterns, barricades, walkways, overhangs, etc.)
- N. Was the Manual, Uniform Traffic Control Devices (MUTCD) complied with?
- O. Was the contractor complying with all general and special conditions?
- P. Were all safety (OSHA) conditions complied with?
- Q. Was special safety equipment available? Was it used? If not, why not?
- R. Obtain all pre-construction photographs and films. Take post incident photographs.
- S. Were plans properly filed with building division? Approved?
- T. Were inspections regularly made? Obtain.
- U. Did job conform to code?
- V. Were any correction notices ever issued? Were they complied with?
- W. Was a certificate of occupancy been issued? Obtain.

### 14. Animal Incidents

- A. Description of the animal (species, domestic or wild, size, condition, nature and reputation)
- B. Who owns animal? Control's animal?
- C. Why was claimant in vicinity of animal?
- D. Was animal provoked?
- E. Was animal on leash?
- F. Was animal on owner's premises?
- G. Had owner been warned about Animal Control Resolution?
- H. What is local government policy on animal control enforcement? Was it followed?
- I. Had any previous complaints been made about the animal? By whom? When? Of what nature?
- J. Had Police or other officials, or Animal Control or other officials been aware of this animal? Any previous citations issued? Complaints made?



**Emergency Evacuation Plan  
Powell County, Montana  
409 Missouri Avenue  
Deer Lodge, MT 59722**

**In the Event of an Emergency:**

The means of reporting fires and other emergencies:

**911**

- Fire in the courthouse should be reported by activating the fire alarm system.
- Fire at any other location should be reported by calling 911/Dispatch (phone #846-2744).
- All other emergencies in any location should be reported by calling 911/Dispatch (phone # 846-2744).

Employees are alerted to fire or other emergencies by:

- Fire Alarm system (courthouse)
- Emergency Phone Intercom
- Reverse 911 via Sheriff's dispatch
- Personnel in the field may be notified by radio or cell phone by their immediate supervisor.

All procedures and direction in an emergency situation will follow Incident Command protocol.

Emergency Intercom, Reverse 911, and radio or cell phone communication will provide a verbal description of the emergency and status of evacuation proceedings.

In the event of a fire or other emergency requiring evacuation, ALL employees should evacuate immediately.

In the event of an emergency, employees should evacuate by means of the nearest available marked exit.

In the event of emergencies requiring to shelter-in-place, ALL employees should remain to shelter-in-place.

Portable fire extinguishers are provided in the workplace for employee use. In the event of fire, any employee may voluntarily use extinguishers in an attempt to extinguish an incipient stage fire (low level) before evacuating, or to clear a path for evacuation.

Critical operations shutdown procedures are not required, because no employees are authorized to delay evacuation for this purpose.

No employees are assigned to perform medical or rescue duties during emergency evacuation situations.

Visitors/Public should be assisted with exiting the building safely.

After an onsite emergency evacuation, employees should rally in the following location (s):

- On the corner of Missouri Avenue and Fourth Street, by the fountain.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\* (In the event of severe inclement weather, evacuees from offices located on the Courthouse campus will proceed to shelter in the Community Center if and when it is determined safe to do so.)

In the event of an emergency affecting personnel working in the field they should receive emergency and evacuation instruction from their immediate supervisor by radio or cell phone.

After an emergency evacuation, the procedure for accounting for all personnel will be an employee count taken by the department supervisor or accountable employees in the event of their absence, for each department involved.

Evacuation plans for a Courthouse Fire, Courthouse Bomb Evacuation and a Courthouse Earthquake plan are located in the Appendix of this Employee Safety Manual.

For further assistance with emergency evacuation procedures, the following agencies may be contacted: Sheriff's Dept.; and Local Disaster and Emergency Services;

# **Appendix A**

## **Forms**

### **INCIDENT REPORT**

\*PROPERTY DAMAGE WITH/WITHOUT INJURY

\*NEAR MISS \*SAFETY VIOLATION

### **INCIDENT INVESTIGATION REPORT**

# POWELL COUNTY

## INCIDENT REPORT \*PROPERTY DAMAGE WITH/WITHOUT INJURY \*NEAR MISS \*SAFETY VIOLATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ .M.

Exact location: \_\_\_\_\_

Describe the incident/violation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the weather conditions at the time of the incident /violation if applicable:  
\_\_\_\_\_  
\_\_\_\_\_

Describe the events leading up to the incident/violation:  
\_\_\_\_\_  
\_\_\_\_\_

Describe the equipment involved and damage caused, if any:  
\_\_\_\_\_  
\_\_\_\_\_

Estimated cost of damages: \$ \_\_\_\_\_

• If applicable, draw a diagram or sketch and attach:

Full name, address, and phone number of all witnesses involved:  

<u>Name</u>	<u>Address</u>	<u>Phone#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

• Attach witness statements:

Determine corrective actions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Return Accident/Illness and Property Damage Without Injury report to Clerk and Recorder for processing.  
\*Near Miss and Safety Violations reported to Dept. Head/Elected Official and Safety Coordinator for investigation.  
\*Reporting safety violations may remain anonymous.



