

Town of North Elba



Health and Safety Manual

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Health and Safety Manual

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Statement of Safety Policy

It is the policy of the Town of North Elba to establish and maintain a reasonably safe work place where most, if not all, injuries can be prevented, where every employee accepts and assumes responsibility for the safety of themselves and other employees at the worksite, and where job hazards and exposures are controlled or eliminated to the extent reasonably possible prior to commencement of work.

The Town of North Elba is committed to furnishing each and every Town employee with appropriate safety training so that employees can perform their work duties in a safe environment and in compliance with applicable safe work procedures.

The Town of North Elba is subject to the rules and regulations established by the Public Employee Safety and Health Bureau (PESH), which was created in 1980 to provide occupational safety and health protection to all public sector employees at the state and local levels. PESH enforces all safety and health standards promulgated under the United States Occupational Safety and Health Act (OSHA). PESH responds to fatalities and complaints; conducts programmed inspections of public employer worksites, and provides technical assistance during times of a statewide emergency.

Introduction

Purpose & Scope

1. This manual is designed to be a guide for all Town of North Elba officials and employees in their efforts to make Town workplace environments as reasonably safe and injury-free as possible. Each official and employee will be provided with a copy of this manual for which an Acknowledgement of Receipt must be signed and which will be placed in their personnel file.
2. This manual contains the Town's statement of its safety policy and outlines the specific program guidelines which the Town has established to achieve the goal of a reasonably safe work environment, and the purpose of these guidelines is to outline and establish systems designed to eliminate unsafe work behaviors.
3. Workplace injuries cause the Town to incur additional costs in workers' compensation expense and the expense of replacement employees including overtime. An effort to prevent and reduce workplace injuries not only helps promote the health of our employees but fiscal responsibility as well.

Responsibility

1. The responsibility for a safe work environment lies with every official and employee at a Town work site:
 - From the department heads and supervisors who make and schedule work assignments and tasks;
 - To supervisory staff who have control over a work area or portion thereof or over employees within a work area;
 - To the employees who control the work assignments, set-ups, conduct and pace of work;
 - To the employees who operate the equipment and perform the work
2. Failure to comply with these guidelines by any official or employee may be cause for disciplinary action.

Principles

1. Studies show that most work-related injuries are caused by the unsafe behavior of a person or persons at work, and therefore one of the primary focuses is to manage the behavior of employees as they are working.
2. Management is responsible for providing direction, objectives, resources, training and support - so that employees are familiar with safety practices and procedures and that unsafe practices are procedures are identified and corrected.

3. Employees are responsible and accountable for following prescribed safe work practices and for using prescribed and/or available safety equipment.

Safety performance:

1. Will be measured not only in terms of goal achievement, but also in terms of activities such as:
 - Supervisory and employee orientation
 - Inspections, training and safety meetings
 - Enforcement of safe work procedures
 - Identifying and changing unsafe behavior
 - Completion of safety action plan items
2. Depends on a pro-active, rather than a reactive, safety program which recognizes:
 - Behavior prior to injury must be managed
 - Injuries may be predicted by observing behavior and can be prevented by management of behaviors.

Workplace Inspection and Program Evaluation

Guideline

Specific guidelines for workplace inspection and program evaluation have been established to ensure the safety of the workplace and continuous improvement of the written safety and health programs and guidelines.

Workplace Inspections

1. Each department will be responsible for conducting a monthly safety and health inspection. The inspection will be a visual assessment of the safety and health conditions of the workspace and operations affiliated with the department.
2. The Department Head or designated Safety Coordinator will be responsible for coordinating these workplace inspections.
3. The criteria for the inspections have been developed for each specific department or group of departments. These inspections are provided in Appendix A. The appropriate inspection to be used by department is listed below:

Department	Inspection
Town Hall: Assessor, Building & Fire Code Enforcement, Finance, Insect Control, Maintenance, Municipal Court Offices, Park District Offices, Supervisor, Town Clerk	Office Safety Inspection
Off-Site: Craig Wood Golf Course, Town Highway, Transfer Station	Office Safety Inspection & Shop Safety Inspection
Off-Site: Airport, Cemetery	Shop Safety Inspection
Seasonal: Beach, Toboggan Slide	Office Safety Inspection

4. The Department Head or Safety Coordinator will be responsible for establishing corrective action to fix any findings from the inspections.
 - Immediate Fix - Findings that can be fixed immediately should be conducted on the spot, such as clearing material storage from in front of a fire extinguisher.
 - Service Required Fix - Findings that require additional service to fix will be coordinated with the appropriate department or vendor, such as installing mirrors for employee and customer safety at the Transfer Station's compactors, or recharging fire extinguishers.
5. When findings cannot be corrected immediately and present a hazard to employees, the following will be conducted:
 - Areas will be protected from employee contact.

- Temporary, but effective, actions will be put in place to control the issue until permanent actions can be completed.
 - Machinery or equipment will be taken out of service.
 - Other means to prevent employees from injury.
6. As part of the corrective actions, the Department Head or Safety Coordinator shall work with the department to remedy any findings resulting from unsafe acts such as communicating the need to keep fire extinguishers clear for access.
 7. The Department Head or Safety Coordinator will follow up with any finding and corrective actions as part of the next month's workplace inspection.
 8. Records of the workplace inspection will be maintained by the individual department.

Program Evaluations

1. Program evaluations are utilized to measure the effectiveness of the overall safety and health program. These evaluations focus on:
 - Evaluating the program for compliance with applicable guidelines and measure against anticipated program goals.
 - Evaluate program guidelines in place to determine if they are in compliance with regulatory requirements and reflect the current practices in the departments.
2. Program evaluations include, but are not limited to:
 - Review of programs, records and documentation.
 - Review of injury and illness trends.
 - Review of periodic inspections.
 - Observation of work practices.
 - Interviews with management and employees.
 - Review of PESH or applicable OSHA standards.
3. Program evaluations will be conducted on an annual basis and may include outside safety and health consultants.
4. Findings from the program evaluation will be documented and incorporated into the established safety and health policies and guidelines.

Safety Training

Guideline

All employees in the Town of North Elba have exposure to general health and safety hazards in their work environment, while certain job tasks have additional safety and health hazards specific to their job. In order to make employees aware of these hazards and methods to protect themselves, all employees will participate at various levels in the safety training program.

Safety and Health Training

1. To effectively determine the safety training necessary for all Town employees, a training needs assessment will be conducted. Public Employee Safety & Health (PESH) requires the following:
 - Hazard Communication
 - Personal Protective Equipment
 - Lockout/Tagout – Authorized Personnel/Awareness Level
2. Additional job-specific training will be provided, as necessary:
 - Department Safety Inspection
 - Accident Investigation
 - Hot Work Activities
3. The Department Head or Safety Coordinator will be responsible for ensuring that all their department employees attend the required training classes.

Basic Safety/New Employee Orientation

1. Regardless of their job, all Town employees will participate in basic safety training. This will introduce all employees to the basic safety guidelines of their job. All new employees will be introduced to the basic safety training as part of the New Employee Orientation training.
2. The following topics will be covered in the basic safety/new employee orientation training:
 - General safety and health guidelines.
 - Emergency Preparedness and Fire Protection Program.
 - Hazard Communication Program.
 - Awareness to other safety and health programs including lockout/tagout and personal protective equipment.

- Accident and injury reporting guidelines.
 - Access to medical and exposure records.
3. Basic safety/new employee orientation will be conducted on an “as needed” basis.
 4. In the interim until the next basic safety/new employee orientation class, the Department Head or Safety Coordinator will be responsible for reviewing basic safety information for the department with the employee. This Basic Safety Review form summarizes the required information for the review and is presented in Appendix B. Once the review is complete, this form is signed by the Department Head or Safety Coordinator and the employee and is filed in the employee’s personnel file.

Training Program Content and Schedules

1. Training programs presented to employees are designed to comply with regulatory requirements as detailed in a PESH or OSHA standard. The training programs will provide specific information regarding the application of this training in the Town of North Elba operations.
2. Details on the content of each training program are provided in the written program or guidelines developed specifically for that topic (such as Hazard Communication and Emergency Preparedness and Fire Protection).
3. Training is conducted based on the following general schedule:
 - At the time of their initial job assignment, or transfer into an area requiring specific training
 - On a periodic basis, annual or as required by health and safety regulations.
 - As needed, to continually ensure employees understand the training presented to them and demonstrate this understanding by their work practices.
 - The Town, in conjunction with Essex County, will develop an annual training schedule to accomplish the required level of training.

On-the-Job Training

1. In addition to the formal training presentations provided to employees, health and safety topics are continually emphasized during on-the-job training where employees work with management or experienced employees to learn their daily work procedures.

2. Although this training is not formally documented, knowledge of the proper health and safety procedures is an important fact in evaluating overall job performance of new and existing employees.

Training Documentation

1. All safety and health training presented to the Town's employees will be documented on a Safety and Health Training Sign-In Form. This roster identifies the subject of the training, the trainer and the date of training. The name of the employee is completed by each person attending the training session. The sign-in form is presented in Appendix C.
2. All completed sign-in forms are maintained on file by topic area. All training records are maintained by the Town's Safety Coordinator.
3. Additional training documentation may be placed in each individual's personnel file or otherwise maintained by the Department Head.

Recordkeeping

Guideline

1. Recordkeeping is an integral part of the safety and health program. Accurate records must be maintained to meet regulatory, medical, workers compensation and company recordkeeping requirements.
2. The following records will be maintained, as necessary:
 - Medical surveillance, first aid records, occupational injury/illness diagnosis, biological monitoring, exposure follow-up, and workers compensation records.
 - NYSDOL Form SH-900, NYSDOL Form SH 900.1, and associated documentation.
 - Exposure Monitoring.
 - Material Safety Data Sheets and Chemical Inventory.
 - Employee Training.
3. All health and safety records will contain, and be retained for, at least the following:

Record	Will Include	Retention Time
Medical Surveillance, First Aid, Occupational Injury or Illness Diagnosis, Exposure Monitoring and Follow-Up	Date Employee's Name Social Security # Department Position	Employee's duration of employment plus 30 years
Basic Safety Training Blood-borne Pathogens Training Powered Industrial Truck Training	Date Employee's Name Department Position	At least three (3) years following the training
NYSDOL Form SH-900 NYSDOL Form SH-900.1 and associated documentation	Information as required	At least five (5) years following the year of the records.
MSDSs/Chemical Inventory	Information as required	At least 30 years.

