MUNICIPAL
WORKERS
COMP



# Loss Control Resources

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## CONTACTS


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# Loss Control Basics

## LOSS CONTROL BASICS

The Arkansas Municipal League provides free safety and loss control services to our members, with the goal of helping you keep your employees safe at work. Because your employees are your most valuable asset, effective loss control can significantly reduce downtime and overall costs. The American Society of Safety Professionals (ASSP) estimates that the indirect costs associated with workplace injuries can be up to twenty times higher than the direct costs. Similarly, a National Safety Council (NSC) study found that every dollar invested in safety yields a four-to-six-dollar return. This guide will introduce you to some key concepts and principles of safety and loss control that you can use to protect your employees and your budget.

## KEY FOCUS AREAS FOR LOSS CONTROL

There are several areas where a focus on loss control will improve your workplace.

**•Keep management accountable and measure employee performance versus goals.**

**•Review your procedures for screening and hiring employees. Consider fit-for-duty testing and/or drug testing.**

**•Asses your procedures for new hire orientation and skills assessments. Consider specific training for specific jobs, tasks, or equipment, including safety, Haz-ID, and reporting.**

**•Consider daily pre-work safety briefings or ongoing regular safety training for your employees.**

**•Learn to identify hazards through audits and observation.**

**•Conduct accident reviews and take corrective action.**

**•Manage your risk through managing your claims and finding ways to return injured employees back to work.**



AML's team of loss control liaisons can visit your city or town and conduct an in-person loss control visit. These visits can provide keen insight into your current practices and identify areas for improvement. The following outlines what you can anticipate during a loss control visit.

**•We will provide an overview of the loss control services available to our members.**

**•We will review and analyze your recent claims history and discuss incident trends and potential controls.**

**•We will assess the current status of your safety program and review the components of an effective safety plan.**

**•We will also discuss key loss prevention strategies, safety tools, and the importance of claims management and return-to-work programs.**

**•We will conduct a walk-through audit of your facilities to identify hazards, OSHA/code violations, and recommend effective corrective actions.**

## COMPONENTS OF AN EFFECTIVE SAFETY PLAN

A comprehensive safety program is most effective when it is built on clearly defined responsibilities, consistent evaluation, and continuous improvement. The following components represent the foundational elements of an effective safety plan, each contributing to a safer, more resilient workplace.

**•Policy commitment — Establishes clear responsibility and allocates resources through a formal policy statement supported by management.**

**•Accident trend analysis — Reviews past accidents and injuries to identify patterns and areas requiring corrective action.**

**•Recordkeeping practices — Maintains comprehensive documentation of incidents, injuries, investigations, safety meetings, training, and audits or inspections.**

**•Workforce training — Ensures employees receive appropriate education and training to perform their work safely.**

**•Audits and inspections — Conducts regular evaluations of workplaces, equipment, and practices to identify hazards and verify compliance.**

**•Incident investigation — Investigates and documents all incidents and accidents to determine root causes and prevent recurrence.**

**•Program review — Regularly assesses the overall safety program and implements improvements as needed.**

## IMPLEMENTING CORRECTIVE ACTIONS

When implementing corrective actions from an injury investigation or audit finding, consider the following hierarchy of preferences for the most effective controls:

**1.Eliminate the hazard if possible.**

**2.Substitute a less hazardous process, equipment, or chemical.**

**3.Install Engineering Controls, such as physical barriers, interlocks, machine guards, etc.**

**4.Implement Administrative Controls such as training, written procedures, signage, etc.**

**5.Provide and enforce the use of Personal Protective Equipment. This is the least desirable control method because it does not directly impact the hazard. It only affects the severity of the injury potential.**

## SAFETY TOOLS FOR HAZARD IDENTIFICATION & INJURY PREVENTION

There are a wealth of safety and loss control tools and processes available to assist you in identifying hazards and preventing injuries, including:

- **Hazard Identification & Reporting**
- **Job Hazard Analysis (JHA) / Job Safety Analysis (JSA)**
- **Behavior Based Safety (BBS) / Utilizing Leading Indicators**
- **Near Hit (Near Miss/Close Call) Reporting**
- **Personal Protective Equipment (PPE) Hazard Assessments**
- **Electrical Safety & Lock-Out / Tag-Out (LOTO) Programs**
- **Fire Safety & Prevention checklists and best practices**
- **Emergency Action Planning guidance**
- **Written Safety Policies & Operating Procedures for Job Tasks**
- **Employee Wellness/Fitness/Stretching Programs**

Please reach out to one of AML's Loss Control Liaisons if you have any questions or would like more information about any of these safety tools.

