Appendix No. A
Appendix Name: Policy Documentation Summary
Control Date: 08/2006

No.	Policy Name	Required Documentation
001	Safety Policy Statement	
002	Responsibilities	
003	Inspections Audits and Reviews	Documentation of Performance
004	Training Requirements	Documentation of Training
005	General Work Rules	
006	Safety Committees	Attendance List and Meeting Minutes
007	Purchasing Procedures	Purchase Order Verbiage
008	Workman's Compensation	Accident Reporting Forms
009	First Aid	Accident Reporting Forms
010	Office Safety	
011	Computer Work Stations	
012	Tools and Equipment	
013	Flammable Liquids	
014	Materials Handling	
015	Construction & Traffic Safety	
016	Ladders and Scaffolding	
017	Welding and Cutting	Hot Work Permits
018	Hazard Communication	MSDS Documents and Chemical Listing
019	Lockout / Tagout	Equipment Specific Lockout Procedures
020	Compressed Gases	
021	Powered Industrial Trucks	Driver Certifications
022	Pesticides	Detailed Application Records
023	Trenching and Excavating	
024	Fall Protection	
025	Electrical Safety	
026	Bloodborne Pathogens	Exposure Control Plan & Letter To Laundry Service
027	Hearing Conservation	Noise Exposure Monitoring Data
028	Emergency Plan	Evacuation Procedures, Maps and Emergency Contact Information
029	Protective Equipment	Job Hazard Assessments w Certification
030	Respiratory Protection	Chemical Exposure Monitoring Data
031	Confined Spaces	Listing of Permit & Non-Permit Spaces
032	Chemical Hygiene Plan	Chemical Hygiene Plan Annual Review
033	Communicable Diseases	
034	Vehicle Operations	Accident Investigation Report/Insurance/Driver Course/License and Endorsements
035	Asbestos Control	Asbestos Surveys/test Results/Abatement Records/Contractor Certification
036	Lead Control	Procedures/Exposure Monitoring/Respirators/Policy Review
037	Workplace Violence	Assault Threat Report

Appendix No. B
Appendix Name: Audit / Inspections Summary
Control Date: 08/2006

No.	Program	Type	Frequency	Responsibility
000	Cranes and Hoists	Inspection of Units For Proper Operation	Monthly	Facilities
000	Cranes and Hoists	Inspection of Units For Proper Operation	Annually	Facilities
000	Cranes and Hoists	Inspection of Units For Proper Operation	Daily	Operator*
000	Powered Industrial Trucks	Inspection of Units For Proper Operation	Daily	Operator*
005	Safety Showers	Inspection of Units For Proper Operation	Monthly	Facilities
005	Eye Wash	Inspection of Units For Proper Operation	Monthly	Facilities
009	First Aid Kits	Inspection of Units For Supplies	Monthly	Facilities*
013	Fire Extinguishers	Inspection of Units For Proper Operation	Monthly	Facilities
016	Ladders and Scafolding	Safety Inspection	Daily	Supervsior*
017	Welding and Cutting	Fire Watch	As Needed	Supervisor*
019	Lockout/Tagout	Review Lockout Procedures	Annually	Supervisors
019	Lockout/Tagout	Audit LOTO Program	Annually	Department Head
023	Trenching and Excavations	Safety Inspection	Daily	Supervisor*
026	Bloodborne Pathogens	Review Exposure Control Plan	Annually	Department Head
030	Respiratory Protection	Review Program Effectiveness	Annually	Risk Manager
031	Confined Spaces	Review Program Effectiveness	Annually	Risk Manager
032	Chemical Hygiene (Fume Hoods)	Inspection of Units For Proper Operation	Monthly	Facilities
032	Chemical Hygiene (Fume Hoods)	Review of Program Effectiveness	Annually	Department Head
036	Lead Control	Review of Program Effectiveness	Annually	Risk Manager
	* Does Not Require Documentation			