**POWELL COUNTY**  
**INCIDENT INVESTIGATION REPORT FORM**

Employee/Public-Injury/Illness  Employee/Public-Near Miss  Property Damage w/o Injury-Automobile   
Equipment

Name of injured or involved person(s): \_\_\_\_\_ Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_ Employee  Public

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time of Incident: \_\_\_\_\_ A.M. /P.M. (circle) Weather Conditions: \_\_\_\_\_

Equipment involved: \_\_\_\_\_ Estimated cost of damages: \_\_\_\_\_

Incident reported to: \_\_\_\_\_

Loss Time: Yes \_\_\_ No \_\_\_ Medical Attention/First Aid Given: \_\_\_\_\_

Job Title/Dept.: \_\_\_\_\_ Job Location: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Dept. Head \_\_\_\_\_

Witnesses: Yes \_\_\_ No \_\_\_ If yes, provide the appropriate information below.  
Attach witness statements/description of incident:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Comments/Corrective Action  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Safety Committee's Review**

Does the Safety Committee agree with the corrective action to prevent a recurrence?  
Yes \_\_\_ No \_\_\_ If not, why?

What recommendations would the committee suggest? \_\_\_\_\_

Was action taken in a timely manner? Yes \_\_\_ No \_\_\_

Do similar unsafe acts/conditions that led to this accident exist elsewhere? Yes \_\_\_ No \_\_\_ If yes, what is being done to prevent a recurrence?

FOLLOW UP NEEDED: \_\_\_\_\_

Date: \_\_\_\_\_ By whom: \_\_\_\_\_

**Management Signatures:**

\_\_\_\_\_  
Safety Coordinator                      Date:                      Dept. Head                      Date:                      Supervisor                      Date:

# **Appendix B**

## **Safety Inspection Checklists**

Building:

Inspector:

Department:

Inspector:

Date Inspected:

Supervisor

#### ADMINISTRATIVE

- 1 \_\_\_ Is the departmental /or Building Emergency Plan in a location known and accessible to all employees?
- 1 \_\_\_ Is the accident Record Book and procedures for accidents reporting known to all employees
- 2 \_\_\_ Are training records maintained and available for review by employees, safety committees, departments, and outside agencies?
- 3 \_\_\_ Are departmental safety inspection reports and corrections maintained and available for review by employees, safety committees, departments and outside agencies?
- 5 \_\_\_ Are Material Safety Data Sheets (MSDs) and an inventory sheet of all office products used in the workplace on file and accessible to employees?

#### GENERAL

- 1 \_\_\_ Is the workplace clean and orderly?
- 2 \_\_\_ Does noise levels interfere with communication?
- 3 \_\_\_ Are photocopiers, printers, or scanners in a well-ventilated area?
- 4 \_\_\_ Is the air quality acceptable?
- 5 \_\_\_ Are broken chairs, desks, bookshelves, and other furniture removed from the office
- 6 \_\_\_ Are there no water leaks, ceiling tiles removed or stained?
- 7 \_\_\_ Is PPE provided where necessary and is appropriate for the task?
- 8 \_\_\_ Is PPE correctly stored and maintained?
- 9 \_\_\_ Has staff been trained to use PPE?

#### ELECTRICAL

- 1 \_\_\_ Are there any exposed live electrical equipment, e.g., switch/receptacle plates missing, frayed wires, etc.
- 2 \_\_\_ Are extension cords and multiple outlet strips plugged directly in a wall outlet?
- 3 \_\_\_ Are extension cords at a minimum 14 gauge (heavy-duty) and servicing only one appliance or fixture?
- 4 \_\_\_ Are employees instructed not to use extensions cords in place of permanent wiring.
- 5 \_\_\_ Are extension cords prevented from running through walls, ceiling and doors?
- 6 \_\_\_ Are all electrical appliances and equipment properly grounded or double insulated?
- 7 \_\_\_ Are phone lines, electrical cords, and extension cords secured under desk or alongside baseboards?
- 8 \_\_\_ When cords do run into walkways, are they covered by runners or cord protectors?
- 9 \_\_\_ If there are coffee makers, space heaters, radios, or other personal items in your office, are they turned off at night?

- 10 \_\_\_ Is there a minimum of 3 feet unobstructed access to electrical breaker panels? (Not blocked)
- 11 \_\_\_ Are all circuit breaker panels with each breaker appropriately labeled?
- 12 \_\_\_ Are ground fault circuit interrupters available for use in wet areas?
- 13 \_\_\_ Are portable power tools in good condition?
- 14 \_\_\_ Are lockout procedures being followed?

## EXITS

- 1 \_\_\_ Are all exits posted, illuminated and free of storage or debris?
- 2 \_\_\_ Are there adequate walking space approaching exits?
- 3 \_\_\_ Does the exit door allow for immediate exit from the building during occupancy?

## EMERGENCY EVACUATION PLAN

- 1 \_\_\_ Do you have a posted emergency Evacuation Plan?
- 2 \_\_\_ Is the emergency evacuation plan practiced on regular basis?
- 3 \_\_\_ Are emergency numbers posted?
- 4 \_\_\_ Are automatic fire detection systems tested on regular basis?
- 5 \_\_\_ Is sprinkler system operation
- 6 \_\_\_ Are overhead sprinkler/detectors are clear of obstruction (18")?
- 7 \_\_\_ Are fire extinguishers securely mounted and clearly identified?
- 8 \_\_\_ Are fire extinguishers charged, mounted available within 75ft. of all workstation?
- 9 \_\_\_ Is there an inspection card attached to each fire extinguisher? (Inspected within the last 12 months)
- 9 \_\_\_ Do all employees know where manual fire alarms are located?
- 10 \_\_\_ Are flammable materials stored in a fire rated cabinet?

## FIRST AID

- 1 \_\_\_ Are cabinets and contents clean, orderly, and properly stocked?
- 2 \_\_\_ Are emergency numbers are accurate and clearly displayed?
- 3 \_\_\_ Notices indicating location of each kit on display?
- 4 \_\_\_ Is there a qualified first aide personnel available?
- 5 \_\_\_ Does staff know first aid personnel?