4. Employees are informed of their right to access records at their initial time of employment and annually thereafter. This information contains an explanation of the:
 - Employees right to records access.
 - Existence, location and availability of records.
 - Person responsible for maintaining and providing access to records.
5. Upon written request, employee records will be made available to the employees, employee representative (authorized in writing by the employee) and government agencies. Records will be provided in a reasonable timeframe and location.
6. All records will reside in either the individual department or with the Safety Coordinator or personnel files. Records will be stored in a safe and secure location to maintain confidentiality and prevent physical damage to these documents.

Accident Reporting and Investigation

Guideline

Specific procedures for reporting and investigating workplace accidents have been established to help prevent accident reoccurrence and protect the safety and health of employees. Effective accident reporting, investigation and analysis will assist in the implementation of a proactive accident prevention and loss control program.

General Guidelines for All Accidents

1. All employees are responsible for reporting accidents and injuries, regardless of severity, immediately to the Department Head or Safety Coordinator.
2. The Department Head or Safety Coordinator will take appropriate action for any report of injury or illness. This includes:
 - Ensure any injured employee receives prompt first aid, medical care or emergency services, as necessary. Note: Provisions for transportation (i.e., ambulance, escorted driver, etc.) to the medical providers will be provided, as deemed necessary.
 - Secure the area or abate the hazard to ensure additional employees do not get injured.
 - Follow the established accident reporting and investigation procedures.
3. Once the scene is secured and immediate needs of the employee are provided, the Department Head or Safety Coordinator will be responsible for completing the accident and investigation reports for all accidents, illnesses and injuries involving Town of North Elba personnel. This procedure should be completed as follows (according to the PERMA Quick-Fax Report):
 - The Department Head or Safety coordinator should complete Section A of the PERMA Quick-Fax.
 - Once completed, the employee needs to sign Section B of the Quick-Fax.
 - If the injury requires medical treatment beyond first aid, the employee will take the PERMA Quick-Fax to the medical provider for completion of Section C and the functional capacities form, as needed.
 - The employee returns the PERMA Quick-Fax to the Department Head or Safety Coordinator upon return to work that day, or as soon as feasible thereafter.
 - The Department Head or Safety Coordinator completes the Incident Analysis.
 - By the end of the day, or as soon as feasible thereafter, the Department Head or Safety Coordinator must provide designated copies of the PERMA Quick-Fax and Incident Analysis to the employee, department, and Safety Coordinator.

4. An accident investigation will be conducted by the Department Head or Safety Coordinator as soon as feasible following the accident or injury. The purpose of the accident investigation is to identify the root cause of the accident or injury and establish corrective actions to prevent recurrence in the future. The accident investigation will be conducted as follows:
 - Include visual observation of the accident location and gathering of accident facts;
 - Include interviews with the injured employee and any witnesses in a fact-gathering manner to determine the facts of the accident (not blame gathering);
 - Identify the potential root causes of the accident;
 - Establish immediate and long-term corrective actions to prevent the occurrence of the root cause in the future.
 - Assign responsible persons to ensure the corrective action is implemented and followed up.
5. All accident reports will be evaluated on a periodic basis to ensure they are being completed properly and that appropriate corrective actions are being implemented and followed up. A copy of the accident investigation forms (employee, witness(es) and supervisor) is provided in Appendix D.

Guidelines for Regulatory Recordkeeping

1. The Safety Coordinator will maintain NYSDOL Forms SH-900m SH-900.1 and SH-900.2 for all departments. This recordkeeping will include:
 - SH-900 (Log of Work Related Injuries and Illnesses) records updated for the applicable department within seven (7) days of the injury or illness based on information provided in the PERMA form.
 - SH-900.1 (Summary of Work Related Injuries and Illnesses) for each year.
 - SH-900.2 (Injury and Illness Incident Report) records for all injuries.
 - PERMA Quick-Fax.
 - Distribution of the updated SH-900 Records to each department on a monthly basis.
2. Each department will post the NYSDOL Form SH-900.1 (Summary of Work Related Injuries and Illnesses) from February 1 through April 30 for the previous year.
3. All NYS DOL forms will be maintained for five (5) years following the year of record.

Training

1. All employees are provided with training on the guidelines to immediately report accidents, illnesses, and injuries.
2. Additional training will be provided to the Department Head to ensure an understanding of the proper accident reporting and investigation procedures.
3. Training will be conducted:
 - During orientation
 - As needed, to continually ensure employees understand the accident reporting guidelines.

Heavy Equipment and Powered Industrial Trucks

Guideline

1. Specific guidelines for heavy equipment and powered industrial trucks have been established to prevent the catastrophic failure of this equipment and protect the safety and health of employees using or in the area of the equipment.
2. These requirements are in addition to requirements necessary to meet commercial driver licensing requirements and other non-OSHA regulatory requirements.
3. Powered industrial trucks include forklifts, skidsteer with fork attachments, and pay loader with fork attachments.
4. Heavy equipment includes pay loaders, gradealls, road graders, skidsteers, excavators, dump trucks, etc.

General Use Guidelines

1. Only trained and authorized employees will be permitted to use or operate heavy equipment and powered industrial trucks. Employees using this equipment will be familiar with safe equipment operation and use, limitations and inspection requirements, as per the OSHA standard (29 CFR 1910.178 and 29 CFR 1926 Support 0) and the manufacturer's recommendation.
2. Unauthorized personnel, contractor personnel and facility visitors are not permitted to operate or drive heavy equipment or powered industrial trucks.
3. All heavy equipment and powered industrial trucks will be maintained in clean, good working order. The equipment will only be serviced by trained and authorized personnel.
4. Damaged or defective parts will be replaced only with replacement parts equivalent (with respect to safety) to those used in the original design. Heavy equipment or powered industrial trucks will not be altered from the manufacturer design, nor will they be altered either by the addition of extra parts not provided by the manufacturer or by the elimination of any parts except as specified by the manufacturer or conducted by the manufacturer's authorized service representative.
5. All heavy equipment and powered industrial trucks will be inspected prior to use on a daily basis and on each shift. These inspections will be conducted to verify visual condition and proper operational functioning. A copy of the daily inspection is provided as Appendix E.

6. Any equipment observed as damaged or not functioning properly will be tagged “Out of Service” immediately and reported to the Department Head or Safety Coordinator. This equipment will remain “Out of Service” until properly repaired or replaced.

Training

1. Any employee required to use heavy equipment or powered industrial trucks will be trained prior to actively using the equipment.
2. Heavy equipment and powered industrial trucks training will include on-the-job training conducted by other personnel qualified to conduct the training, or a certified trainer, as necessary.
3. Documentation of training and competency will be maintained for each authorized employee.
4. Training will be conducted:
 - At least every three years (3).
 - As needed, to ensure safe use of the equipment.

Hot Work Activities

Guideline

1. Specific guidelines for safe hot work activities have been established to prevent workplace fires and protect the safety and health of employees.
2. Hot work activities include welding, cutting, burning, grinding, and other spark-generating work activities.

Designated Hot Work Areas

1. Routine hot work activities will be conducted in a designated area in applicable departments. These defined work areas will be provided with the appropriate provisions to protect the onset of fire or fire conditions in the work area. These provisions include:
 - Structural components appropriate for work area (i.e., metal table, concrete floors, etc.)
 - Free of combustible materials and other fire hazards.
 - Partitioning (i.e., welding screen) from other work area to prevent transmission of flying sparks.
 - Fire extinguisher in the immediate work area.
 - No other conditions or previous fires that resulted from the work area.
2. Designated hot work areas in the Town are listed below.

Department	Designated Hot Work Area
Highway	Welding Bay
Craig Wood	Park Garage

Guidelines for Hot Work Activities

1. Only trained and authorized personnel are permitted to conduct hot work activities.
2. Any hot work activities conducted outside of the designated hot work areas require the completion of a hot work permit.
3. The hot work permit is a physical document that is completed to ensure that all provisions to prevent fire or employee injury resulting from activities are reviewed and approved prior to these activities. A copy of the hot work permit is presented in Appendix F.

4. The hot work permit will be completed by the employee conducting the work and authorized by the Department Head or Safety Coordinator.
5. A fire watch will be required whenever hot work activities are performed outside of designated hot work areas. The fire watch will meet the following conditions:
 - Required before, during and for 30 minutes after all hot work activities.
 - Fire-extinguishing equipment available and ready for immediate use.
 - Trained in the use of the fire extinguishing equipment.
 - Familiar with the procedure to sound the fire alarm in the event of a fire and know the location of the nearest telephone.
 - Watch for fires in exposed areas, extinguish a fire when safe to do so, or activate the fire alarm system.
6. Hot work activities are prohibited in all areas of Town facilities where the following conditions exist:
 - All requirements in the hot work permit cannot be met.
 - Area equipped with a sprinkler system that is inoperable or impaired.
 - Areas potentially containing explosive atmospheres due to the presence of flammable gases, vapors, liquids, or dusts.
 - Within 35 feet of an area where unprotected flammable or combustible liquids or gases are stored.
7. When these conditions do not permit hot work activities, alternate safe working procedures will be established by the Department Head as applicable.
8. These provisions for hot work also apply to any contractors working for the Town.

Training

1. Any employee required to conduct hot work activities will be trained before these activities are performed. Training will be conducted:
 - Prior to assignment to hot work activities.
 - As needed, to ensure employee safety.
2. Employee training for hot work activities will include the following:
 - Instruction regarding the safe operation of equipment used to conduct hot work activities.
 - Requirements of the Hot Work Permit.
 - Location of designated hot work areas.
 - Conditions and areas that prohibit hot work activities.

3. Discuss fire watch responsibilities, the facility's fire alarm procedures, and fire extinguishing methods to be utilized.

Emergency Preparedness and Fire Protection Program

Guideline

1. The Town of North Elba is committed to ensuring that effective procedures and equipment are in place to protect the safety and health of employees and minimize property damage in the event of a workplace emergency.
2. Potential emergencies in Town facilities include, but are not limited to:
 - Fire/Explosion
 - Gasoline or Diesel Fuel Spill
 - Natural Disaster
 - Medical Emergency
 - Bomb/Terrorist Threat
 - Workplace Violence

Program Responsibilities

1. The Town Board is responsible for supporting the policies and guidelines of the program.
2. Departments Heads and the Safety coordinator are responsible to:
 - Implement the policies and procedures of the program.
 - Provide initial department-specific emergency information as required to administer the program, and update as necessary.
 - Verify that current emergency contact information and evacuation routes are conspicuously posted and personnel are trained in accordance with the program.
 - Check and secure department in the event of an emergency/evacuation and account for department personnel during evacuation.
 - Ensure that procedures are developed and provided for inclusion in the program to address any foreseeable emergencies of a department-specific nature (e.g., irate taxpayer, unruly client in the Assessor's or Building Code Officer's office, etc.).
3. Employees are responsible to:
 - Follow established emergency preparedness and fire protection program.
 - Understand potential emergencies in your area and appropriate responses.
 - Participate in emergency preparedness and fire protection program training.
 - Report any program inconsistencies.