No.	Policy Name	Type	Content	Affected Employees	Assignment	Annual	Special
001	Safety Policy Statement	Instruction	Responsibilities	All	X		
002	Responsibilities	Instruction	Responsibilities	All	X		
003	Inspections Audits and Reviews	Instruction	Responsibilities	Department Heads and Supervisors	X		
004	Training Requirements	Instruction	Responsibilities	Department Heads and Supervisors	X		
005	General Work Rules	Instruction	Policy Requirements	All	X		
006	Safety Committees	Instruction	Existence of Safety Committees	All	X		
006	Safety Committees	Instruction	Safety Committee Policy	Committee Members	X		
007	Purchasing Procedures	Instruction	Purchasing Procedures	Authorized Buyers	X		
008	Workman's Compensation	Instruction	Workman's Compensation	All	X		
009	First Aid	Instruction	First Aid By Authorized Personnel	All	X		
009	First Aid	Training	CPR	Designated Responders; Confined Space Entrants, Attendants and Supervisors	X	X	
009	First Aid	Training	First Aid	Designated Responders; Confined Space Entrants, Attendants and Supervisors	X		At least every 3 years
010	Office Safety	Instruction	Office Safety	All Administrative Personnel	X		
011	Computer Work Stations	Instruction	Policy Content	Computer Users	X		
012	Tools and Equipment	Instruction	Policy Content	Tools Users	X		
013	Fire Safety & Flammable	Instruction	Policy Content	All	X		
013	Fire Safety & Flammable	Instruction	Fire Extinguisher Use	All	X	X	
014	Materials Handling	Instruction	Policy Content	All	X		
015	Construction & Traffic Safety	Instruction	Policy Content	Public Works, Parks and Recreation, Facilities	X		
016	Ladders and Scaffolding	Instruction	Policy Content	Public Works, Parks and Recreation, Facilities	X		
017	Welding and Cutting	Training	Welding and Cutting	Welders and Cutters	X		
018	Hazard Communication	Training	MSDS, Labels, Hazard Communication	All	X		
019	Control of Hazardous Energy	Training	LOTO Procedures and Hazard Control	Authorized Employees	X	X	
019	Control of Hazardous Energy	Instruction	Purpose and Use of LOTO Policy	All	X		
020	Compressed Gases	Instruction	Gas Cylinder Safety	Users of Cylinders	X		
021	Powered Industrial Trucks	Training	Driver Recertification	Truck Operators	X		Recertify every 3 years
022	Pesticides	Training	Pesticides	Pesticides	X		Special Requirements
023	Trenching and Excavating	Training	Trenching and Excavating	Trenching and Excavating	X		
024	Fall Protection	Training	Fall Protection	Fall Protection	X		
025	Electrical Safety	Training	Safe Work Practices	Working > 50 Volts	X		
025	Electrical Safety	Instruction	Safe Work Practices	General Electrical Safety	X		
026	Bloodborne Pathogens	Training	Protective Measures	Pathogenic Contact or First Aid Responders and Confined Space Employees	X	X	
026	Bloodborne Pathogens	Instruction	Only Authorized Employees Can Perform First Aid	All Employees	X		
027	Hearing Conservation	Training	Effects of Noise/Hearing Protection	Employees Exposed To >85 decibels	X	X	
027	Hearing Conservation	Medical	Medical Evaluation - Audiogram	Employees Exposed To >85 decibels	X	X	
028	Emergency Plan	Training	Emergency Procedures	All	X		
029	Protective Equipment	Training	Use, Care, Donning and Cleaning	Required To Wear PPE	X		
030	Respiratory Protection	Training	Proper Use of Respirators	Required Respirator Wearer	X	X	
030	Respiratory Protection	Medical	Medical Evaluation - Lung Function	Required Respirator Wearer	X		One Time Requirement
030	Respiratory Protection	Technical	Fit Testing	Required Respirator Wearer	X	X	
031	Confined Spaces	Training	Confined Space Entry Procedures	Authorized Entrants, Attendants and Supervisors	X		
032	Chemical Hygiene Plan	Training	Safe Use of Chemicals & SOPs	Medical Examiner, Department of Health Employees	X		
033	Communicable Diseases	Instruction	Working With Diseased Persons	All	X		
034	Vehicle Operations	Instruction	Defensive Driving / Driver Perception, Orientation and Examination	Operators of County Owned Vehicles	X		
034	Vehicle Operations	Instruction	Training and Maintenance of Vehicles	Off-Road Vehicles	X		
034	Vehicle Operations	Instruction	Operation	Construction Equipment Operators	X		
035	Asbestos Control	Training	Asbestos Safety	Facilities For Pre-1980 Buildings	X		
036	Lead Control	Training	Lead Safety	Shooting Range Facilities Personnel	X	X	

Appendix No. C
Appendix Name: Safety Training Summary
Control Date: 08/2006

Voluntary Respirator Information Sheet
PPE Hazard Assessment and Certification Form
Powered Industrial Truck Daily Inspection Checklist
Powered Industrial Truck Driver Evaluation Form
Welding and Burning Permit (Hot Work Permit)
Confined Space Entry Permit
Bloodborne Exposure Form
Hepatitis B Vaccination Declination Form
Lockout Procedure Form
Accident / Injury Report
Worker's Compensation Claim Form
County Accident Scene Procedures
Vehicle Accident Investigation Report
Guide to Determining Accident Preventability
Contractor Safety Checklist

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, of if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

_____ _____

Employee Signature Date

Certification of Hazard Assessment Form

This form may be used to certify (document in writing) your hazard assessment. Keep it on permanent file in the Safety Binder. The hazard assessment is accomplished by surveying the workplace to determine where physical or health hazards are present or likely to be present which necessitate the use of personal protective equipment (PPE). Any additional or unique hazards should be added to this list of common sources and hazards. By signing below, the "Lead Person" conducting the hazard assessment certifies that the assessment has been completed as described.

PERFORMED BY: _____ Lead Person's Name & Title **DATE**: _____ _____ Certifying Signature	❒ **Single employee's job description:** _____ Employee Name Job Title ❒ **Job description for a class of employees:** _____ Working Title of Positions

❒ **NONE - Hazards requiring personal protective equipment are not present or likely to be present.**