## FLOORS, AISLES, STAIRS, LANDINGS

- 1 \_\_\_ Are floor surfaces clean, dry and free of debris or tools?
- 2 \_\_\_ Is slip-resistant protection used on stairway entrances and lobby or elevator entrances?
- 3 \_\_\_ Are defective floor surfaces repaired as soon as possible?
- 4 \_\_\_ Are carpets well secured and free of worn or frayed seams?
- 5 \_\_\_ Is the carpeting well secured where stairs are carpeted?
- 6 \_\_\_ Are aisles, stairs, doorways, corners and landings free of obstructions to permit visibility and movement?
- 7 \_\_\_ Do all stairs four or more steps high, have secure railings on both sides?
- 8 \_\_\_ Are handrails in good repair?
- 9 \_\_\_ Are walkways free of electrical cords?



---

Date actions are completed: \_\_\_\_\_

## SELF-INSPECTION CHECK LIST GUIDE

This checklist should be used **only as a guide** to developing your own inspection checklist that addresses concerns you may have in your individual workplace. It is by no mean all-inclusive and **does not cover all standards or regulations**

### ***Recordkeeping***

- \_\_\_ Are all occupational injuries or illnesses, other than minor first aid treatments, being recorded?
- \_\_\_ Are all operating permits and records up-to-date for such items as boilers, elevators, air pressure tanks etc.?
- \_\_\_ Do you have a "Safety Committee?"
- \_\_\_ Are minutes of the committee meetings kept and made available.
- \_\_\_ Is one person clearly responsible for overall activities of the safety health program?
- \_\_\_ Are all accidents and incidents reported?
- \_\_\_ Do you have policy for violations of your safety & health rules?

### ***Medical and First Aid***

- \_\_\_ Are emergency phone (911) numbers posted?
- \_\_\_ Are first aid kits easily accessible to each work area, with the necessary supplies available?
- \_\_\_ Are your first aid kit supplies adequate for your operation?
- \_\_\_ Are means provided for a quick drenching or flushing of the eyes and body in areas where corrosive liquids or materials are handled?
- \_\_\_ Are eye wash stations inspected on weekly basis (Check List link: [http://gesafety.com/ansi/ansi\\_eyeface.shtml](http://gesafety.com/ansi/ansi_eyeface.shtml) )

### ***Fire Protection***

- \_\_\_ If you have a fire alarm system, is it tested at least annually?
- \_\_\_ If you interior stand pipes and valves, are they inspected regularly?
- \_\_\_ Are fire doors in good operating condition?
- \_\_\_ Are fire doors unobstructed and protected against obstruction, including their counterweights?
- \_\_\_ Are fire door fusible links in place?
- \_\_\_ Are portable fire extinguishers provided in appropriate types?
- \_\_\_ Are fire extinguishers recharged regularly and so noted on the inspection tag?
- \_\_\_ Are fire extinguishers inspected monthly
- \_\_\_ Are employees periodically instructed in the proper use of portable fire extinguishers and fire protection procedures?

### ***Personal Protective Clothing and Equipment***

- \_\_\_ Are protective goggles or face shields provided and worn where there is a danger of flying particles or corrosive materials?
- \_\_\_ Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries?
- \_\_\_ Are protective gloves, aprons, shields or other means provided and required where employees could be cut or where there is a reasonably anticipated exposure to corrosive liquids, chemicals, blood, or other potentially infectious materials?

- \_\_\_ Are hard hats provided and worn when there is a danger of falling objects?
- \_\_\_ Is appropriate foot protection required where there is a risk of foot injuries from hot or corrosive materials, falling objects, or crushing or penetrating injuries?
- \_\_\_ Are approved respirators provided for regular or emergency use as required? (would require a written Respirator plan)
- \_\_\_ Is all personal protective equipment maintained in a sanitary condition and ready for use?
- \_\_\_ Do you have an eye wash station for quick drenching of the eyes in areas where employees are exposed to corrosive materials?
- \_\_\_ Is protection against occupational noise exposure provided when the sound levels exceed limits?

### ***General Work Environment***

- \_\_\_ Are all work areas clean, sanitary and orderly?
- \_\_\_ Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?
- \_\_\_ Is combustible scrap, debris and waste stored safely and removed from the worksite promptly?
- \_\_\_ Are accumulations of combustible dust routinely removed from the work areas?
- \_\_\_ Are covered metal waste cans used for oily and paint-soaked rags?
- \_\_\_ Are paint spray booths, dip tanks and spray areas cleaned regularly?
- \_\_\_ Are all toilets and washing facilities clean and sanitary?
- \_\_\_ Are all work areas adequately illuminated?
- \_\_\_ Are pits and floor openings covered or otherwise guarded?

### ***Walkways***

- \_\_\_ Are aisles and passageways kept clear?
- \_\_\_ Are aisles and walkways marked as appropriate?
- \_\_\_ Are wet surfaces covered with a non-slip material?
- \_\_\_ Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?
- \_\_\_ Are spilled materials cleaned up immediately?
- \_\_\_ Are standard guardrails provided wherever aisle or walkway surfaces are elevated above any floor or ground?
- \_\_\_ Are bridges provided over conveyors and similar hazards?

### ***Floor and Wall Openings***

- \_\_\_ Are floor openings guarded by a cover, guardrail?
- \_\_\_ Are toe boards installed around the edge of permanent floor openings (where persons may pass through the opening)?
- \_\_\_ Are unused portions of service pits or pits not in use covered or protected by guardrails or equivalent?
- \_\_\_ Are floor or wall openings in fire resistive construction provided with doors or covers compatible with the fire rating of the structure and also provided with self-closing devices?