4. Contractors are responsible to understand potential emergencies in the area they are working and appropriate responses.

Applicability

This emergency preparedness and fire protection program applies to all departments.

Emergency Means of Reporting and Notification

1. All department emergencies must be reported immediately to the Department Head or Safety Coordinator.
2. Emergencies requiring outside assistance will be reported to the Safety Coordinator after contacting the appropriate emergency agency. These include:
 - Lake Placid Police Department 518-523-3306
 - Lake Placid Volunteer Fire Department 518-523-2535
 - Lake Placid Volunteer Ambulance Service 518-523-9511
 - New York State Police 518-897-2000

General Emergency Response

1. The Department Head or Safety Coordinator will be responsible for coordination of emergency response in the event of an emergency and accounting for department personnel.
2. Outside emergency services will be contacted, as needed, according to the nature of the emergency. The Departmental Safety and Emergency Information forms will provide information on in-house and outside emergency services. This list will be posted on employee information boards in each department.

General Emergency Evacuation

1. An emergency evacuation must be a safe and orderly means of getting employees out of the department and accounted for in the event of an emergency. An evacuation will be effective when procedures are in place, employees are trained and drills have been conducted.

2. Emergency escape routes are established from all locations within the department. Escape routes must meet the following criteria:
 - Established evacuation routes are maintained clear to all exits.
 - There is a primary and secondary evacuation route from all locations of the facility.
 - Designated exits from the facility are maintained clear at all times. These exits are marked with appropriate signs to facilitate their quick identification.
 - Proper illumination (such as natural lighting with supplemental emergency lighting) is provided along the evacuation routes, as well as to the exits and designated assembly areas.
3. Designated assembly areas are established for all personnel in each department. Upon exiting the department, employees are instructed to immediately proceed to their designated assembly area.
4. The Department Head or designated alternate is responsible for accounting for employees, contractors and visitors following an evacuation from the department. It is essential that employees proceed to their designated assembly area and immediately report to the Department Head or designated alternate.
5. Elevators must not be used during an emergency evacuation.
6. In the event of an emergency evacuation, the following procedures will be followed:
 - Only if safe to do so, secure your work area. This includes a visual check of the area for personnel, close windows and non-exit doors, and turn off lights and electrical equipment as you exit your work area.
 - Proceed to the primary emergency exit or the secondary if the primary exit is blocked.
 - Proceed immediately to your designated assembly area.
 - Report to the Department Head or designated alternate.
 - When all department personnel are present at the assembly area or otherwise accounted for, the Department Head or designated alternate will notify the Safety Coordinator or Emergency Services personnel that all department personnel are accounted for, as appropriate.
 - If the Department Head or designated alternate is unable to account for all department personnel, they will immediately notify the nearest emergency response service of the number of department personnel unaccounted for.
 - No personnel are allowed to leave the assigned assembly area or re-enter the building until authorized to do so by the Department Head, designated alternate, Safety Coordinator or Emergency Services personnel.
7. Emergency evacuation drills will be conducted at least annually for each department. The following procedures will be followed for evacuation drills:

8. Drills will be treated as true evacuations with actual methods of notification, evacuation from the building and assembly in designated areas.
9. All drills will be documented and critiqued to identify any deficiencies in the evacuation.
 - Evacuation critiques will be used to improve future evacuation procedures and training.

General Fire/Explosion Guidelines

1. Any department personnel observing a fire or explosion in the department will take immediate steps to activate employee and emergency notification means, and immediately report the situation to the Department Head, designated alternate, and outside emergency services, as necessary.
2. The Department Head or designated alternate will immediately implement the emergency evacuation provisions, and if safe to do so, implement provisions with regard to fire extinguisher use.
3. Outside emergency services will be utilized to control fire or explosion events.

Medical Emergencies

1. All employee injuries or illnesses should be reported to the Department Head or designated alternate immediately.
2. In the event of a serious medical emergency (i.e., any injury or illness that requires more than simple first aid), emergency services should be called immediately, as necessary, to provide necessary services or transport to the hospital.
3. When reporting the emergency, provide the following information:
 - Type of emergency.
 - Location of the victim.
 - Condition of the victim.
 - Any dangerous conditions to avoid.
 - Do not move the victim unless they are in immediate danger to life or health (IDLH).
4. Have someone standby outside the building to direct emergency services to the victim's location when they reach the building.

5. Once the victim has been cared for and is transported, normal worker injury reporting procedures should be followed.

Other Chemical Releases

1. Other Chemicals, such as fuel oil, gasoline, flammable solvents, and corrosive materials are used in various departments.
2. If gasoline, diesel or fuel oil leaks are detected, the following steps will be taken by the Department Head or designated alternate:
 - Notify the fire department and follow their instructions for further action.
 - Evacuate all employees from the department or immediate leak area.
 - Prevent personnel from introducing ignition sources (i.e., open flames, cigarettes, operation of electrical switches, telephones, electric motors, etc.) in or adjacent to the leak area.
 - If it can be done remotely from the leak area and is safe to do so, turn off the supply at the main shutoff or tank valve.
 - Open up doors and windows to allow for ventilation.
 - Stay a safe distance away and await emergency services.
3. If liquid chemical leaks or spills of equal to or less than one (1) gallon are detected, such as paints, acids, caustics or cleaners, the following steps will be taken by the Department Head or designated alternate:
 - Put on appropriate personal protective equipment (PPE).
 - Put down materials (i.e., Speedy-Dri) to contain the spill.
 - Use materials to clean up and contain the waste in an appropriate receptacle.
 - Dispose of waste appropriately. Contact the Safety Coordinator or County Safety Officer for guidance on disposal if you are unsure how to do so safely.
4. If liquid chemical leaks or spills of greater than one (1) gallon are detected, such as flammable solvents, paints, acids, caustics or cleaners, the following steps will be taken by the Department Head or designated alternate:
 - Evacuate all employees from the immediate area or facility, as necessary.
 - If it can be done remotely from the leak area and it is safe to do so, turn off all electrical equipment or open flames in the area.
 - Notify the Safety Coordinator and await direction for further action.

Natural Disaster

1. For the purposes of the program, natural disasters will include the following:
 - Severe weather
 - Flooding
 - Earthquake
2. Warnings of severe weather may be given by Weather Radio, the National Weather Service, or state and local authorities. Department personnel hearing warnings should notify the Department Head, designated alternate, and Safety Coordinator immediately.
3. The Safety Coordinator will advise building occupants of the type of warning (thunderstorm, snow, high winds, tornado, etc.) and they will receive further instructions, as appropriate.
4. Depending on the type of severe weather event, and if the event presents an immediate hazard within a department or potential for injuries to employees, the Department Head or designated alternate will notify the Safety Coordinator.
5. The Department Head or designated alternate and the Safety Coordinator will determine the appropriate course of action, to the extent possible as personal safety, time and capabilities permit.
6. The Department Head or designated alternate and the Safety Coordinator should consider the following issues:
 - Immediate dangers of building damage and potential injuries associated with high winds, tornadoes and flooding.
 - The need and feasibility of evacuation or sheltering in place of personnel.
 - Potential loss of utilities.
 - Potential for injuries due to travel-related hazards/road conditions.
 - Inability to use telephones for emergencies due to telephone or power outage.
 - Sanitation problems due to loss of potable water/sewerage system.
7. If any critical department operations are required to continue during severe weather events, department-specific guidelines will be developed by the department head and appended to the program. Department-specific guidelines will include information on staffing, sheltering in place, and contingencies for backup system failure.
8. Department personnel who have been notified of a thunderstorm warning should take necessary steps to be prepared if conditions deteriorate or if utilities are lost.

9. Guidelines for a tornado warning:

- The Department Head, designated alternate, or Safety Coordinator, will notify all personnel of a tornado warning, and then direct personnel to move to and take cover in the area located in the inner hallways on the lowest level of the structure and to avoid any area or room with windows.
- If injuries or utility interruption occur, follow guidelines for appropriate emergency.
- Once the “all clear” is given by the National Weather Service, the Safety Coordinator or designated alternate will provide guidance on further actions.

10. In the event of a sustained earthquake:

- Earthquakes occur without warning. Some earthquakes are instantaneous tremors and others are significant sustained events followed by aftershocks. Once a significant earthquake begins, department personnel must take immediate action to protect their personal safety during the initial quake and additional actions will be implemented after the quake stops.
- An earthquake may cause noticeable shaking of the ground and building. This shaking may vary in intensity (i.e., mild tremors to shaking sufficient to destroy buildings).
- When a significant earthquake occurs, occupants should immediately take cover.

11. Potential locations inside buildings that may provide cover include:

- Standing in a doorway and bracing your hands and feet against each side.
- Getting under a desk or heavy table.
- Standing flat against an interior wall.

12. Once the shaking has stopped, department personnel must follow procedures for emergency evacuation.

13. Be prepared for aftershocks. Although smaller than the main shock, aftershocks cause additional damage and may bring weakened structures down. Aftershocks can occur in the first hour, days, weeks or even months after the quake. Follow the same procedures as for earthquakes.

14. The Department Head, designated alternate, or Safety Coordinator will provide guidance of further action.

Bomb/Terrorist Threat

1. This section should be implemented in the event of a bomb threat or report of a suspicious package or object.
2. A person who becomes aware of a bomb threat (via telephone call, email or a letter) or observes a suspicious package or object must notify the Department Head or designated alternate immediately.
3. If the threat is made by telephone, ascertain as much information as possible about the bomb and its location, such as:
 - Exact location of the bomb?
 - When is the bomb going to explode?
 - What kind of bomb is it?
 - Why was it placed?
 - Who is speaking?
4. Provide information to the Department Head or designated alternate.
5. The Department Head or designated alternate will immediately notify the Safety Coordinator and local law enforcement.
6. A decision will be made by the Safety Coordinator or appropriate Emergency Services personnel, to the extent possible as personal safety, time and capabilities permit, to determine if a building evacuation is warranted. If so, evacuation should take place immediately.
7. Personnel should not touch any suspicious or unfamiliar objects.
8. If an explosion does occur, personnel should leave the building using the general emergency evacuation plan.

Workplace Violence

1. This section should be implemented in the event any type of workplace violence occurs.
2. If department personnel become aware of a violent act by the sounds of an explosion, gunfire, scuffling, or by observation of violent events that could only be intentional acts of violence must immediately notify the Department Head, designated alternate or Safety Coordinator, and law enforcement.