SOURCE	*ASSESSMENT OF HAZARD*	*PPE REQUIRED*	*COMMENTS*
Use or handling of: ❒ **Chemicals** ❒ **Biological agents, human blood, OPIM** ❒ **Radioactive materials**	**Eye or face injury** ❒ **Impact from flying particles** ❒ **Chemical splash in eyes** ❒ **Facial skin chemical contact** ❒ **Nose/mouth contact with blood/OPIM**	❒ **Safety glasses** ❒ **With side shields** ❒ **Safety goggles** ❒ **Chemical splash goggles** ❒ **Face shield** ❒ **Face mask for blood/OPIM only** ❒ **Other** _____	
	Body/skin/hand contact ❒ **Biological agents** ❒ **Sharps** ❒ **Radioactive materials** ❒ **Chemicals** ❒ **Hot or cold objects**	❒ **Lab coat** ❒ **Latex gloves** ❒ **Apron** ❒ **Leather Gloves** ❒ **Scrubs** ❒ **Rubber gloves** ❒ **Tyveks** ❒ **Chemical resistant gloves** ❒ **Other** _____	
❒ **Operations generating airborne fiber, dust, fume, mist, or vapor**	❒ **Respiratory: inhalation exposure above exposure standards**	**Respirator** ❒ **Filter or Cartridge** ❒ **SCBA or air line** ❒ **Voluntary Use of Dust Mask**	
❒ **High noise levels from equipment or operation**	❒ **Hearing: noise exposure above 85 decibels.**	❒ **Muff** ❒ **Plugs** ❒ **Other** _____	
Non-ionizing radiation sources ❒ **Lasers** ❒ **Infrared** ❒ **Welding** ❒ **Ultraviolet**	**Radiation burns to:** ❒ **Eyes** ❒ **Body** ❒ **Skin**	❒ **Shaded safety glasses** ❒ **With side shields** ❒ **Shaded safety goggles** ❒ **Welding helmet** ❒ **Protective clothing (welding leathers, etc.)** ❒ **Barriers, shields** ❒ **Other** _____	
❒ **General safety: physical hazards from equipment, process, or material**	❒ **Foot injury: equipment or object that can fall or roll onto feet**	❒ **Safety shoes** ❒ **Other** _____	
	❒ **Impact or penetration to eye, face, head, body, or soles of feet** ❒ **Electrical contact**	❒ **Shaded safety glasses** ❒ **With side shields** ❒ **Shaded safety goggles** ❒ **Welding helmet** ❒ **Protective clothing (welding leathers, etc.)** ❒ **Barriers, shields** ❒ **Other** _____	
	❒ **Thermal: extreme heat or cold**	❒ **Thermal gloves** ❒ **Face shields** ❒ **Thermal clothing** ❒ **Safety glasses** ❒ **Barriers, shields** ❒ **Other** _____	
❒ **Other (specify):**			

Powered Industrial Truck Daily Inspection Checklist

Forklift:	Date:	Operator:	Pass/Fail:
Comments:			

Pre-Shift Visual Inspection

- ❑ Manufacturer's data plate is clean and readable, especially rated capacity diagram.
- ❑ Make sure there is no distortion and no cracks in forks.
- ❑ Check lift chain for equal tension, no broken pins and no sign of excessive wear.
- ❑ Look for loose or broken bolts and cracks on the overhead guard and backrest extension.
- ❑ Inspect the tilt cylinders for loose lock nuts and fluid leaks.
- ❑ See if there are any leaks of oil, coolant or fuel underneath the forklift.
- ❑ Check the levels for the brake, engine oil, and hydraulic tank and coolant system.
- ❑ Check tires for cracks and signs of wear (and air pressure, if applicable).
- ❑ Start the lift truck and make sure the gauges give proper readings.
- ❑ Test the horn.
- ❑ Test the parking brakes.
- ❑ Make sure the steering wheel has the right amount of tension and free play.
- ❑ Mast and forks should raise, lower and tilt smoothly.
- ❑ Check to make sure the clutch engages properly.
- ❑ Hold the foot brake down for 10 seconds. There should be no noticeable drift in the pedal pressure.
- ❑ Periodically clean the air filter. Most air filters have a service indicator with a clear window, which displays a color code (green or red) that shows its condition. Clean and service or replace the filter when the indicator shows a red color.
- ❑ Check the exhaust system for leaks, loose bolts, nuts and missing parts.
- ❑ Check the injectors for loose connections, unsecured mountings, missing bolts, nuts and for leaks.
- ❑ Check to be sure transmission fluid level is between the "full" and "add" marks.
- ❑ If the forklift truck has a fire extinguisher, make sure it is fully charged and properly mounted.

Defective brakes, controls, tires, lights, power supply, load-engaging mechanism, lift system, steering, and signal equipment must be repaired before a forklift is allowed to go into service.

Signature: _____

Form Issued 08/2006

COUNTY OF KENOSHA

PERFORMANCE EVALUATION FOR POWERED INDUSTRIAL TRUCK (Fork Lift) OPERATORS

EMPLOYEE/OPERATOR: _____ **JOB TITLE:** _____

DATE OF INITIAL TRAINING: _____

DATE EVALUATION BEGAN: _____

DATE EVALTION WAS COMPLETED: _____

EVALUATOR NAME: _____ **JOB TITLE:** _____

Refresher training and evaluation

Refresher training, including an evaluation of the effectiveness of that training shall be conducted to ensure that the operator has the knowledge and skills needed to operate the powered industrial truck safely.
Refresher training in relevant topics shall be provided to the operator when:

- The operator has been observed to operate the vehicle in an unsafe manner;
- The operator has been involved in an accident or near-miss incident;
- The operator has received an evaluation that reveals that the operator is not operating the truck safely;
- The operator is assigned to drive a different type of truck; or
- A condition in the workplace changes in a manner that could affect safe operation of the truck.

An evaluation of each powered industrial truck operator's performance shall be conducted at least once every three years.

Avoidance of duplicative training

If an operator has previously received training, and such training is appropriate to the truck and working conditions encountered, additional training in that topic is not required if the operator has been evaluated and found competent to operate the truck safely.

EVALUATION

The Evaluator will check the PASS box next to each criteria listed below when the employee has successfully demonstrated competence in the particular area. If the employee is not successful in a particular area, the Evaluator will provide training as necessary and reevaluate until the employee operator is deemed competent. The Evaluator will conduct this evaluation through a combination of daily observations and/or planned performance based tests. The Evaluator will indicate if refresher training was provided by circling Y for Yes or N for No for each criteria.