### ***Stairs and Stairways***

- \_\_\_ Are standards stair rails or handrails provided on all stairways having 4 or more risers?
- \_\_\_ Do stairway handrails have at least 3" of clearance between the rail and the wall or surface they are mounted on?
- \_\_\_ Are stairways at least 22" wide?



- \_\_\_ Are step risers on stairs uniform from top to bottom?
- \_\_\_ Are stairway handrails capable of withstanding a load of 200 pounds, applied within 2” of the top edge, in any downward or outward direction?

***Elevated Surfaces***

- \_\_\_ Are signs posted, when appropriate, showing the elevated surface load capacity?
- \_\_\_ Are all surfaces elevated more than 30” above the ground provided with a standard guard?
- \_\_\_ prevent it from tipping, falling, collapsing or rolling?
- \_\_\_ Are dock-boards or bridge plates used when transferring materials between a loading dock and truck or rail car?

***Exiting or Egress***

- \_\_\_ Are all exits marked with an exit sign and illuminated by a reliable light source?
- \_\_\_ Is the direction to exits, when not immediately apparent, marked with visible signs?
- \_\_\_ Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, marked “Not An Exit”?
- \_\_\_ Are all exits kept free from obstructions?
- \_\_\_ Are there sufficient exits to permit prompt escape in the event of an emergency?
- \_\_\_ Are special precautions taken to protect employees during construction or repair operations?

***Exit Doors***

- \_\_\_ Are doors which are required to serve as exits designed and constructed such that the way of exit is obvious?
- \_\_\_ Are exit doors operable from the direction of exit travel without the use of a key or any special knowledge or effort?
- \_\_\_ Are doors on cold storage rooms provided with an inside release mechanism, which will release the latch and open the door even when it is padlocked or otherwise locked on the outside?
- \_\_\_ Where exit doors open directly to any street, alley or other area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees from stepping into the path of traffic?
- \_\_\_ Are doors that swing in both directions and are located between rooms where there is frequent traffic, provided with viewing ports in each door?

***Portable Ladders***

- \_\_\_ Are there Safety policy, procedure and training in place about the proper use of ladders?
- \_\_\_ Does the Safety policy, procedures and training address the following Safety Issues:
- \_\_\_ Are all ladders maintained in good condition?
- \_\_\_ Are non-slip safety feet provided on each ladder?
- \_\_\_ Are ladder rungs and steps free from grease or oil?
- \_\_\_ Is it prohibited to place a ladder in front of doors opening toward the ladder except when the door is blocked, locked or guarded?
- \_\_\_ Is it prohibited to place ladders on boxes, barrels, or other unstable bases to gain additional height?

- \_\_\_ Are employees instructed to face the ladder while ascending or descending? \_\_\_ Are
- employees prohibited from using ladders that are broken, missing steps, rungs or cleats, or otherwise defective?
- \_\_\_ Are employees instructed not to use the top step of the stepladder as a step? \_\_\_
- When portable ladders are used to gain access to elevated platforms, roofs, etc., does the ladder always extend at least 3' above the elevated surface?
- \_\_\_ Are all ladders inspected periodically for damage?
- \_\_\_ Are the rungs of ladders uniformly spaced at 12" center to center?

***Hand Tools and Equipment***

- \_\_\_ Are all tools, used by the employees at the workplace, in good condition?
- \_\_\_ Are hand tools such as chisels, & punches, which may develop mushroomed heads during use, reconditioned or replaced as necessary?
- \_\_\_ Are broken or fractured handles on hammers, axes and similar tools replaced immediately?
- \_\_\_ Are worn or bent wrenches replaced as necessary?
- \_\_\_ Are appropriate safety glasses, face shields, etc., used while using hand tools or equipment which might be subject to breakage or could result in flying parts such as metal from chisels?
- \_\_\_ Are tools stored in dry, secure locations where they won't be tampered with?
- \_\_\_ Are grinders, saws and similar equipment provided with appropriate safety guards?
- \_\_\_ Are power tools used with the correct shield, guard or other attachment as recommended by the manufacturer?
- \_\_\_ Are portable circular saws equipped with guards above and below the blade?
- \_\_\_ Are portable circular saws checked to assure that the guard is not wedged in the up position?
- \_\_\_ Are rotating or moving parts of equipment guarded to prevent physical contact?
- \_\_\_ Are all cord-connected, electrically operated tools and equipment effectively grounded or of the approved double insulated type.
- \_\_\_ Are effective guards in place over belts, pulleys, chains, sprockets, and gears?
- \_\_\_ Are portable fans provided with full guards or screens with openings not larger than 1/2"?
- \_\_\_ Is hoisting equipment available and used for lifting heavy objects, and are ratings and characteristics appropriate for that task?
- \_\_\_ Are ground fault circuit interrupters provided on all temporary electrical 15 & 20-ampere circuits used during periods of construction?

***Abrasive Wheel Equipment- Grinders***

- \_\_\_ Is the work rest adjusted to within 1/8" of the face of the abrasive wheel?
- \_\_\_ Is the adjustable tongue guard on the top side of the grinder used and kept adjusted to within 1/4" of the wheel?
- \_\_\_ Do side guards cover the spindle end, nut and flange and 75% of the wheel diameter?
- \_\_\_ Are bench and pedestal grinders permanently mounted?
- \_\_\_ Are goggles and or face shields worn while grinding?
- \_\_\_ Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the grinder motor?
- \_\_\_ Are fixed or permanently mounted grinders connected to their supply system with metal conduit or other permanent wiring?
- \_\_\_ Does each grinder have its own on-off control?
- \_\_\_ Before new abrasive wheels are mounted, are they visually inspected and ring tested/