3. The Department Head, designated alternate or Safety Coordinator will attempt to notify everyone in the department and adjacent departments, to the extent possible as personal safety, time and capabilities permit, that a perpetrator of workplace violence is in the building.
4. Different types of workplace violence require different actions:
 - Explosion - if an explosion occurs, evacuate according to fire/explosion guidelines.
 - Gunfire - If you become aware of gunfire occurring in the building, exit through a safe means of egress or take refuge in a secure room that can be locked. The room should also provide limited visibility to anyone that is outside the room. Secure the door and hide under a desk, in a closet or in the corner. Do not leave the room for any reason until police have searched the building and given you permission to leave the room.
 - Physical Threat - If someone's actions pose a physical threat to you, notify others in the area immediately, including the Department Head, designated alternate, Safety Coordinator and law enforcement, as necessary.
 - Toxic or Irritant Gas - Immediately evacuate the building using fire evacuation guidelines.
 - Hostage Situation - Immediately vacate the area, take no chances to endanger the life of the hostage(s). Notify the Department Head, Safety Coordinator and law enforcement.
 - In the event someone is hurt and/or a fire is caused by these events, follow guidelines for the type of emergency once the threat from violence has been eliminated.

Fire Prevention

1. Fire protection provisions are in place to support proper employee safety and property protection in the event of a fire. Fire protection systems in place at the facility can include sprinkler systems, smoke detectors, pull boxes and fire extinguishers.
2. Major workplace fire hazards must be addressed first. These fire hazards pose the largest threat of employee injury and property damage at the facility. The major fire hazards and their controls are listed in Appendix G. These major fire hazards are visually inspected on a quarterly basis.
3. Fire extinguishers are the first line of defense in the control of small fires, which could occur in the workplace. Fire extinguishers are located around the facilities for employee use in the event of a fire. Fire extinguishers are for use only against small, incipient stage fires. Always initiate notification means and evacuation prior to fire extinguisher use.

4. Only those employees trained and confident to use a fire extinguisher are permitted to do so. Fire extinguishers are to be used only when it is safe to do so. All other employees are instructed to notify the Safety Coordinator and others in the area immediately upon discovery of a fire and evacuate the facility.
5. The use of fire extinguishers follow these guidelines:
 - Fire extinguishers are mounted and identified with signs or markings to promote their ready access and use.
 - Fire extinguishers are selected and located according to the potential fire hazards and size or degree of the fire in the work area.
6. Fire extinguishers will be properly maintained to ensure they function in the event of a fire. The maintenance of fire extinguishers will follow these guidelines:
 - Monthly Visual Inspection
 - Annual Maintenance Inspection
 - Hydrostatic Testing (frequency based on the type of fire extinguisher)
7. All other fire protection equipment will be inspected and tested on a routine basis, such as annually.

Training

1. All employees are provided with training on the emergencies, which they may encounter within the workplace. Training is conducted:
 - At the time of their initial job assignment.
 - On an annual basis.
 - As needed, to continually ensure employees understand the emergency procedures.
2. Training includes:
 - Requirements of the PESH Standards covering Emergency Evacuation and Fire Protection.
 - Potential emergencies at the facility.
 - Means to report and methods to be informed of a facility emergency.
 - Designated emergency procedures.
 - Evacuation routes, emergency exits and designated assembly points.
 - Types of fire hazards in the facility.

3. Fire extinguisher training for personnel authorized to use extinguishers will include:
 - Types of fire extinguishers and fire protection systems in the facility.
 - Principles and limitations of fire extinguisher use.
 - Proper use of fire extinguishers.

Program Evaluation

1. The Safety Coordinator and Essex County Safety Officer will review the program on an annual basis to ensure the continued effectiveness of the guideline and procedures.
2. The program will be updated, as needed, to reflect any changes.

Hazard Communication Program

Guideline

1. The Town of North Elba is committed to ensuring that all employees are informed of and understand the hazards associated with the chemicals they may encounter in the workplace.
2. Hazard information is communicated to employees through:
 - Container labeling.
 - Material Safety Data Sheets (MSDSs)
 - Employee training.

Program Responsibilities

1. The Town Board is responsible for supporting the policies and guidelines of the program.
2. Department Heads and the Safety Coordinator are responsible to:
 - Oversee the policies and procedures of the program.
 - Provide guidance on the requirements of the program.
 - Ensure that an MSDS is requested from the supplier/manufacturer as part of the approval to purchase chemicals for the department.
 - Review and approve MSDSs for all chemicals to be brought in and used in the department by contractors.
 - Obtain, review and maintain MSDSs for the Department.
 - Supervise container labeling requirements.
 - Maintain a chemical inventory.
 - Provide or coordinate hazard communication training.
 - Evaluate the effectiveness on an annual basis.
3. Employees are responsible to:
 - Understand the chemical hazards in their job and effective means to protect themselves.
 - Follow established hazard communication procedures.
 - Report any program inconsistencies.

4. Contractors are responsible to:

- Follow established hazard communication guidelines while working in the department.
- Provide copies of MSDSs for all chemicals to be brought in and used in the department.

Hazard Communication Guidelines

Applicability

1. The hazard communication program applies to all departments.

Container Labeling

1. All chemical containers in Town facilities must be properly labeled. These labels will readily display:
 - Identity or name of the chemical.
 - Appropriate hazard warnings.
 - Manufacturer or distributor of chemical.
2. Containers are labeled according to the following guidelines:
 - Labels will be in written form in English.
 - Visual symbols or signs (such as flammability or corrosivity symbols) may be used for better recognition of chemical hazards.
 - Container labels will not be removed unless the container will be immediately relabeled.
3. Labeling of in-house chemical containers will utilize the Hazardous Materials Identification System (HMIS), or similar, which ranks a hazard on flammability, health hazard and reactivity. This system may also provide guidance on the appropriate personal protective equipment to be used.
4. Labels can be obtained from the Department Head or the Safety Coordinator.
5. All piping containing hazardous materials in the department will also be labeled or otherwise marked to identify its contents.

Material Safety Data Sheets

1. Material Safety Data Sheets (MSDSs) are obtained for all chemicals used in Town facilities. MSDSs are procured as follows:
 - All chemical purchases are approved by the Department Head
 - An MSDS is requested with all shipments of chemicals.
 - Upon receipt of the chemical, MSDSs are forwarded to the Department Head or designated alternate, and the Safety Coordinator for review and approval. This review evaluates the chemical information to ensure the proper safety and health precautions (such as proper PPE, employee training and storage requirements) are taken prior to use of the chemical.
 - Upon approval, the chemical may be used in the department.
 - If an MSDS is not received, or it is not approved, the chemical will not be used in the department.
 - New or updated MSDSs will be placed in the department MSDS binder. Copies of these MSDSs are accessible to employees on all shifts for their use as a chemical safety and health reference.
2. At least annually, the department MSDSs will be checked against the department's chemical inventory list.
3. Each department will remove and archive outdated MSDSs to an archived MSDS file.

Other Hazard Communication Guidelines

1. The Department Head or Safety Coordinator will maintain a current inventory of all chemicals used or stored in the department. The chemical inventory will be updated at least annually.
2. Employees assigned to perform non-routine tasks (such as confined space entry) which may involve hazardous chemicals will receive additional training to ensure they have the proper knowledge and equipment to safely perform the task.
3. Contractors must follow similar hazard communication guidelines while working in the department.
 - Contractors are provided with access to MSDSs for those chemicals encountered as part of their work in the department.
 - Before the start of a project, contractors must submit copies of MSDSs for all chemicals to be brought in and used in the department. These MSDSs will be reviewed and approved by the Department Head or Safety Coordinator prior to the chemicals entering the department.

Information and Training

1. All employees are provided with information and training on the chemicals which they encounter within the workplace. Training is conducted:
 - At the time of their initial job assignment.
 - Whenever new chemicals or hazards are introduced into the area.
 - As needed, to continually ensure employees understand the hazards of those chemicals in their work area.

2. Hazard Communication training includes the following topics:
 - Requirements of the Hazard Communication Standard (HCS).
 - Means to obtain information on the hazards of chemicals in their work area, including the use and understanding of the container labeling and MSDS systems.
 - Operations in the work area where hazardous chemicals are used.
 - Hazards associated with those chemicals in their work area.
 - Hazards associated with chemicals in unlabeled pipes.
 - Means to detect the presence or release of chemicals in their work area.
 - Means employees can take to protect themselves from chemicals in their work area.
 - Location of the written Hazard Communication Program, chemical inventory and MSDSs.

Program Evaluation

1. The Department Head or Safety Coordinator will review the Hazard Communication Program on an annual basis to ensure the continued effectiveness of the guideline and procedures.

2. The program is updated, as needed, to reflect any changes.

Lockout/Tagout Program

Guideline

1. The Town of North Elba is committed to ensuring that employees are properly protected from injury resulting from the unexpected startup or energizing of the equipment during service and maintenance activities.
2. These goals will be met through:
 - Established lockout/tagout procedures.
 - Employee training.

Program Responsibilities

1. The Town Board is responsible for supporting the policies and guidelines of the program.
2. Department Heads and the Safety Coordinator are responsible to:
 - Oversee the policies and procedures of the program.
 - Provide guidance on the requirements of the program.
 - Coordinate the development of equipment specific lockout/tagout procedures.
 - Coordinate all lockout/tagout activities.
 - Conduct periodic inspections.
 - Authorized shift lockout/tagout change over.
 - Coordinate lockout /tagout training.
 - Evaluate the effectiveness of the training on an annual basis.
3. Employees are responsible to:
 - Follow established lockout/tagout procedures.
 - Report any program inconsistencies.
4. Contractors are responsible to:
 - Become aware of the Town's lockout/tagout procedures for equipment.
 - Coordinate lockout/tagout procedures with Town of North Elba personnel.
 - Implement their lockout/tagout procedures.

Lockout/Tagout Guidelines

Applicability

1. The lockout/tagout program applies to personnel in the following departments:

- Airport
- Cemetery
- Highway
- Park District
- Town Hall (Electric cars & elevator)
- Transfer Station

NOTE: Provisions for the prohibition of unauthorized lockout/tagout removal apply to all personnel.

2. Lockout/tagout procedures apply to all service or maintenance activities on machinery or equipment where the unexpected startup or energizing of equipment could injure personnel.

3. Normal equipment operations do not typically require lockout/tagout, provided:

- Guards or safety devices are not bypassed.
- The employee does not place any part of their body into a point of operation where the startup of the equipment would injure the employee.