PASS

- ❑ 1. Shows familiarity with truck controls. Additional Training Provided: Y / N (Circle one)
- ❑ 2. Gave proper signals when turning. Additional Training Provided: Y / N (Circle one)
- ❑ 3. Slowed down at intersections. Additional Training Provided: Y / N (Circle one)
- ❑ 4. Sounded horn at intersections. Additional Training Provided: Y / N (Circle one)
- ❑ 5. Obeyed signs. Additional Training Provided: Y / N (Circle one)
- ❑ 6. Kept a clear view of direction of travel. Additional Training Provided: Y / N (Circle one)
- ❑ 7. Turned corners correctly - was aware of rear end swing. Additional Training Provided: Y / N (Circle one)
- ❑ 8. Yielded to pedestrians. Additional Training Provided: Y / N (Circle one)
- ❑ 9. Drove under control and within proper traffic aisles. Additional Training Provided: Y / N (Circle one)
- ❑ 10. Approached load properly. Additional Training Provided: Y / N (Circle one)
- ❑ 11. Lifted load properly. Additional Training Provided: Y / N (Circle one)
- ❑ 12. Maneuvered properly. Additional Training Provided: Y / N (Circle one)
- ❑ 13. Traveled with load at proper height. Additional Training Provided: Y / N (Circle one)
- ❑ 14. Lowered load smoothly/slowly. Additional Training Provided: Y / N (Circle one)
- ❑ 15. Stops smoothly/completely. Additional Training Provided: Y / N (Circle one)
- ❑ 16. Load balanced properly. Additional Training Provided: Y / N (Circle one)
- ❑ 17. Forks under load all the way. Additional Training Provided: Y / N (Circle one)
- ❑ 18. Carried parts/stock in approved containers. Additional Training Provided: Y / N (Circle one)
- ❑ 19. Checked bridge plates/ramps. Additional Training Provided: Y / N (Circle one)
- ❑ 20. Did place loads within marked area. Additional Training Provided: Y / N (Circle one)
- ❑ 21. Did stack loads evenly and neatly. Additional Training Provided: Y / N (Circle one)
- ❑ 22. Did drive backward when required. Additional Training Provided: Y / N (Circle one)
- ❑ 23. Did check load weights. Additional Training Provided: Y / N (Circle one)
- ❑ 24. Did place forks on the floor when parked, controls neutralized, brake on set, power off. Additional Training Provided: Y / N (Circle one)
- ❑ 25. Followed proper instructions for maintenance - checked both at beginning and end. Additional Training Provided: Y / N (Circle one)

Certification

Kenosha County shall certify that each operator has been trained and evaluated. The certification shall include the name of the operator, the date of the training, the date of the evaluation, and the identity of the person(s) performing the training or evaluation. This completed evaluation form signed by the Evaluator certifies that the employee operator has been trained and evaluated.

I certify the above named employee/operator has satisfactorily demonstrated the knowledge and skills needed to safely operate the powered industrial truck(s) used in the performance of his/her job.

_____ _____

Evaluator Signature **Date of Certification**

Form Issued 08/2006

WELDING and BURNING PERMIT

(Hot work is not permitted unless this card is approved and posted in work area.)

Date (of work) _____, 19____ Building _____

Dept._____ Process_____

WORK TO BE DONE _____

NAME OF PERSON PERFORMING WORK_____

SPECIAL PRECAUTIONS _____

FIRE WATCH ASSIGNED?_____

The location where work is to be done has been examined by me, the necessary precautions taken and permission is granted for this work.

PERMIT EXPIRES _____

SIGNED _____
(Supervisor responsible for work authorization)

TIME STARTED _____ COMPLETED _____

(Circle all that apply)

Sprinklers in service. Cutting and welding equipment in good condition.

Floor swept clean. Combustibles & flammables removed from area.

Heat conduction hazard – Fire-Watcher assigned. Ducts shut down.

Holes, openings or drains closed or protected.

Non-combustible covers used to protect nearby combustibles.

Containers, tanks, ducts, etc. cleaned and purged of flammables and toxics

ABC extinguishers immediately available and charged.

FINAL CHECKUP (where fire watch is required)

Work area and all adjacent areas where sparks might have spread were inspected for at least 30 minutes after the work was completed and no fire conditions were noted.

Employee Signature _____

Return completed permit to supervisor for file record

CONFINED SPACE ENTRY PERMIT

PERMIT MUST BE POSTED AT ENTRY POINT WHILE OCCUPIED

Section 1

Permit Space To Be Entered: ***(Fill out completely)*** **Date:** _____

1) Building_____

2) Entrant _____

3) Space To Be Entered _____

4) Work To Be Performed _____

Section 2

Hazards Associated With Confined Space Checked Above: ***(Check all that apply)***

__ Mechanical Hazards __ Slip & Fall __ Electrical Shock __ Acid/Caustic/Steam

__ Engulfment (risk of being engulfed by liquid or powder) __ Configuration (risk of being trapped)

__ Welding/Cutting/Brazing Activities __ Grinding __ Painting/Coating Activities

Section 3

Preparations Made To Eliminate Risks Involved With Entry: ***(Check all that apply)***

__ Supervisor Notified __ Isolate Valve (Lock-out) __ Electrical Lock-Out __ Cleaned, Drained

__ Ventilation __ Entrant Aware of Hazards __ Secure Area **(traffic cones, vertical fencing, caution tape only)**

__ Procedures Reviewed With Employees __ Harness/Retrieval Equipment Utilized __ Communication

__ Burn Permit

Section 4

Atmospheric Testing: ***(Entry Not Allowed if Values Are Not Within Specified Safe Range)***