### ***Machine Guarding***

- \_\_\_ Is there a training program to instruct employees on the safe methods of machine operation?
- \_\_\_ Is there a regular program of inspection to assure the safe operation of machinery and equipment?
- \_\_\_ Is sufficient clearance provided around and between machines to allow for safe operations, set up and servicing?
- \_\_\_ Is there a power shut-off switch within reach of the operator's station?
- \_\_\_ Can all power sources to each machine be locked out for safe maintenance or set-up?
- \_\_\_ Are all non-current carrying metal parts of electrically operated equipment properly grounded?
- \_\_\_ Are foot-operated switches guarded or arranged to prevent accidental operation from personnel or falling objects?
- \_\_\_ Are all emergency stop buttons colored red?
- \_\_\_ Are all pulleys and belts within 7' of the floor properly guarded?
- \_\_\_ Are all moving chains and gears guarded?
- \_\_\_ Are methods provided to protect the operator and other employees in the machine area from hazards created at the point of operation?
- \_\_\_ Are machine guards secure and so arranged so that they do not pose a hazard by their use?
- \_\_\_ Are provisions made to prevent machines from automatically re-starting following a restoration of power after a power outage?
- \_\_\_ Are saws used for ripping equipped with an anti-kick back device and spreader bar?
- \_\_\_ Are radial arm saws so arranged so that the cutting head will gently return to the back of the table when released?

### ***Lockout/Tag out Procedures***

- \_\_\_ Is there a program that describes the procedures for safely locking out machinery and equipment prior to repairs, routine maintenance and setup?
- \_\_\_ Are employees properly trained in the correct lockout techniques?
- \_\_\_ Does the lockout program include all energy sources such as electrical, pneumatic, hydraulic, and all other stored energy?

### ***Welding, Cutting and Brazing***

- \_\_\_ Are only authorized and trained personnel permitted to use welding, cutting and brazing equipment?
- \_\_\_ Are compressed gas cylinders regularly examined for obvious signs of defects, rusting or leakage?
- \_\_\_ Are cylinders kept away from heat sources?
- \_\_\_ Are all hoses, regulators and valves checked periodically for wear or defects?
- \_\_\_ Are electrodes removed from the holder when not in use?
- \_\_\_ Are firewatchers assigned when welding or cutting is performed in locations where there is a danger of fires starting?
- \_\_\_ Is eye/face and skin PPE provided, whenever welding or cutting operations are performed?
- \_\_\_ Is there adequate ventilation when welding?

### ***Compressed Gas Cylinders***

- \_\_\_ Are compressed gas cylinders stored in the upright position and secured to prevent them from being knocked over?

- \_\_\_ Are fuel cylinders and oxygen cylinders stored at least 20 feet apart or separated by a non-combustible partition at least 5' high and with a fire rating of at least ½ hour?
- \_\_\_ Are valve protection caps in place when cylinders are transported, moved or stored?

### ***Industrial Trucks – Forklifts***

- \_\_\_ Are only trained employees allowed to operate powered industrial trucks/
- \_\_\_ Are forklift trucks with extended lifts equipped with an overhead guard?
- \_\_\_ Are forklift trucks maintained in good operating condition and are repairs performed in a timely manner?

### ***Spraying Operations***

- \_\_\_ Is adequate ventilation assured before spray operations begin?
- \_\_\_ Is mechanical ventilation provided when spraying operations are conducted in confined areas?
- \_\_\_ Is the spray area at least 20' feet from any flames, sparks, operating electric motors or other ignition sources?
- \_\_\_ Are "No Smoking" signs posted in any spray area or booth?
- \_\_\_ Is approved respiratory equipment provided and used when spraying operations are undertaken?
- \_\_\_ Are spray booth filters checked on a regular schedule and replaced when necessary?

### ***Confined Space Entry***

- \_\_\_ Is there a written plan for assuring the safety and health of employees when they are required to enter into any confined workspace?
- \_\_\_ Are all the provisions of the Confined Space Entry program strictly adhered to by all employees?
- \_\_\_ Are employees trained in the hazards of working in confined spaces?
- \_\_\_ Is documentation kept to assure that the correct procedures have been followed whenever anyone has had to enter into a confined space?

### ***Flammable & Combustible Materials***

- \_\_\_ Are proper containers used for storage and handling of flammable and combustible materials?
- \_\_\_ Are drums of flammable liquids grounded and bonded to containers when dispensing? (See Definitions)
- \_\_\_ Do storage rooms for flammable and combustible liquids have explosion proof wiring and lights?
- \_\_\_ Is there a portable fire extinguisher, rated at least 6# BC, located within 75' of any refueling area?

### ***Hazardous and Toxic Substances***

- \_\_\_ Are all employees who might be exposed to hazardous materials during the course of their work, properly trained as required by the Worker's Right To Know Law?"
- \_\_\_ Are Safety Data Sheets (SDS'), available for all hazardous materials used in the facility?
- \_\_\_ Is proper personnel protective equipment available and utilized to protect employees working with hazardous or toxic materials?
- \_\_\_ Do employees understand the reasons for use and limitations of the personnel protective equipment?

\_\_\_ Are all containers of such materials properly labeled to indicate their content?

### ***Electrical Requirements***

- \_\_\_ Are live parts of all electrical equipment operating at 50 volts or more adequately guarded to prevent accidental contact?
- \_\_\_ Are all metal non-current carrying parts of fixed equipment grounded?
- \_\_\_ Are exposed non-current carrying metals parts of cord & plug connected equipment grounded?
- \_\_\_ Is flexible (extension) cord being used in place of required fixed wiring?
- \_\_\_ Are disconnects in electrical service panels legibly marked to indicate their purpose?
- \_\_\_ Are flexible cords used free from splices, cracks in insulation and fraying?
- \_\_\_ Are ground fault circuit interrupters used on all 15-20 ampere circuits for construction sites that are not a part of the permanent wiring of the building or structure?
- \_\_\_ Are flexible cords connected to devices and fittings so that strain relief is provided which will prevent pull from being directly transmitted to the joints or terminal screws?