4. Cord and plug connections (where unplugging the equipment controls the energy source) do not require lockout/tagout procedures provided the plug is under the control of the employee (in visible sight).

5. The lockout/tagout procedures are applicable to:

- **Authorized Employees** - Employees required to perform lockout/tagout procedures to conduct service and maintenance of equipment.
- **Affected Employees** - Employees working at equipment or in the area of equipment on which service and maintenance will be performed.

Locks and Tags

1. Both locks and tags are to be used on energy isolating devices to control all hazardous energy sources prior to any service and maintenance on equipment.

2. All employees performing service and maintenance must apply their locks and tags to the equipment. These locks and tags may only be removed by the employee applying the device.

3. Locks and tags follow these guidelines:
 - Identifiable to the employee applying the device.
 - Identifiable by color, shape or size for lockout/tagout.
 - Used only for lockout/tagout purposes.
 - Capable of withstanding normal environmental conditions to which they will be exposed.
 - Substantial to prevent removal without the use of excessive force.
4. Tags must warn employees against hazardous conditions of energizing the equipment, such as “Do Not Operate”.
5. All other hardware used for lockout/tagout must be appropriate to maintain controls in the desired position.

Written Procedures

1. Established procedures and practices must be used by authorized employees to isolate or otherwise deenergize hazardous energy sources during service and maintenance of equipment.
2. Hazardous energy sources are considered energized when the equipment is connected to an energy source containing residual or stored energy. Hazardous energy sources include, but are not limited to:
 - Electrical
 - Mechanical
 - Hydraulic
 - Pneumatic/Air Pressure
 - Steam
3. All hazardous energy sources will be controlled prior to any service and maintenance on the equipment. This will be conducted with, but not limited to:
 - Lockout/tagout.
 - Applying energy isolating devices (such as valve, lever or breaker covers).
 - Physically blocking or securing equipment in place.
 - Releasing stored pressure.
4. Both locks and tags will be used to control hazardous energy sources.
5. When a hazardous energy source cannot be effectively controlled through conventional means, other precautions (such as pulling fuses) will be taken to ensure the equipment is properly controlled.

6. General lockout/tagout procedures include:

- Notification of affected employees prior to activities.
- Preparations for shutdown (understand the machine; identify energy sources and isolation methods).
- Turn off or shut down equipment.
- Isolation of the machine or equipment.
- Application of lockout/tagout devices.
- Control of stored energy (relieve, disconnect, restrain or otherwise control).
- Verification of isolation (verify that control is accomplished by testing the equipment and turning controls back off).

7. When work is complete, lockout/tagout release includes:

- Machine or equipment inspection (components intact, tools removed and guards replaced).
- Verification of employee safety (employees are away from the equipment).
- Removal of lockout/tagout devices.
- Notification of affected employees prior to equipment starting.

8. Equipment-specific lockout/tagout procedures will be developed for all machinery and equipment requiring lockout/tagout.

9. These written procedures will specifically describe:

- Potential energy sources.
- Means to control these energy sources.
- Lockout/tagout procedures.
- Method to verify equipment control.

Additional Procedures and Special Circumstances

1. Periodic inspections will be conducted of lockout/tagout procedures to ensure that the policies and procedures are being followed. These inspections are conducted at least annually. Appendix H contains a documentation form for these inspections.

2. Periodic inspections are conducted according to the following guidelines:

- Conducted by an authorized employee other than the one(s) being inspected.
- Performed on a representative number and type of lockout/tagout activities.

- Used to evaluate the proper lockout/tagout procedures.
 - Correct any noted deficiencies in the procedures.
3. All new or modified equipment must be designed to accept an energy isolating or lockout device.
 4. If an employee's lockout/tagout device needs to be removed and the employee is no longer in the facility, the following procedures will be used:
 - Verify that the employee applying the device is no longer in the facility.
 - Evaluate the equipment to ensure it is safe to operate.
 - Remove the lockout/tagout device.
 - Make a reasonable attempt to contact the employee to inform them that their lockout/tagout device has been removed.
 - Ensure that the employee is knowledgeable of the removal upon return to work.
 5. When lockout/tagout devices must be removed to test or position equipment, this will be conducted following normal lockout/tagout procedures.
 6. When working with outside contractors:
 - Both host employer and contractor will inform the other of the lockout/tagout procedures to be used.
 - Both host employer and contractor will follow lockout/tagout procedures.
 7. During shift changes, special procedures are followed to ensure the continued lockout/tagout protection between outgoing and incoming employees:
 - One authorized employee from the outgoing shift will leave a lock and tag in place on each isolation device with a multi-lock hasp until the first authorized employee from the incoming shift has placed a lock and tag on each isolation device's multi-lock hasp.
 - The authorized employee from the outgoing shift will then remove the lock and tag from each multi-lock hasp

Information and Training

1. All employees are provided with information and training on lockout/tagout applicable to their job. Training is conducted:
 - At the time of their initial job assignment.
 - With changes in machines, energy sources or procedures.
 - When periodic inspections reflect inadequacies in employee knowledge or lockout/tagout procedures.

- As needed, to ensure employees are following established lockout/tagout procedures.
2. Authorized Employees are provided with lockout/tagout training to include:
- Requirements of the Lockout/Tagout Standard.
 - Purpose and function of the lockout/tagout program.
 - Recognition of hazardous energy sources.
 - Type and magnitude of energy sources.
 - Methods and means necessary to control these energy sources.
 - Lockout/tagout rules and special circumstances.
3. Affected Employees will be provided with awareness training to include:
- Purpose and function of the lockout/tagout program.
 - Prohibition of starting equipment under lockout/tagout or lockout/tagout removal.

Program Evaluation

The affected Department Heads and Safety Coordinator will review the program on an annual basis to ensure the continued effectiveness of the guideline and procedures. The program will be updated, as needed, to reflect any changes.

Personal Protective Equipment Program

Guideline

1. The Town of North Elba is committed to ensure that employees are provided with and utilize proper personal protective equipment (PPE) to protect themselves from chemical and physical hazards in the workplace, and advocates use of PPE that meets or exceeds equipment guidelines set forth by the American National Standards Institute (ANSI).
2. These goals will be met through the proper:
 - Workplace PPE Hazard Assessment
 - Selection of PPE
 - Training of Employees
 - Use of PPE
 - Care and Maintenance of PPE

Program Responsibilities

1. The Town Board is responsible for supporting the policies and guidelines of the PPE program.
2. Each Department Head and the Safety Coordinator is responsible to:
 - Oversee the policies and procedures of the PPE program.
 - Provide guidance on the requirements of the PPE program.
 - Coordinate the completion and certification of the Workplace Hazard Assessments.
 - Select and make available appropriate PPE.
 - Coordinate PPE training.
 - Evaluate the effectiveness of the program on an annual basis.
3. Employees are responsible to:
 - Follow established PPE procedures.
 - Properly use and maintain required PPE.
 - Promptly report any damaged or defective PPE.

Personal Protective Equipment Guidelines

Applicability

The personal protective equipment program applies to applicable personnel in the following departments:

- Airport
- Cemetery
- Highway
- Insect Control
- Park District
- Town Hall
- Transfer Station

Workplace Hazard Assessment

1. A workplace hazard assessment has been conducted to evaluate and determine those hazards present in the workplace that require the use of PPE to protect the safety and health of the employee. Where hazards are identified, appropriate PPE has been selected to protect the employee from the hazard.
2. Department Heads and the Safety Coordinator will coordinate the performance and certification of the workplace hazard assessments.
3. The workplace hazard assessment identifies hazards and protection for the:
 - Eyes and Face
 - Ears
 - Lungs
 - Head
 - Skin/Body
 - Hands
 - Feet
4. The workplace hazard assessment identifies exposure to basic hazard categories including:
 - Impact
 - Heat
 - Penetration
 - Harmful dust
 - Compression (roll over)
 - Light (optical) radiation
 - Chemical

5. The written Workplace Certification of Hazard Assessment Form is used to document the hazard assessment. Appendix I contains specific PPE Hazard Assessments.

General PPE Guidelines

1. All PPE is selected to provide appropriate protection against the potential chemical and physical hazards. As applicable, PPE is selected that meets established design criteria (i.e., ANSI “American National Standards Institute” guidelines).
1. PPE is provided in several sizes to accommodate use by all employees.
2. PPE is available from and distributed by each department.
3. Employees are required to use the PPE selected for their particular job.
4. All PPE must be inspected prior to use for defects or damage.
5. Defective or damaged PPE will be replaced prior to use.
6. All PPE should be cleaned following each use.
7. PPE will be stored in a clean and dry location when not in use.
8. Contractors are required to wear the PPE designated for the area they will be working in as well as any additional PPE required for the tasks they are performing.

Specific PPE Guidelines

1. Eye and face protection is to be used when the eyes and face may be exposed to hazards from flying particles, liquid chemicals, acids or caustic liquids or light radiation.
2. All eye protection must have side shields or side protection.
3. When employees are exposed to intense light radiation, such as from welding or torch cutting, appropriate lens filters, gloves and full body protection will be used.
4. Head protection will be used when the head may be exposed to potential injury from falling objects, striking the head on an object or contact with electrical hazards.

5. Skin/Body protection will be used when the skin or body may be exposed to potential injury from chemical or physical hazards.
6. Hand protection will be used when the hand may be exposed to potential injury from chemical contact, temperature extremes or sharp objects.
7. Foot protection will be used when the foot may be exposed to potential injury from falling or rolling objects, objects piercing the sole or contact with electrical hazards.

Training

1. All employees required to use PPE are provided with PPE training. Training will be conducted:
 - At the time of the initial job assignment.
 - With changes in PPE.
 - As needed, to continually ensure employees understand the proper use of the required PPE.
2. Training on PPE includes the following topics:
 - Review of the Workplace Hazard Assessments.
 - What PPE is required?
 - When PPE is required to be used.
 - How to properly wear and use the PPE.
 - Limitations of the PPE.
 - Proper care, maintenance and disposal of PPE.
3. All PPE training includes an employee demonstration of use proficiency.

Program Evaluation

1. The Department Heads and Safety Coordinator will coordinate review of the program on an annual basis to ensure the continued effectiveness of the guideline and procedures.
2. The program will be updated, as needed, to reflect any changes.

Acknowledgement of Receipt Form

I _____, acknowledge that on _____ I received a copy of the Town of North Elba's Safety Manual. I agree to abide by all of the rules and procedures described. The Town of North Elba may unilaterally make changes it deems appropriate with or without prior notice to me. However, I will be provided with a written copy of the changes.