Time (enter time & data every 60 min.)	_____	_____	_____	_____
Oxygen (19.5% - 23.5%)	_____	_____	_____	_____
Flammability (less than 10%)	_____	_____	_____	_____
Carbon Monoxide (less than 35 ppm)	_____	_____	_____	_____

Person Conducting Monitoring (Print Name): _____

Section 5

Attendant and Rescue:

Attendant(s): (Print Name) _____

Attendant Method of Communication with Entrant (describe):_____

Certification That Wearing of Harness or Wristlets Present a Greater Danger To Entrant And is Therefore Not Required: (Entry Supervisor Signature Only): _____

Section 6

APPROVED BY (Signature): _____

PERMIT EXPIRES AT_____ ON _____

Approved 06/2005

POST AT ENTRY TO CONFINED SPACE

County of Kenosha
EXPOSURE TO BLOOD – INCIDENT INVESTIGATION FORM

Name of exposed Employee: _____

Employee's Job Title: _____ Bldg/Location: _____

Date of Incident: _____ Time of Incident: _____

Description of the employee's duties as related to the incident: _____
_____
_____

What Potentially Infectious Materials were involved?
Type (i.e. blood, vomit, or other): _____
Source (individual or location of blood): _____
Possible Route of entry to exposed employee (i.e. eyes, nose, mouth, open cuts, etc.): _____
_____

What were the Circumstances (what was occurring at the time of the exposure?): _____
_____
_____
_____
_____

What caused the Exposure? (Emergency first aid, human bite, fight, accident, etc.) Specifically identify any object(s) that may have been involved): _____
_____
_____
_____
_____

What Personal Protective Equipment (PPE) was the employee wearing (if PPE was not being worn - state NONE): _____

What Actions were taken (decontamination, clean up, reporting, etc.): _____
_____
_____
_____
_____

Recommendations for avoiding repetition of incident: _____
_____
_____

Report Submitted by: _____
Name & Title Date

Send Copy to: Risk Manager – Department of Personnel

Approved 06/2005

HEPATITIS B VACCINE DECLINATION
(MANDATORY PER CFR 1910.1030)

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

Signature **Date**

Please PRINT Your FULL Name

AND

Social Security Number or Employee ID Number

Signed forms must be sent to: Risk Manager – Department of Personnel

Approved 06/2005

BUILDING:	
EQUIPMENT LOCATION:	
EQUIPMENT TYPE & ID:	
PROCEDURES APPROVED BY:	
PREPARATION DATE:	

LOCKOUT PROCEDURE SHEET

Implementation of the lockout procedures outlined below must be completed in sequence to assure the control of hazardous energies for the above-listed equipment, such that repair or maintenance tasks can be completed safely. **Under no circumstances shall any repair or maintenance activities be undertaken without following the specified procedures!**

Confined Space	❑ Yes ❑ No		Special PPE Needed	❑ Yes ❑ No	
ENERGY SOURCES REQUIRING LOCKOUT					
❑ Electrical	❑ Water		❑ Hydraulic	❑ Mechanical	
❑ Nat. Gas	❑ Thermal Steam/Water		❑ Pneumatic	❑ Gravity	

	ACTION	COMPONENT	LOCKOUT PROCEDURE
❑	**NOTIFY**		
❑	**PREPARE**		
❑	**SHUTDOWN**		
❑	**ISOLATE**		
❑	**LOCKOUT**		
❑	**RELIEVE**		
❑	**VERIFY**		

Form Issued 08/2006

COUNTY OF KENOSHA

Vehicle Accident Scene Procedures

Immediately following an accident there are several things that you should do, as well as things you should not do. Conducting yourself in a professional manner, and following the procedures below, may help prevent another accident from occurring, will aid in minimizing damages, and will assist the County and Insurance Company in documenting what actually happened.

1.0 Secure the Scene

- Stop immediately, and remain at the scene until the authorities give you permission to leave.
- Don't move your vehicle unless you have to for safety reasons. Location and position of the vehicle can help determine the cause of the event.
- Before exiting your vehicle: Turn the engine off; turn the emergency flashers on; and set the parking brake to ensure your vehicle doesn't roll.
- If your vehicle is equipped with reflective triangles or other warning devices place them appropriately.

2.0 Lend Assistance to the Injured

- Send for help.
- If you are able, check on the injured and render immediate assistance. Don't move anyone who is injured unless it is a life-threatening situation. Only give what first aid you have been trained to give by a qualified agency like the American Red Cross or hospital. Do what you can do to help, but don't talk about the collision or events leading up to it.

3.0 Information You May & May Not Share With Others

- When police arrive, cooperate fully and follow all their instructions. Answer their questions honestly, but avoid speculating on cause or guilt, especially your own. Don't offer any more information than asked. Don't offer opinions and don't ad lib.
- Notify your supervisor as soon as time permits. If the accident is serious in nature, your supervisor should contact the **Risk Manager** immediately.
- You may give your name, address, employer name and address, vehicle license number, your driver's license number, and information off the insurance identification card in your glove box to the police and other party involved. If anyone else asks for details, be polite, but firmly refuse to discuss the accident with them.
- You may only discuss details of the accident with the investigating police officer, your supervisor or other County official, and the County's insurance carrier. Don't hesitate to ask them for identification.
- Don't apologize for the accident.
- Don't argue cause.
- Don't offer to pay medical expenses.

- Don't admit responsibility
- Don't in days or weeks following the accident discuss details with strangers.
- Driver reprimands at the scene are not permissible. If necessary, reprimands should take place in a confidential environment.

4.0 Secure Driver/Witness Information & Statements

- Gather information. Write down as much information as you can right away. Information documented at the scene is significantly more accurate than recalled at a later time.