### ***Electrical Requirements for Offices***

- \_\_\_ Are there any exposed live electrical equipment, e.g., switch/receptacle plates missing, frayed wires, etc.
- \_\_\_ Are extension cords and multiple outlet strips plugged directly in a wall outlet?
- \_\_\_ Are extension cords at a minimum 14 gauge (heavy-duty) and servicing only one appliance or fixture?
- \_\_\_ Are employees instructed not to use extensions cords in place of permanent wiring.
- \_\_\_ Are extension cords prevented from running through walls, ceiling and doors?
- \_\_\_ Are all electrical appliances and equipment properly grounded or double insulated?
- \_\_\_ Are phone lines, electrical cords, and extension cords secured under desk or alongside baseboards?
- \_\_\_ When cords do run into walkways, are they covered by runners or cord protectors?
- \_\_\_ If there are coffee makers, space heaters, radios, or other personal items in your office, are the turned off at night?
- \_\_\_ Is there a minimum of 3 feet unobstructed access to electrical breaker panels? (Not blocked)
- \_\_\_ Are all circuit breaker panels with each breaker appropriately labeled?
- Are ground fault circuit interrupters available for use in wet areas? \_\_\_ Are
- portable power tools in good condition? \_\_\_ Are lockout
- procedures being followed?

### **Definitions:**

**Grounded-** Ground in a mains electrical wiring system is a conductor that provides a low impedance path to the earth to prevent hazardous voltages from appearing on equipment.

**Bond-** Bonding ensures that these two things which are bonded will be at the same electrical potential. That means we would not get electricity building up in one piece of equipment or between two different pieces of equipment. (No current flow can take place between two bonded bodies because they have the same potential.)

# Appendix C

## INJURY / ILLNESS INCIDENT REPORTING PROCEDURE

### FIRST REPORT OF INJURY

(color coded sample)

Montana Association of Counties  
Workers' Compensation Trust  
MACo JPA

FIRST REPORT  
of Injury and Occupational Disease

MACO CLAIMS DEPARTMENT  
Helena, MT 59604

Adjusters Date Stamp

Worker

Employee  
Clerk & Recorder  
Dept. Head/Commission

LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SOCIAL SECURITY NUMBER	
HOME ADDRESS				CITY	STATE	POSTAL CODE	
PHONE NUMBER	EDUCATION	LESS THAN HIGH SCHOOL GED OR HIGH SCHOOL DIPLOMA BEYOND HIGH SCHOOL	GENDER	MALE FEMALE UNKNOWN	MARITAL STATUS	SEPARATED NOT UNKNOWN	NUMBER OF DEPENDENTS

*Clerk & Recorder*      *Wages*      *Payroll*

DATE Hired	CHIEF EARNINGS FOR FOUR PAY PERIODS PRECEDING THE INJURY	DATE/AMOUNT	DATE/AMOUNT	DATE/AMOUNT	DATE/AMOUNT
EMPLOYMENT STATUS		NUMBER OF DAYS WORKED PER WEEK	WAGES	PERIOD	OTHER
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <input type="checkbox"/> In Addition to Other Business/Cities Above Workers' Records <input type="checkbox"/> Board & Return <input type="checkbox"/> Cover Time <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Other		ESTIMATED VALUE IF ANY			
WORKABLE NEXT BUSINESS SHIFT	EMP WORKS MORE THAN 5 WORK DAYS	DATE LAST WORKED	DATE OF RETURN TO WORK	FULL WAGES PAID FOR DATE OF INJURY	SALARY CONTINUED?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Accident Description

JOB TITLE	DESCRIPTION OF ACCIDENT
Dep:	<p><i>Employee</i></p> <p><b>POWELL COUNTY</b></p> <p><i>As Detailed As Possible</i></p> <p><b>EMPLOYEE INJURY/ILLNESS INCIDENT/NEAR MISS REPORTING PROCEDURE</b></p>
CAUSE OF INJURY	CAUSE CODE   PART OF BODY   PART CODE   NATURE OF INJURY   NATURE CODE   DATE AND TIME OF INJURY
DATE (Disability Begins)	DATE OF DEATH   NAMES OF WITNESSES
ACCIDENT ON EMPLOYER'S PREMISES?	ACCIDENT ADDRESS OR LOCATION   CITY   STATE   POSTAL CODE
DATE EMPLOYER NOTIFIED	ACCIDENT REPORTED TO   SAFETY EQUIPMENT PROVIDED?   SAFETY EQUIPMENT USED?
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

*Fill out / or N/A*      *Medical Attach Medical Paperwork*

ATTENDING PHYSICIAN'S NAME	ADDRESS	STATE	POSTAL CODE	PHONE NUMBER
HOSPITAL NAME	ADDRESS	STATE	POSTAL CODE	PHONE NUMBER
TYPE OF INITIAL MEDICAL TREATMENT RECEIVED: <input type="checkbox"/> NO TREATMENT <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> TREATMENT ON-SITE BY EMPLOYER OR MEDICAL STAFF <input type="checkbox"/> CLINIC/DR. OFFICE <input type="checkbox"/> HOSPITAL				

Signature

"This is my claim for workers' compensation benefits due to the on-the-job injury, occupational disease or death of the above named worker. I understand that signing this claim for compensation authorizes the release of rehabilitation records, Social Security records and health care information relevant to this claim to the workers' compensation insurer and the insurer's agents (medical records pursuant to HIPAA, Public Law 104-191, 42 U.S.C. 1301 et seq. and Section 50-16-527(4)&(5)). I also understand that if I obtain or exert unauthorized control over workers' compensation benefits, I may be fined and/or imprisoned."