Appendix A

Department Safety Inspections

- Office Safety Inspection
- Shop Safety Inspection

Office Safety Inspection Form

Department: _____ Inspector: _____ Date: _____

Safety Issue	Findings	Immediate Fix/Service Required
<p>Means of Egress/Fire Protection:</p> <ul style="list-style-type: none"> • All evacuation routes, exits, fire extinguishers and other fire protection equipment are clear for ready access? • All emergency exit routes properly labeled or identified? • All illuminated exit signs and emergency lighting is functioning and properly illuminated? • Fire extinguishers are positioned in their designated location and charged? • Excessive accumulation of combustible material is controlled around the area? 		
<p>Housekeeping/Working Surfaces:</p> <ul style="list-style-type: none"> • All floors and work areas are clean and free of accumulation of debris? • Stacked materials and equipment are securely stored? • All floors and working surfaces are in good repair to prevent slip, trip and fall hazards? 		
<p>Electrical:</p> <ul style="list-style-type: none"> • All electrical control panels are closed? • Areas in front of all electrical control panels have at least 3 feet of clearance? • Electrical cords and plugs are in good condition and not being used as permanent fixtures? • All electrical equipment and installations are in good repair (outlet covers, wiring, etc.)? • All circuits and circuit breakers are labeled with the circuits controlled? • Extension cords are not being 		

used as permanent fixtures? • GFCI's are used with all extension cords and portable tools?		
Chemical Use: • All chemical containers are properly labeled and stored? • MSDS binders are up to date and accessible to employees?		
Machine Guarding: • All guards on machinery or equipment are in place?		
Personal Protective Equipment: • Appropriate PPE is available and used as necessary?		

Shop Safety Inspection Form

Department: _____ Inspector: _____ Date: _____

Safety Issue	Findings	Immediate Fix/Service Required
<p>Means of Egress/Fire Protection:</p> <ul style="list-style-type: none"> • All evacuation routes, exits, fire extinguishers and other fire protection equipment are clear for ready access? • All emergency exit routes properly labeled or identified? • All illuminated exit signs and emergency lighting is functioning and properly illuminated? • Fire extinguishers are positioned in their designated location and charged? • Excessive accumulation of combustible material is controlled around the area? 		
<p>Housekeeping/Working Surfaces:</p> <ul style="list-style-type: none"> • All floors and work areas are clean and free of accumulation of debris? • Stacked materials and equipment are securely stored? • All floors and working surfaces are in good repair to prevent slip, trip and fall hazards? • All ladders are in good condition? • All elevated working/climbing surfaces are clean and secure? • All railings and midrails are in place on all platforms or elevated surfaces? 		
<p>Electrical:</p> <ul style="list-style-type: none"> • All electrical control panels are closed? • Areas in front of all electrical control panels have at least 3 feet of clearance? • Electrical cords and plugs are in good condition and not being used as permanent 		

<p>fixtures?</p> <ul style="list-style-type: none"> • All electrical equipment and installations are in good repair (outlet covers, wiring, etc.)? • All circuits and circuit breakers are labeled with the circuits controlled? • Extension cords are not being used as permanent fixtures? • GFCI's are used with all extension cords and portable tools? 		
<p>Chemical Use:</p> <ul style="list-style-type: none"> • All chemical containers are properly labeled and stored? • MSDS binders are up to date and accessible to employees? • All flammable and corrosive liquids are stored in proper containers and cabinets? • All compressed gas cylinders are properly secured with caps in place? • All compressed gas cylinders are stored in their designated location (oxygen away from flammables)? 		
<p>Eye Wash/Shower Stations: Areas around eye wash stations are clear and readily accessible? Eye wash stations are clean and in good working order?</p>		
<p>Machine Guarding:</p> <ul style="list-style-type: none"> • All guards on machinery or equipment are in place? • All belts, pulleys, drive shafts, couplings, pinch points and moving parts on the machine, equipment and tools are properly guarded? • Machine guards are in place and properly positioned? • Machine guards are in good condition? • Grinders are set up properly (1/8" tool rest to wheel and 1/4" tongue guard to wheel)? Portable hand tools are in good condition? 		
<p>Personal Protective Equipment:</p> <ul style="list-style-type: none"> • Appropriate PPE (gloves, face 		

<p>shields, hard hats, etc.) is available and used as necessary?</p> <ul style="list-style-type: none"> • Safety glasses are worn in work areas and during tasks as required? • PPE is in good condition and stored in a clean and dry location? • Respiratory protection, if applicable, is in good condition and stored in a clean and dry location? 		
<p>Heavy Equipment:</p> <ul style="list-style-type: none"> • Heavy equipment is in good working order? • Heavy equipment is inspected and documented each shift? • Operators are safely using the heavy equipment? 		

Appendix B
Basic Safety Review

Employee Name: _____ Date: _____

Department: _____ Job Title: _____

Safety and Health Review for All Employees	Date Completed
Review general safety and health rules for the Town and department.	
Review the Accident Reporting Guideline: <ul style="list-style-type: none"> • Employees are required to report any accident or injury, regardless of severity, to the Department Head, designee, or Safety Coordinator immediately. 	
Review Employee Access to Medical and Exposure Records: <ul style="list-style-type: none"> • Employee's right to access records. • Existence, location, availability and means of accessing records. 	
Review Department Emergency Procedures: <ul style="list-style-type: none"> • Means to be notified of and report workplace emergencies. • Evacuation routes, exit and employee meeting areas. • Available emergency equipment in the department. • Prohibited use of fire extinguisher until trained. 	
Review Hazard Communication Guidelines: <ul style="list-style-type: none"> • Understanding container labeling. • Use and location of Material Safety Data Sheets (MSDSs). 	
Provide Awareness Training: <ul style="list-style-type: none"> • Blood-borne – Do not touch blood or other potentially infectious materials without the use of protective equipment. • Lockout/Tagout – Do not remove locks or tags on machine controls for any reason. • Electrical – Do not conduct any work on electrical services, outlets, switches, plugs, etc. • Lead/Asbestos – Do not conduct any destructive activities on any painted surfaces or potential asbestos containing materials (i.e., pipe insulation, floor tiles). 	
Review the safety and health procedures specific to the employee's job: <ul style="list-style-type: none"> • Safety and health hazards. • Safety equipment and personal protective equipment (PPE) required. • Use and limitations of safety equipment and PPE. 	
Prohibited Activities until Formal Training: <ul style="list-style-type: none"> • Work on equipment and machinery requiring lockout/tagout. • Use of heavy equipment and powered industrial trucks. • Work at elevated heights requiring fall protection. 	

The Department Head or Safety Coordinator has reviewed the above information with me and I fully understand the safety and health obligations required of me as part of my job.

Employee

Date

Department Head/Safety Coordinator

Date

Appendix C

Safety & Health Training Sign-In Form

CERTIFICATE OF TRAINING

Location: _____ Date: _____

Certifying Trainer: _____

This document certifies that training and verification of understanding was conducted for the following subjects:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Employee Name	Department	Certification Date	Signature

Appendix D

Accident Investigation Forms

Employee's Report of Injury

Employee Name: _____ Male ___ Female ___
Last First Middle

Date of birth: ____/____/____ Home telephone #: (____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ How long employed here: _____ SSN.: ____-____-____

Location of accident: _____
Address Area (shop floor, recycling, bathroom, etc.)

Date of Accident: _____ Time of Accident: _____ AM ___ PM ___

Describe fully how accident occurred including events immediately before the accident:

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring:

Name of Supervisor: _____ Phone #: _____

Witness 1: _____ Phone #: _____

Witness 2: _____ Phone #: _____

To whom did you report the injury? _____

Reported to Supervisor on _____ at _____. Do you require medical attention? _____
Date Time Yes No Maybe

Name of your treating physician: _____ Phone #: _____

Employee Signature: _____ Date: _____

Form may be copied as needed

Accident Witness Statement

Injured employee's name: _____ Phone #: _____

Name of witness: _____ Phone #: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Position: _____ How long employed here: _____ SSN.: _____ - _____ - _____

Location of accident: _____
Address Area (shop floor, recycling, bathroom, etc.)

Date of Accident: _____ Time of Accident: _____ AM ___ PM ___

Describe fully how accident occurred including events immediately before the accident:

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring:

Name of Supervisor: _____ Phone #: _____

Witness Signature: _____ Date: _____

Supervisor's Accident Investigation

Location where accident occurred		Employer's Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No Job Site: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of accident or illness
Who was injured?		<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee		Time of accident: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Length of time with firm	Job title or occupation	Department normally assigned to	How long has employee worked at job where injury or illness occurred?	
What property/equipment was damaged?			Property/equipment owned by:	
What was employee doing when injury/illness occurred?		What machine or tool was being used?	What type of operation?	
How did injury/illness occur?		List all objects and substances involved		
Part(s) of body affected/injured?		Any prior physical conditions? If so, what? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nature and extent of injury/illness and property damaged (be specific)				

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

- | | | |
|-------------------------|----------------------------------|----------------------------------|
| __ Failure to lockout | __ Improper maintenance | __ Poor housekeeping |
| __ Failure to secure | __ Improper protective equipment | __ Poor ventilation |
| __ Horseplay | __ Inoperative safety device | __ Unsafe arrangement or process |
| __ Improper dress | __ Lack of training or skill | __ Unsafe equipment |
| __ Improper guarding | __ Operating without authority | __ Unsafe position |
| __ Improper instruction | __ Physical or mental impairment | __ Other _____ |

Supervisor's corrective action to ensure this type of accident does not recur:

- Was employee trained in the appropriate use of PPE and proper safety procedures? Yes ___ No ___
- Was employee cautioned for failure to use PPE and proper safety procedures? Yes ___ No ___
- Did employee promptly report the injury/illness? Yes ___ No ___
- Is there modified duty available (if applicable)? Yes ___ No ___

Supervisor's Name: _____ Phone #: _____

Supervisor's Signature: _____ Date: _____

Form may be copied as needed.



PUBLIC EMPLOYER RISK MANAGEMENT ASSOCIATION, INC.