## CONTROLLING WORKERS COMPENSATION COSTS

You can manage and reduce workers' compensation costs by following several key practices. Start by training employees in the safe work procedures required for their specific tasks.

Encourage your current workforce to help maintain a safe environment by working safely, reporting hazards, and correcting them when possible. Make it a priority for employees to report injuries promptly—this includes filing a claim on our website as soon as possible, completing and signing the Form N, and ensuring injured workers tell medical providers that their injury is work-related.

Investigate every claim to identify the root cause and implement corrective actions to prevent recurrence. Build strong relationships with your local healthcare providers so they understand your workplace and can support your employees' recovery. Finally, establish a clear return-to-work policy and offer modified or transitional duties whenever possible. For additional guidance on accommodations, visit the Job Accommodation Network at JAN.org.

## CLAIMS MANAGEMENT & RETURN TO WORK

You can take several steps to manage your claims more efficiently and reduce overall costs. Whenever possible, encourage employees to avoid using the emergency room for non-emergency situations. Build relationships with local medical providers and let them know you want to stay actively involved in your employees' recovery and return-to-work process.

Claim costs can increase by up to 40% when an employee is off work for more than three days. To help control expenses—and support your employees' recovery—offer light-duty or transitional work whenever the authorized medical provider allows the employee to work with restrictions. Make every reasonable effort to accommodate those restrictions so employees can remain engaged and return to full duty sooner.

A strong return-to-work program offers numerous advantages for both your organization and your employees. It helps you retain valuable team members and reduce turnover, while also lowering workers' compensation costs by getting employees back on the job sooner and limiting the duration of disability payments. Productivity improves as experienced workers return more quickly, reducing the need to hire and train temporary or inexperienced replacements. A well-run program also boosts morale by demonstrating that you value your employees' well-being and are committed to supporting them, which contributes to a more positive and engaged workplace culture.

## QUESTIONS?

If you have any questions or would like to schedule a loss control visit, please contact us.

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# Health and Safety Plan

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I. Safety Policy Statement

II. Accident/Injury Analysis Component

III. Safety Program Recordkeeping Component

IV. Health and Safety Education and Training Component

V. Safety Inspection Component

VI. Accident Investigation Component

VII. Health and Safety Plan Review

Appendix A Safety Training Attendance List

Appendix B Inspection Form

Appendix C Safety Hazard Report

Appendix D Vehicle Inspections

Appendix E Accident Investigation Form

Appendix F Annual Health and Safety Plan Review

# I. SAFETY POLICY STATEMENT

It is the policy of this company to work continually toward improving our Safety Policy, as well as our safety procedures.

It is the company's intent to provide a safe working environment in all areas, for all employees. Accident and injuries are prevented by controlling the work environment and the actions of employees. Therefore, safety will take precedence over expediency or shortcuts. Every attempt will be made to reduce the possibility of accident occurrence. Protection of employees, the public, and company property and operation is paramount. Management considers no phase of the operation more important than the health and safety of the employee. Employee safety is to be the first consideration in the operation of the business. Safe practices on the part of the workers must be part of all operations. Employees must understand their personal responsibility for the prevention of injuries on and off the job. Accident prevention and efficient production go hand-in-hand. All injuries can and should be prevented!

Management will continue to be guided and motivated by this policy, and with the cooperation of all employees, will actively pursue a safer working environment throughout the company.

_____
(Management)

## ASSIGNMENT OF RESPONSIBILITIES

The _____will be the primary person responsible for the implementation and enforcement of the Company Safety Policy. In the absence of the _____, the _____will assume the responsibility for enforcing the program. Additionally, the _____ will be responsible for all documentation and records developed as a result of safety training, meetings, accident investigations and hazard reports required by this plan.



## II. ACCIDENT/ INJURY ANALYSIS COMPONENT

The _____and _____will review and maintain all accident investigation reports, hazard reports, incident reports, inspection reports, an injury log, and the loss run (from AR Municipal League) on an annual basis, or as needed, to determine any trends in accidents or hazards that may be developing. The _____ and/or _____ will recommend corrective actions to be taken to prevent recurrence of similar accidents or hazards. The _____will be responsible for implementing corrective actions and for tracking the status of the corrective actions. Documentation of these reviews will be retained by the _____for a period of 12 months.

## III. SAFETY PROGRAM RECORDKEEPING COMPONENT

The _____will be responsible for maintaining all documentation of training, accident reports, injury logs, hazard reports, incident reports, the loss run and any other documentation incidental to the implementation of this Health and Safety Plan. Blank forms for all safety related training and documentation will be available in the _____office.

## INJURY RECORDS:

An injury log will be maintained in the _____office. Injuries will be recorded on an OSHA 300 log, or equivalent, within **24 hours** of being reported. The summary portion of the injury log will **posted** from February 1st to April 30th each year in a place where employee notices are normally placed.