Signature of Injured Worker or Beneficiary: \_\_\_\_\_ Date: \_\_\_\_\_

Employer

EMPLOYER NAME	DOING BUSINESS AT	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN ID)
MAILING ADDRESS	CITY	PHONE NUMBER
LOCATION OF OPERATION, IF DIFFERENT FROM MAILING ADDRESS		NATURE OF BUSINESS OR SIC/NAICS CODE   SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER IS A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY	INJURED WORKER IS A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> A MEMBER OF THE EMPLOYER'S (SOLE PROPRIETOR OR PARTNER) FAMILY LIVING IN THE EMPLOYER'S HOUSEHOLD	
DO YOU HAVE ANY REASON TO QUESTION THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF THE PLEASE ENTER FIRST USE SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE	WAS WORKER TRAINED WHILE IN YOUR EMPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREPARED BY	<i>Dept. Head</i>	DATE
EMPLOYEE'S CLASSIFICATION CODE	EMPLOYEE'S SIGNATURE	DATE

Insurer

CLAIM ADMINISTRATOR'S NAME	DATE OF REPORT	SLIP ALLOCATION DATE
THE ABOVE INFORMATION IS CORRECT WITH THE FOLLOWING EXCEPTIONS: <input type="checkbox"/> (ATTACH EXTRA SHEETS IF BOX AT RIGHT IS CHECKED)		

An employee has an occupational:

\* Injury - if there is physical harm to the body usually requiring a doctor's visit as defined in 39-71-119, MCA, and interpreted by ERD.

\* Illness/Disease - also causing physical harm to the body and usually requiring a doctor's visit, as defined in 39-71-116(20), MCA, and interpreted by ERD.

\* Incident - an event, intentional or unintentional, that resulted in or contributed to, or could have resulted in or contributed to a loss, injury, damage, or harm to persons or property.

\* Near Miss - an incident

1. All occupational injuries/illness, should be reported by the employee, as soon as possible, and no later than the end of the working shift to the immediate supervisor (Verbal reporting constitutes "notice given").
2. If medical attention (usually a doctor's visit) other than simple first aid is required, the employee should go to a medical facility for the care needed. The employee should then return any written medical recommendations pertaining to work restrictions, or time off to their Dept. Head/Elected Official/Personnel Officer.
3. The Dept. Head/Elected Official/Personnel Officer should be notified of any occupational incident involving injury/illness, within 24 hours.
4. If the incident caused injury/illness (physical harm to the body), a "First Report Form", available in the pink envelop in Employee Handbook, should be filled out (within a 30 day notice of the incident) and filed within 6 days with the MACo Workers' Compensation Division.
  - The form should be submitted for injuries/illness, in order to protect the employee's right to benefits in the event a seemingly minor injury develops into a more serious condition. At the employee's discretion, an Incident Report can be filled out rather than a First Report if no medical attention or minimal first aid was required. The Incident Report provides notice of the injury/illness and a claim can be filed for up to one year from the date of injury. However, an employee is never discouraged from filing a First Report if they so wish.
  - The employee, if physically able, should be responsible for the information in the "Worker", "Accident Description" (as detailed as possible), "Medical" (use N/A if no medical attention is needed), and "Signature" fields. (See color coded First Report Sample in Injury/Illness Reporting File /Yellow.)
  - The employee's Dept. Head/Elected Official should be responsible for the "Employer" field. (See color coded First Report Sample in Injury/Illness Reporting File Green).
  - In the case of a Dept. Head or Elected Official being the injured party, it should be the policy that their First Report will be signed by the Commission Chair.
  - Every question should be answered to ensure that your medical costs and any salary lost because of the injury/illness will be paid.
  - Copies of any written medical recommendations pertaining to work restrictions or time off

from the doctor should be attached to the First Report. The First Report and copies of any work related medical paperwork should then be sent (fax/email) on to the MACo Workers' Compensation Department. The worker's compensation claim is not officially filed until it is submitted to the MACo Workers' Compensation Claims Department. Responsibility for submitting a claim should be determined by the Personnel Officer.

- The original First Report and all copies of medical paperwork should be kept on file in the Personnel Dept.
  - The employee should receive a claim number by mail from the Workers' Compensation claims adjuster. That information should be provided by the employee to the medical facility where treatment was received for the payment of medical expenses.
  - The Personnel Officer should receive an email with the claim number and should communicate with the employee, Dept. Head/Elected Official, and MACo Claims adjusters to facilitate and assure the best outcome of the claim.
5. An Incident Report should be filled out for any Near Miss situation. The near miss should be reported to immediate supervisor and the Incident Report Form filled out and delivered to the Safety Coordinator within 24 hours. The Incident Report for a near miss will be kept in the Safety Coordinator's Incident file.
- The immediate supervisor should record all appropriate information that will facilitate a thorough investigation of the incident.
  - The Safety Coordinator should provide the Incident Investigation Forms.
6. In all cases of occupational injury/illness or near miss incidents, an investigation performed by the Safety Coordinator and/or Dept. Head should take place as soon as possible. Time is of the essence for clarity of recall when determining the cause and corrective action to be taken.
7. The Safety Coordinator should report the necessary information regarding First Reports, Incident Reports, and Investigations to the Safety Committee in order to analyze the situation and provide preventative recommendations and solutions to eliminate a possible recurrence.