P.O. Box 12250, Albany, NY 12212-2250

Toll Free in US: 1-888-737-6269 • Fax: 1-877-737-6232 • Tel: (518) 220-1111

SUBMIT THIS FORM ONLINE AT WWW.PERMA.ORG

**INITIAL
REPORT**

P E R M A

COMPLETE SECTION "A" AND SUBMIT THIS FORM WITHIN
24 HOURS OF ACCIDENT

(Please print)

Injured Person: _____ Sex: M F

Employer's or Volunteer District's Name: _____

Home address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home phone #: (____) _____ SS#: _____ DOB: _____

Dept: _____ Job title: _____ Dept. code (see reverse side): _____

Volunteer **Paid** If volunteer, who is your regular employer? _____

Employer contact name: _____ Employer contact phone #: (____) _____

Date of Injury: ____/____/____ Time of Injury: _____ AM _____ PM Part time Full time

Name of Witness: _____

Description of injury and how injury occurred: _____

Where did injury/accident occur? _____

Describe medical treatment: _____

Has employee returned to work? Yes No Return to work date: ____/____/____ Actual Expected

Weekly wage: _____ Will wages be continued during disability? Yes No

Based on restriction, the employee will be assigned the following status: Full Duty Transitional Duty

Supervisor: _____ Phone #: (____) _____

Supervisor's Signature: _____ Date: ____/____/____

SECTION A SUPERVISOR

Medical Authorization & Fraud Statement

In accordance with New York State law, I hereby authorize PERMA (or its representatives) to be furnished with any information or facts regarding this injury only, including records, diagnosis, medical treatment and prognosis, estimates of disability, and recommendations for further treatment. This information is to be used for the sole purpose of evaluating and handling any claim and medical care as a result of the incident occurring on or about the above noted date and for no other purpose, now or in the future.

ANY PERSON knowingly and with intent to defraud any coverage provider files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Employee Signature: _____ Date: ____/____/____

SECTION B EMPLOYEE

Name of Facility: _____ Date: ____/____/____

New Injury / Illness Existing Condition

Preliminary diagnosis: _____

Recommended work status: Full Duty Transitional Duty No Work

Modified duty restriction apply for: Lifting up to: ____lbs. Carrying limited to: ____lbs.

Pushing / Pulling limited to: ____lbs. No lifting No carrying No pushing / pulling

Other restrictions or comments: _____

Follow-up appointment with: _____ Date: ____/____/____ Time: _____ AM _____ PM

Physician / Clinician name (please print): _____ Phone #: (____) _____

Physician / Clinician Signature: _____ Date: ____/____/____

SECTION C MEDICAL PROVIDER

*For coverage questions, please feel free to contact PERMA at the above address or phone number.
When completed, please fax to above number.*

AFTER SECTION "A" IS COMPLETE, PROVIDE A COPY OF THIS FORM TO:

Injury Coordinator, Department, Medical Provider and Employee

DEPARTMENT CODE KEY

1710.0 Administration	4035.0 Fam. Health & Planning Svcs.	4210.0 Narcotic Guidance Council	8160.0 Refuse & Garbage
8110.0 Administration	6109.0 Family Assistance	8430.0 Natural Gas	4020.0 Registrar of Vital Statistics
8686.0 Administration	3410.0 Fire Protection	5650.0 Off Street Parking	8682.0 Relocation Pay & Assistance
7620.0 Adult Recreation	8720.0 Fish & Game	3320.0 On-Street Parking	8610.0 Rent Subsidy Admin.
8750.0 Agriculture & Livestock	8745.0 Flood & Erosion Control	1620.0 Operation of Plant	3625.0 Rescue Squad
5610.0 Airport	6143.0 Food Assistance Program	3520.0 Other Animal Control	8030.0 Research
4250.0 Alcoholic Addiction Control	6150.0 Food Stamp Outreach	3170.0 Other Correction Agency	5635.0 RR - Rapid Transit
4540.0 Ambulance	8730.0 Forestry	7989.0 Other Culture & Recreation	3620.0 Safety Inspection
1355.0 Assessment	6770.0 Foster Grandparent Program	6989.0 Other Economic & Dev.	6140.0 Safety Net
1320.0 Auditors	5132.0 Garage	6326.0 Other Economic Op. Prgms.	6070.0 Services for Recipients
7270.0 Band Concerts	8790.0 General Natural Resources	2989.0 Other Education - D.A.R.E.	5148.0 Services, Other Gov't.
1340.0 Budget	5010.0 Highway & Street Admin.	2980.0 Other Educational Activities	8120.0 Sewage Collecting System
5630.0 Bus Operations	7510.0 Historian	1989.0 Other General Gov't Support	8130.0 Sewage Treat. & Disposal
7550.0 Celebrations	7520.0 Historical Property	4989.0 Other Health	8560.0 Shade Tree
8810.0 Cemeteries	6141.0 Home Energy Assistance	8989.0 Other Home & Comm. Svc.	3110.0 Sheriff
1650.0 Central Comm. System	4510.0 Hospital	7560.0 Other Performing Arts	5410.0 Sidewalks
1680.0 Central Data Processing	6121.0 Hospital Care	4189.0 Other Public Health	8740.0 Small Watershed Protection District
1640.0 Central Garage	4570.0 Hospital Inspections	3989.0 Other Public Safety	
1670.0 Central Printing & Mail	8040.0 Human Rights Commission	3189.0 Other Traffic	5142.0 Snow Removal
1610.0 Central Service Admin.	6460.0 Industrial Dev. Agency	5680.0 Other Transportation	5144.0 Snow Removal State
1660.0 Central Storeroom	6430.0 Industrial Parks	5989.0 Other Transportation	6010.0 Social Services Admin.
6119.0 Child Care	6020.0 Infirmary	7010.0 Parks	8320.0 Source of Supply, Power & Pumping
3640.0 Civil Defense	4068.0 Insect Control	6291.0 Participant Support	
8666.0 Clearance, Demo Rehab	3150.0 Jail	3160.0 Penitentiary	6106.0 Special Needs
8175.0 Clearing Vacant Lots	3151.0 Jail Counseling Services	1430.0 Personnel	8670.0 Special Projects for Elderly & Handicapped
1410.0 Clerk	6292.0 Job Training & Service	8684.0 Plan & Manage Develop.	
8664.0 Code Enforcement	6290.0 Job Training Administration	8020.0 Planning	7180.0 Special Recreation Facilities
8350.0 Common Water Supply	7415.0 Joint Public Library	7140.0 Playground & Rec. Ctr.	6129.0 State Training School
6310.0 Community Action Admin.	7145.0 Joint Recreation Projects	3120.0 Police	8420.0 Steam
8510.0 Community Beautification	7320.0 Joint Youth Program	6530.0 Private Social Svc. Agency	3315.0 Stop DWI
8680.0 Comp. Urban Renew Pjct	3147.0 Juvenile Counseling Services	3140.0 Probation	8140.0 Storm Sewers
1315.0 Comptroller	6123.0 Juvenile Delinquent	7610.0 Programs for Aging	8170.0 Street Cleaning
8710.0 Conservation	3145.0 Juvenile Detention Home	6772.0 Programs for the Aging	5182.0 Street Lighting
6610.0 Consumer Affairs	4025.0 Laboratory	6420.0 Promotion of Industry	1220.0 Supervisor
4322.0 Contracted Mental Hlth. Srv.	1420.0 Law	8678.0 Provision of Public Services	1330.0 Tax Collection
3510.0 Control of Dogs	1010.0 Legislative Board	1175.0 Public Administrator	4070.0 TB Care & Treatment
6055.0 Day Care	7410.0 Library	1170.0 Public Defender	3310.0 Traffic Control
3650.0 Demolition of Unsafe Bldgs.	5130.0 Machinery	6050.0 Public Facility for Children	1130.0 Traffic Violations Bureau
1310.0 Director of Finance	5120.0 Maintenance of Bridges	4010.0 Public Health	8340.0 Transportation & Distr.
1165.0 District Attorney	5110.0 Maintenance or Roads	4050.0 Public Health Officer	1325.0 Treasurer
1040.0 District Clerk	1210.0 Mayor	6030.0 Public Home	8689.0 Unidentified Community Development
2920.0 District Super. of Schools	6102.0 Med. Assistance - MMIS	6197.0 Public Home & Infirmary	
5720.0 Dock Piers and Wharves	6101.0 Medical Assistance	1480.0 Public Information & Svc.	8620.0 Urban Renewal Agency
8540.0 Drainage	4017.0 Medical Assistance Clinic	4530.0 Public Nursing Home	6510.0 Veterans Service
4059.0 Early Intervention Program	4560.0 Medical Ctr. &/or Physician	3010.0 Public Safety Administration	2930.0 Vocational Ed & Ext. Board
8687.0 Economic Dev. Zone Admin	4015.0 Medical Director	3020.0 Public Safety Comm.	8310.0 Water Administration
2960.0 Edu. Handicapped Children	1185.0 Medical Examiners	1490.0 Public Works Administration	8397.0 Water Capital Projects
1450.0 Elections	4310.0 Mental Health Admin.	8662.0 Public Works Facility Site	5710.0 Waterways Navigation
8410.0 Electric & Power	4320.0 Mental Health Programs	6410.0 Publicity	4082.0 WIC Program
6142.0 Emergency Aid for Adults	5140.0 Miscellaneous	1345.0 Purchasing	6320.0 Work-Train. (Neigh. Youth)
8760.0 Emergency Disaster Work	8688.0 Model Cities Activities	8330.0 Purification	7310.0 Youth Programs
1440.0 Engineer	1110.0 Municipal Court	4042.0 Rabies Control	8010.0 Zoning
5020.0 Engineering	1230.0 Municipal Executive	5640.0 Railroad Station Maint.	
8090.0 Environmental Control	7450.0 Museum	4610.0 Rape Crisis Center	
4090.0 Environmental Health Prgm.	4220.0 Narcotic Addiction Control	4064.0 Rat Control	
3610.0 Examining Boards	4230.0 Narcotic Addiction Ctrl. Svc.	1460.0 Records Management	

Appendix E

Heavy Equipment Daily Inspection Form

Heavy Equipment Daily Inspection Form

Date: _____ Operator: _____ Equipment: _____

	Pre-Trip	Post-Trip
Are fluid levels adequate?		
• Coolant Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Fuel Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Hydraulic Oil Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Oil Level	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the following operational?		
• Fan Belt	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Horn	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Lights	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Mirrors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is condition satisfactory?		
Cutting Edges	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wing Arm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Chains	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tires & Lug Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any:		
Fluid Leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defects on vehicle body such as dents or scratches	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the following available:		
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flares	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What, if anything, was done to correct any deficiencies noted above?