5.0 Inspect and Verify the Condition of the Premises

- Inspect the accident scene carefully. Details are essential. Vehicle Accident Investigation Report to record conditions at the scene, as well as other accident details.
- Make a sketch of the scene before any vehicles are moved. Don't worry about drawing a vehicle that looks realistic. The important thing is to show the position of the vehicles as they approached the scene and where they were following the collision.
- Include your description of what occurred. Your statement should be simple, to the point, and purely factual.

6.0 Complete Forms As Soon As Possible

- If you did not have time to fully complete the Kenosha County Vehicle Accident Investigation Report while at the scene, do so as soon as possible.
- Get the completed form to your supervisor as soon as possible.
- Your supervisor will complete a portion of the form and will forward it to the appropriate reviewing committee, department head or Risk Manager.

KENOSHA COUNTY

VEHICLE ACCIDENT INVESTIGATION REPORT

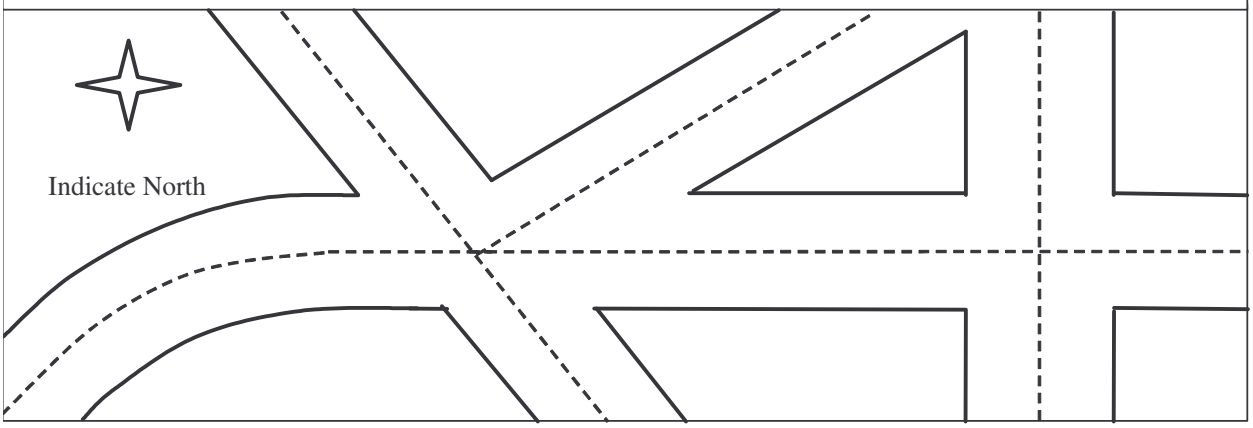
EMPLOYEE: Complete sections below, sign at bottom, and turn in to your Supervisor.

DRIVER (Employee):	DATE of Accident:
Department / Shop:	TIME of Accident:
VEHICLE ID (plate/VIN/MPS truck #):	

LOCATION OF ACCIDENT:

Identify Street names, addresses, block numbers, landmarks, etc. to pinpoint the accident site:

Use the diagram below to sketch the scene of your accident. Show the direction of vehicles involved – point of collision – path of vehicles after collision – stop signs and traffic signals – position of pedestrians and inanimate objects, etc.



CONDITIONS (circle answers):

ROAD CHARACTER	ROAD SURFACE	ROAD EFFECTS	TRAFFIC CONTROL	LIGHT	WEATHER
Straight Road Curve Level On Grade Hillcrest	Dry Wet Muddy Snowy Icy	Defective shoulders Holes, ruts, bumps Loose material on surface Road under construction No defects	Stop sign Stop-and-go signal Officer or flagman Barricades Railroad automatic signal Uncontrolled	Daylight Dusk Dawn Darkness Snow glare	Clear Raining Snowing Fog Other_____ _____

DESCRIPTION OF ACCIDENT – DRIVER STATEMENT

Describe what happened, including damage to vehicles & injuries (attach additional sheet if more space is needed):

_____

_____

_____

_____

_____

_____

_____

Were the Police Notified of this Accident? YES / NO (circle one).
Did you receive a traffic citation? YES / NO (circle one). Other driver issued a citation? YES / NO / N/A (circle one).

Driver (Employee) Signature:	Date:

KENOSHA COUNTY

VEHICLE ACCIDENT INVESTIGATION REPORT

SUPERVISOR: Complete sections below, sign, and forward to the Fleet Safety Committee and Risk Manager.	
Supervisor:	Title:
Department / Shop:	Date Reported to you:

SUPERVISOR'S ANALYSIS OF ACCIDENT

Interview the driver and any employee witnesses, etc. regarding the specifics of this accident. Inspect damage to vehicle(s) and other objects as necessary. Describe your findings below (attach additional sheet if more space is needed):

In Your Opinion, was this accident PREVENTABLE? YES / NO (circle one)

Supervisor Signature:	**Date:**

FLEET SAFETY COMMITTEE: Use pre-established criteria in analyzing and determining the preventability of this accident. Document necessary actions and recommendations, then sign and date below.

The Fleet Safety Committee has determined that this accident was: PREVENTABLE / NON-PREVENTABLE

ACTIONS NECESSARY:

Return this completed form to the employee's supervisor. The Supervisor/Manager shall implement the above action.