# Appendix D

## Sign and Return Forms

**Please sign and return form to  
Personnel Officer**

**County Labor Workplace  
Hazard Notification**

We at Powell County want to ensure your work experience with us is safe and satisfactory for both employee and employer. The following is a list of potential hazards you may encounter while working at our facility. Please take time to read this list and ASK ANY QUESTION you may have about the list or the facility. Sign the form when you are done. If you have difficulty reading or do not understand anything on this list, please let us know and we will help you through the list.

Moving Equipment:

- Watch for moving equipment including customer traffic and waste transfer equipment.
- Make eye contact with the driver before going near this type of equipment.
- Do not walk under or near a raised load (loader bucket or truck tipping).
- 

Possible Contaminants in the Waste Stream

Do not touch any material which may be hazardous. Contact your supervisor before handling the following:

- Ammunition
- Containers with harmful liquids (Clorox, pesticides, Drano, acids, etc.)
- Containers with flammable liquids (gasoline, paint thinner, etc.)
- Potential medical waste, which may contain Blood Borne Pathogen
- 

Slips and Falls

- Watch where you walk; the area may contain glass, wire, or other materials.
- Surfaces and slopes may be uneven, and slush, snow, or ice-covered.
- Do not climb on equipment or jump off steps, docks, etc.
- Metal or rubber box flaps are slippery, especially when wet. Use caution on these surfaces.
- 

Lifting Objects

- Do not lift an item if it's too heavy or awkward.
- Get help from a co-worker.
- Make sure you have proper footing and balance.
- Lift with your legs, not your back.
- Do not twist when lifting.

Emergency Action Plan

- Report accidents, spills, leaks, fires, injuries, etc. immediately to your Supervisor or the Powell County Sheriff's

Dispatch.

- Know evacuation route and rally point in the event of an emergency.

Hazard Communication

- Many containers are labeled with contents and health hazards. Follow all warnings.
- Safety Data Sheets are available to affected county employees.
- ASK if you have any questions before handling any chemicals.

Lockout/ Tag out-Confined Spaces

- Do not remove any lockout/tag out device if you did not install it.
- Do not enter any area labeled Confined Space or Asbestos Hazard.
- Do not reach into any area or place where you may get caught in machinery.

Personal Protective Equipment

Wear all required personal protective equipment provided for the job that you are given.

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

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

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

# **APPENDIX E**

## **Evacuation Procedures**

## Court House Evacuation Procedures

### Fire Evacuation

If fire alarm is activated all personnel will assist members of the public that may be in your office to immediately evacuate the building and then follow them outside.

- A. Evacuation will be done in a calm manner
- B. Employees are encouraged to check restrooms, etc... for stragglers and citizens as they leave their work area. Knock on the door, speak loudly into room, "everyone out, fire drill"
- C. When leaving work area, make sure all office windows and doors are closed, including any hallway doors.
- D. Take personal items and keys. If it is an actual fire you will not be allowed back into the building.
- E. All employees will gather at the fountain at the corner of Fourth and Missouri.
- F. Department heads will account for each member of their staff, this count (may be written or verbal) needs to be given to a member of the Sherriff's Office.

Sherriff's Office or OEM Coordinator will keep the County Commissioner's informed of the on-going situation. Employees will stay at the gathering point until advised where to go by the OEM Director or the Sherriff's Office.

All media questions should be directed to the Powell County Sherriff's Office.

### Bomb Threat Evacuation

What to do if you observe any of the following:

Suspicious package, envelope, briefcase, back pack, pieces of pipe, anything that seems out of place in the area.

1. Contact Sheriff
2. Do not handle object
3. Sheriff will determine if the threat is valid and if evacuation should be ordered.
4. The fire drill with possible modifications will be announced for evacuation of the facility.

### Court House Bomb Threat by phone

1. Use the threat call check list
2. Prolong conversation as long as possible
3. Identify background noise
4. Note distinguishing voice characteristics
5. Interrogate the caller as to the description of the bomb: where is it, when will it explode
6. Determine callers knowledge of the facility
7. Do not hang up the phone---use another phone to call 911

**POWELL COUNTY  
SAFETY ORIENTATION FORM**

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

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Check One: New Employee \_\_\_\_\_ Rehire \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_

Circle Completed Items:

1. Orientation
2. Accident Reporting Procedures (Appendix C)
3. Tour of Facilities and Equipment
4. First Aid:
  - A. How to obtain treatment
  - B. Location of First Aid Boxes at the Facility
  - C. Location and names of trained First Aiders
5. Potential Hazards of the Job
  - A. What they are (Programs where applicable: HazCom, Bloodborne Pathogens, Lockout/Tag out, Work Station Ergonomics, Vehicle Fleet Safety and Loss Control).
  - B. How to use equipment safely
  - C. Care and use of personal protective equipment
6. What To Do In The Event of Emergencies
  - A. Exit locations, evacuation routes, and rally point.
  - B. Fire alarm and use of Fire Fighting Equipment
  - C. Specific Procedures (medical, chemical, fire, etc.)
  - D. Emergency Intercom Warning
7. The Total Safety Program
  - A. Function of Health and Safety Committee
  - B. Introduction to the Safety Coordinator
  - C. Health and Safety Policies and Procedures
8. Personal Work Habits
  - A. Proper lifting techniques
  - B. Horseplay, good housekeeping
  - C. Safe work procedure
  - D. No Smoking Policy
9. Group Health Plan Coverage - Wellness benefits
10. Health, Safety, and Wellness Program

We have discussed the items circled above. I will consciously try to perform my assigned duties safely.

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Safety Coordinator Signature

\_\_\_\_\_  
Date