Appendix F

Hot Work Permit

Hot Work Permit

Department: _____ Date: _____

Location: _____ Activity: _____

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Is there any alternate procedure to use instead of hot work? |
| _____ | _____ | 2. Is it possible to move the hot work to a designated hot work area? |
| _____ | _____ | 3. Is it possible to move all fire hazards at least 35 feet from the hot work operation? |
| _____ | _____ | 4. If all fire hazards can't be removed, can guards, barriers or screens be used to confine any heat, sparks, or slag and to protect the immovable fire hazards? |
| _____ | _____ | 5. Is there any flammable or combustible liquid storage area within 35 feet? |
| _____ | _____ | 6. Is the area where the work is to be performed free of combustible debris? |
| _____ | _____ | 7. Are all floor, wall and window openings or cracks within a 35-foot radius protected to prevent exposure of combustible material to heat, sparks, flying sparks or slag? |
| _____ | _____ | 8. Are combustible materials adjacent to the opposite side of partitions, walls or ceilings protected by guards or move 35 feet away from the surface? |
| _____ | _____ | 9. Is everything moved or protected that could be damaged by sparks or water? |
| _____ | _____ | 10. Is suitable fire extinguishing equipment on-hand and ready for immediate use? |
| _____ | _____ | 11. Are there employees in the surrounding area where flying sparks or slag may injure them? |
| _____ | _____ | 12. Have precautions been implemented to prevent injury to the employees? |
| _____ | _____ | 13. Has the Department Head or Safety Coordinator been notified? |
| _____ | _____ | 14. Is a fire watch in place? |
| _____ | _____ | 15. Is hot work to be conducted in a confined space? |
| _____ | _____ | 16. Is appropriate personal protective equipment being used? |

After the hot work activity is completed, the work area must be cleaned and the area thoroughly checked for fires and smoldering materials for at 30 minutes!

Employee Completing Permit: _____ Date: _____

Department Head: _____ Date: _____

Upon completion of hot work activities, this permit must be returned to the Department Head.

Appendix G

Major Fire Hazards & Their Control

Fire Hazards and Controls

Major Fire Hazard	Fire Protection in Place
Welding Activities	<ul style="list-style-type: none"> • Designated Hot Work Area • Fire Extinguisher(s) • Hot Work Permit • Welding Screens
Compressed Gases	<ul style="list-style-type: none"> • Capped/Secured Cylinders • Fire Extinguisher(s) • Segregation of Incompatibles
Gas/Diesel Fuel Station	<ul style="list-style-type: none"> • Fire Suppression System • Flammable Placards • No Smoking Signs
Fuel Oil Tank	<ul style="list-style-type: none"> • Fire Extinguisher(s)
Propane Gas Storage Tank	<ul style="list-style-type: none"> • Flammable Placards
Flammable Liquid Containers	<ul style="list-style-type: none"> • Fire Extinguisher(s)

Appendix H

Lockout/Tagout Inspection Form

Appendix I

Personal Protective Equipment (PPE) Hazard Assessments

Workplace Certification of Hazard Assessment

Task Description: General building repair work, including use of hand/power tools, clean up debris.

Chemical/Physical Hazard	Affected Body Part	Required PPE
Flying materials due to use of hand/power tools	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves when handling materials
Impact on feet/equipment rolling over feet	Feet	Safety shoes

Task Description: Lawn Mowing and Trimming - using riding/push mower, trimming using hand/power tools.

Chemical/Physical Hazard	Affected Body Part	Required PPE
Flying materials and dust from mowing	Eyes	Safety glasses with side shields
Flying materials from trimming activities	Eyes	Safety goggles Face shields with safety glasses and side shields
Abrasion to hands	Hands	Work gloves when handling materials
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Noise from lawn mowing and trimming	Ears	Hearing protection
Exposure to vehicle traffic in or near parking lots and driveways	All	Use of reflective high-visibility vests

Task Description: Ditch Cleaning - Flag person/spotter

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling/flying materials due to traffic and activities	Head	Hard hat
Flying materials/dust	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Traffic	All	High-visibility safety vest, using seat belt and use caution

Task Description: Ditch Cleaning - General equipment operation, operating excavator, grader, water truck, loader and haul truck

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling/flying materials due to traffic and activities	Head	Hard hat shall be used when outside of an operator/vehicle cab
Flying materials	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves for all personnel
Impact on feet/equipment rolling over feet	Feet	Safety shoes for all personnel
Noise from operating equipment	Ears	Hearing protection
Traffic	All	High-visibility safety vest

Task Description: Ditch Cleaning - Operating rotary broom

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling/flying materials due to traffic and activities	Head	Hard hat shall be used when outside of an operator/vehicle cab
Flying materials/dust	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves for all personnel
Impact on feet/equipment rolling over feet	Feet	Safety shoes for all personnel
Excessive dust	Respiratory Tract	Wetting down area
Noise with open cab tractors	Ears	Hearing protection
Traffic	All	High-visibility safety vest, using seat belt and use caution

Task Description: Drainage Repair/Installation and Cleaning Culverts - Flag person

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling/flying materials due to traffic and activities	Head	Hard hat
Flying materials due to traffic and activities	Eyes	Safety glasses with side shields
Impact on feet/equipment rolling over feet	Feet	Safety shoes for all personnel
Traffic	All	High-visibility safety vest

Task Description: Drainage Repair/Installation and Cleaning Culverts - Hand shoveling

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling/flying materials due to traffic and activities	Head	Hard hat
Flying materials due to traffic and activities	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes for all personnel
Traffic	All	High-visibility safety vest

Task Description: Drainage Repair/Installation and Cleaning Culverts - operating backhoe, loader and haul truck

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling/flying materials due to traffic and activities	Head	Hard hat shall be used when outside of an operator cab
Flying materials due to traffic and activities	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes for all personnel
Traffic	All	High-visibility safety vest

Task Description: Equipment Repair and Maintenance - Battery removal, repair, installation and battery charging

Chemical/Physical Hazard	Affected Body Part	Required PPE
Splash of battery electrolyte (acid)	Eyes	Safety goggles or face shield and safety glasses with side shield
Splash of battery electrolyte (acid)	Skin	Proper work clothing with long sleeves
Abrasion to hands	Hands	Work gloves
Hand contact with battery electrolyte (acid)	Hands	Nitrile or butyl rubber gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes

Task Description: Equipment Repair and Maintenance - General repair work in main shop, including engine repair, brake repair, tire changing, use of hand/power tools and fabricating work.

Chemical/Physical Hazard	Affected Body Part	Required PPE
Flying materials due to use of hand/power tools	Eyes	Safety glasses with side shields
Abrasion/cut to hands	Hands	Work gloves
Hand contact with engine oils and other fluids	Hands	Nitrile gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Noise during loud operations	Ears	Hearing protection

Task Description: Equipment Repair and Maintenance - Lift Operation

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling materials	Head	Hard hat
Abrasion to hands	Hands	Work gloves for material handling activities
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Flying materials due to activities	Eyes	Safety glasses with side shields

Task Description: Paving - Flag person

Chemical/Physical Hazard	Affected Body Part	Required PPE
Flying/falling materials due to traffic	Head	Hard hat
Flying materials such as road debris, UV sun	Eyes	Safety glasses with side shields, UV-block safety glasses
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Traffic	All	High-visibility safety vest

Task Description: Paving - Operating pavers, roller and haul truck, other assisting personnel

Chemical/Physical Hazard	Affected Body Part	Required PPE
Flying/falling materials due to equipment use and traffic	Head	Hard hat shall be used when outside of truck cab
Flying materials such as road debris, UV sun	Eyes	Safety glasses with side shields, UV-block safety glasses
Abrasion to hands	Hands	Work gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Traffic	All	High-visibility safety vest

Task Description: Roadside Mowing

Chemical/Physical Hazard	Affected Body Part	Required PPE
Flying/falling materials due to equipment use and traffic	Head	Hard hat
Flying materials from mowing	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Noise from operating mowing machine	Ears	Hearing protection
Noise from mowing operations	Ears	Hearing protection
Traffic	All	High-visibility safety vest

Task Description: Snow Plowing - Driving plow truck, grader and loader

Chemical/Physical Hazard	Affected Body Part	Required PPE
Flying materials	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Cold Temperature	All	Appropriate work clothing for cold temperature conditions
Traffic	All	High-visibility safety vest, using seat belt and use caution

Task Description: Tasks involve in Tree and Limb Removal. Such tasks include operating the loader, wood chipper, haul truck and chain saw, and other assisting jobs such as the flag person.

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling trees, limbs and other debris	Head	Hard hat shall be used by all equipment operators when outside of a cab
Flying materials such as wood dust chips during cutting and chipping	Eyes	Face shields for chain saw and wood chipper operators; safety glasses with side shields for all other operators
Cut and abrasion to hands	Hands	Work gloves
Impact on feet	Feet	Safety shoes
Noise from operating chain saw and chipper	Ears	Hearing protection
Chain saw cuts to legs	Legs	Chainsaw operator must wear safety pants/chaps
Catch or snag on equipment	All	No loose clothing shall be worn. Properly fitted clothes should be used.
Wood dust from using chain saw	Respiratory Tract	Chainsaw operators shall use dust masks when necessary

Task Description: Tree and Limb Removal - Flag Person/Equipment Spotter

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling trees, limbs and other debris	Head	Hard hat
Flying materials such as wood chips and other debris due to traffic	Eyes	Safety glasses with side shields
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Equipment/traffic noise	Ears	Hearing protection
Traffic	All	High-visibility safety vest

Task Description: Winter Sand Cleanup - hand brooming and shoveling sand

Chemical/Physical Hazard	Affected Body Part	Required PPE
Falling/flying materials due to traffic	Head	Use hard hat
Flying materials such as sand/salt dust	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Excessive sand/salt dust	Respiratory Tract	Dust mask
Cold Temperature	All	Appropriate work clothing for cold temperature conditions
Traffic	All	High-visibility safety-vest, using seat belt and use caution.

Task Description: Winter Sand Cleanup - operating sweeper and rotary brooms

Chemical/Physical Hazard	Affected Body Part	Required PPE
Flying/falling materials due to equipment use and traffic	Head	Use hard hat when not in the operator/vehicle cab
Flying materials from mowing	Eyes	Safety glasses with side shields
Abrasion to hands	Hands	Work gloves
Impact on feet/equipment rolling over feet	Feet	Safety shoes
Sand/salt dust	Respiratory Tract	Dust mask
Cold Temperature	All	Appropriate work clothing for cold temperature conditions
Noise from loud operations	Ears	Hearing protection
Traffic	All	High-visibility safety vest, using seat belt and use caution

Task Description: Janitorial Services - Including trash removal, mopping/wasing floor, vacuuming and hand cleaning operations.

Chemical/Physical Hazard	Affected Body Part	Required PPE
Splash of cleaning agents during materials handling and cleaning	Eyes	Safety glasses with side shields
Splashes of concentrated materials during mixing	Eyes	Face shield and safety glasses with side shields or goggles
Contact with cleaning chemicals and trash/waste	Hands	Rubber gloves
Wet/slippery surfaces	All	Slip-resistant safety shoes/boots