FLEET SAFETY COMMITTEE MEMBERS SIGN BELOW

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

COUNTY OF KENOSHA

GUIDE TO DETERMINING ACCIDENT PREVENTABILITY

1.0 Standard of Performance

Kenosha County adopts a very conservative position regarding preventability, and assumes (as do the National Standards) that most incidents are preventable. However, we also operate on the premise that each case must be judged on its own merit, and that reasonableness and fairness must be practiced when deciding the responsibility of an accident.

Proper assessment of preventability relies on the active involvement and sound judgment of those involved in determining preventability. Most important is that committee members, supervisors, and other management personnel understand and accept the premise that a determination of preventability does not mean simply assessing 'blame' or 'fault', but is rather a process of determining what actually happened and why, with the primary purpose of trying to prevent it from happening again.

The following paragraphs will be used as a guide in determining the preventability of accidents. They highlight the most frequent occurrences based on past decisions of Accident Review Committees of the National Safety Council, Commercial Vehicle Section.

2.0 Personal Vehicles and Personal Use of Employer Vehicles

If an employee operates his/her own vehicle on official company business, accidents sustained by him/her must be judged according to these rules. However, accidents involving drivers operating their own vehicles during off-duty hours do not fall under the authority of this policy.

Accidents involving County vehicles assigned to employees for business and/or personal use when operated by the employee, whether for business use or not, shall be reviewed by the appropriate committee, director, or Risk Manager.

3.0 Accidents Involving More Than One of Our Drivers

When two or more vehicles of the County fleet are involved in the same accident, each driver may be charged with a preventable accident regardless of which one was primarily responsible for the occurrence.

Although two or more employees may be riding in the same vehicle, a preventable accident may only be charged against the person operating the vehicle.

4.0 Witness Statements

Each driver involved in an accident usually contributes to it in some degree. If the "other driver" admits he/she was at fault, it usually only means that he/she sees how he/she contributed to the situation. Admission of being at fault by the "other driver", a record of the "other driver" being cited for a traffic violation or witness or police statements of exoneration for our driver are not, in themselves, conclusive evidence to judge an accident "non-preventable." It is likely that our driver contributed to the situation in some manner.

Statements of exoneration are generally based on legal responsibility without respect to the definition of preventability. Consequently, a careful study must be made of all conditions to determine how the employee in question contributed to the situation by acts of omission or commission.

Unless thorough investigation indicates that the employee in question could not have avoided involvement, by reasonable defensive driving practice, the following types of accidents will be regarded as preventable.

5.0 Intersections

It is the responsibility of our drivers to approach, enter and cross intersections prepared to avoid accidents that might occur through the action of other drivers. Complex traffic movement, blind intersections, or failure of the "other driver" to conform to law or traffic control devices will not automatically discharge an accident as "non-preventable." Intersection accidents are preventable even though the driver has not violated traffic regulations. His/her failure to take precautionary measures prior to entering the intersections are factors to be studied in making a decision. When our driver crosses an intersection and the obvious actions of the "other driver" indicated possible involvement either by reason of his excess speed, crossing his lane in turning, or coming from behind a blind spot, the decision based on such entrapment should be preventable.

6.0 Backing

Practically all-backing accidents are preventable. A driver is not relieved of his/her responsibility to back safely when a guide is involved in the maneuver. A guide cannot control the movement of the vehicle; therefore, a driver must check all clearances for himself/herself.

7.0 Front-End Collisions

Regardless of the abrupt or unexpected stop of the vehicle ahead, a driver can prevent front-end collisions by maintaining a safe following distance at all times. This includes being prepared for possible obstructions on the highway, either in plain view or hidden by the crest of a hill or the curve of a roadway. Overdriving headlights at night is a common cause of front-end collisions. Night speed should not be greater than that which will permit the vehicle to come to a stop within the forward distance illuminated by the vehicle's headlights.

8.0 Rear-End Collisions

Investigation often discloses that drivers risk being struck from behind by failing to maintain a margin of safety in his/her own following distance. Rear-end collisions preceded by a roll-back, an abrupt stop at a grade crossing, when a traffic signal changes, or when the driver fails to signal a turn at an intersection, should be charged preventable. Failure to signal intentions or to slow down gradually should be considered preventable.

9.0 Passing

Failure to pass safely indicates faulty judgment and the possible failure to consider one or more of the important factors a driver must observe before attempting the maneuver. Unusual actions of the driver being passed or of oncoming traffic might appear to exonerate a driver involved in a passing accident; however, the entire passing maneuver is voluntary and the driver's responsibility.

10.0 Being Passed

Sideswipes and cut-offs involving our driver while he/she is being passed are preventable when he/she fails to yield to the passing vehicle by slowing down or moving to the right where possible.

11.0 Lane Encroachment

A safe driver is rarely a victim of entrapment by another driver when changing lanes. Similarly, entrapment in merging traffic is an indication of unwillingness to yield to other vehicles or to wait for a break in traffic. Blind spots are not valid excuses for lane encroachment accidents. Drivers must make extra allowances to protect themselves in areas of limited sight distances.

Squeeze plays causing involvement with parked cars, pillars, and other structures, can be prevented by dropping back when it is apparent that the other driver is forcing the issue or contesting a common portion of the road.

12.0 Grade Crossings

Collisions with fixed rail vehicles, such as trains, streetcars, etc., occurring at grade crossings, in traffic, in a rail yard, switch area, or on private property are the responsibilities of the driver to prevent. When a vehicle is parked across a rail siding, the driver must first determine if it is safe and permissible and, furthermore, must stand by in case conditions change by the movement of rail cars during the parking interval.

13.0 Opposing Vehicles

It is extremely important to check the action of our driver when involved in a head-on or sideswipe accident with a vehicle approaching from the opposite direction. Exact location of vehicles, prior to and at the point of impact, must be carefully verified. Even though an opposing vehicle enters our drivers' traffic lane, it may be possible for our driver to avoid the collision. For example, if the opposing vehicle was in a passing maneuver and our driver failed to slow down, stop, or move to the right to allow the vehicle to re-enter his own lane, he/she has failed to take action to prevent the occurrence. Failing to signal the opposing driver by flickering the headlights or sounding the horn should also be taken into account.

14.0 Turning

Turning movements, like passing maneuvers, require the most exacting care by our drivers. "Squeeze plays" at the left or right turns involving other vehicles, scooters, bicycles, or pedestrians are the responsibility of the driver making the turn. Failure to signal, to properly position the vehicle for the turn, to check the rearview mirrors, to check pedestrian lanes, or to take precautionary action from tip-offs from the other vehicle immediately preceding the incident. U-turns by our driver that result in a collision are preventable.

15.0 Pedestrians

Traffic regulations and court decisions generally favor the pedestrian hit by a moving vehicle. An unusual route of a pedestrian at mid-block or from between parked vehicles does not necessarily relieve our driver from taking precautions to prevent such accidents. Whether speed limits are posted or the area is placarded with warning signs, speed too fast for conditions may be involved.

School zones, shopping areas, residential streets, and other areas with special pedestrian traffic must be traveled at reduced speeds equal to the particular situation. Bicycles, motor scooters and similar equipment are generally operated by young and inexperienced operators. The driver who fails to reduce his/her speed when this type of equipment is operated within his/her sight-distance has failed to take the necessary precautions to prevent an accident.

Keeping within posted speed limits is not taking the proper precaution when unusual conditions call for voluntary reduction of speed.

16.0 Weather

Adverse weather conditions are not a valid excuse for being involved in an accident. Rain, snow, fog, sleet, or icy pavement has never caused an accident. These conditions merely increase the hazards of driving. Failure to adjust driving to the prevailing weather conditions should be cause for deciding an accident preventable.

17.0 Alleys, Driveways, and Plant Entrances

Accidents involving traffic originating from alleys, driveways, plant entrances, and other special intersecting locations should be carefully analyzed to determine what measures the driver might have taken to avoid the occurrence. Failure to slow down, sound a warning or to yield to the other driver can be considered cause to judge such an accident preventable.

18.0 Fixed Objects

Collisions with fixed objects are preventable. They usually involve failure to check or properly judge clearances. New routes, strange delivery points, resurfaced pavements under viaducts, inclined entrances to docks, marquees projecting over traveled section of road, and similar situations are not, in themselves, valid reasons for excusing a driver from being involved. He/she must be constantly on the lookout for such conditions and make the necessary allowances.

19.0 Private Property

When a driver is expected to make deliveries at unusual locations, construction sites, etc., or on driveways not built to support heavy commercial vehicles, it is his/her responsibility to discuss the operation with the proper authorities and to obtain permission prior to entering the area.

20.0 Parking

Rollaway accidents from a parked position normally should be classified preventable. This includes unauthorized entry into an unlocked and unattended vehicle, double parking, and failure to properly block wheels or to turn wheels toward the curb to prevent vehicle movement.

21.0 Mechanical Failure

Any accident caused by mechanical failure that reasonably could have been detected by the driver, but went unheeded should be judged preventable. It is the driver's responsibility to report unsafe vehicle conditions for repairs and to obtain immediate repairs where continued operation might result in an accident. When mechanical difficulties occur unexpectedly during a trip, and a driver upon discovery, fails to check with his supervisor for emergency instructions prior to an accident, the accident is preventable.

22.0 Non-Collision

Many accidents, such as overturning, jack-knifing, or running off the road, may result from emergency action by the driver to preclude being involved in a collision. Examination of his/her driving procedure prior to the incident may reveal speed too fast for conditions, or other factors. The driver's actions prior to involvement should be examined for possible errors or lack of defensive driving practice.

23.0 MISCELLANEOUS

Loose objects falling from the vehicle, loose chains, doors swinging open, etc., resulting in damage to other property are preventable when the driver’s action or failure to secure them are evidenced. Cargo damage, resulting from unsafe vehicle operation, is preventable by drivers, including overhead bridge hits where only cargo is damaged.

COUNTY OF KENOSHA

Contractor Safety Checklist

Requirements:

Complete the following form and submit it to the Project Manager. Information obtained from this form will be held in confidence and not be distributed to third parties without the written consent of the Contractor, unless required by law or court order. Submittals must be complete and supporting documentation must be attached when indicated.

1. Description of the work to be performed on site including unique hazards likely to be encountered.

2. Contractor's on site safety point of contact.

3. Contractor's statement regarding this project's compliance with OSHA, EPA, Wisconsin Department of Commerce and Wisconsin Department of Natural Resources, environmental, safety and health program requirements.

4. Responsibilities of contractor's key personnel.

5. Type(s) of personal protective equipment required, under what circumstances it will be used, and how its use will be enforced.

6. *Safety training required for the tasks to be performed including certification and/or recertification where applicable.*

7. Emergency procedures defined including instruction on notification of incidents to the County.

8. Methods to comply with the requirement for immediate reporting of accidents to the County.

9. Procedures for emergency actions to be taken to secure dangerous conditions, to protect personnel and security of work areas in the event of an accident or an act of nature.

10. Contractor has been provided with access to Material Safety Data Sheets and has provided copies of all MSDS documents for chemicals that will be used on this project. List MSDS documents below and attach copies.

Company Name:_____

Address:_____
(Street) (City) (State) (Zip Code)

Telephone No.:_____

Signature:_____