Injury records will be retained for a period of five (5) calendar years. **Inspection Records** will be kept in the _____office. Safety Meetings/ Training Records will be kept in the City Clerk's office. **Accident Investigation Records** will be kept in the _____office.

## IV. HEALTH AND SAFETY EDUCATION AND TRAINING COMPONENT

The _____ will be responsible for identifying the education and training needs of this facility on an annual basis. Employees will attend _____safety meetings/ training which will be conducted primarily by the _____. Employees will attend training on the following topics as outlined in **Appendix A:**.

Blood-borne Pathogens
Confined Spaces
Defensive Driving
Emergency Evacuation
Fall Protection
Fire Safety
Hand Tool Safety
Hazard Comm
Hearing Conservation
Ladder Safety
Lock-out
PPE/Respirator
Powered/Mobile Equipment

**New employee orientation** will include all of the above-mentioned health and safety training topics. **Refresher training** on these health and safety topics will be given as needed. Safety meetings and safety training will be documented and records will be maintained by the _____ for a period of **24 months** or as required by law or directives.

**Documentation** form **(see Appendix A)** will include:

1. Date of training,
2. Name of trainer,
3. Subject(s) covered,
4. Attendance roster with employees' signatures.

# V. SAFETY INSPECTION COMPONENT

The _____ will be responsible for conducting and documenting _____safety inspections within the City facilities. Items to be inspected are to be documented on the inspection form **(see Appendix B).**

Records of all inspections will be kept by the _____.

Employees are responsible for inspecting their work stations for potential hazards. **(see Appendix C)**.

Potential and/or real hazards will be reported in writing to the _____.

The _____will recommend corrective actions to be taken.

Reports will be filed in a log and maintained in the _____until all discrepancies are corrected or at least 12 months, whichever is longer.

Documentation will include:

1. Date of inspection,
2. Name of inspector,
3. Discrepancies found,
4. Person responsible for corrections, and
5. Estimated date of corrections.

Documentation of these inspections will be kept by the _____for a period of 12 months.

**City Vehicles** will be inspected by the operator _____ utilizing the form in **Appendix D**.



# VI. ACCIDENT INVESTIGATION COMPONENT

An accident can be defined as any occurrence that interrupts or interferes with the orderly progress of the job and usually occurs suddenly and unexpectedly. Some accidents involve human injury. Accidents arise from a combination of unsafe acts and unsafe conditions.

The intent of an accident investigation should be to determine what basic condition or act caused the accident so corrective measures can be taken to prevent reoccurrence and not to identify the guilty party. Accidents should be investigated as soon as possible and at least within the first **24 hours** of the occurrence. The sooner the information is gathered, the more accurate the facts will be.

## ACCIDENT INVESTIGATION PROCEDURES

**1)** Investigations are required on all accidents, including those "near misses" not producing injuries. "Near misses" will be documented on an accident report and forwarded to the Code Enforcement Officer and Mayor for review. "Near misses" are reviewed to determine if a recurring hazardexists. Therefore, they must be thoroughly investigated and reported. Accidents that do not produce injury have probably produced other job hindrances, such as delays, damaged material, damaged equipment, etc.

**2)** All accidents are to be investigated and documented by the Mayor, Code Enforcement Officer, Department Head and Supervisor of the employee involved. Investigations will be conducted as soon as possible, but no later than 24 hours after the accident.

**3)** Accident reports will be forwarded to the Code Enforcement Officer and the Mayor for review. All incident reports, hazard reports, accident investigation reports and inspection checklists will be reviewed by company management to determine if trends are occurring.

**4)** The steps for a thorough and effective investigation include:

**1.** Interview the employee(s) involved, if possible, to evaluate the situation and potential liability.
**2.** Have the involved employee(s) step through the sequence of events of the accident.
**3.** Locate, interview and get statements from any witnesses.
**4.** Gather facts about the investigation (who, what, where, how, why).
**5.** Evaluate any evidence found at the scene and reconstruct events.
**6.** Take pictures or draw diagrams of the accident scene. Don't rely on memory - accident scenes change.
**7.** Do not disturb the accident scene until you are satisfied with the investigation.
**8.** Before leaving the scene of the accident, warn, protect and/or repair any exposure areas to prevent another accident from occurring.
**9.** Re-interview the involved employee(s) or witnesses, if necessary.
**10.** Prepare a written detailed report before leaving for the day.
**11.** Recommend corrective actions.
**12.** Follow-up on the recommendations to ensure the corrective actions have been implemented.
**13.** Double-check the corrective action(s) to ensure they are effective.

**5)** Once the investigation is completed, it must be directed to the appropriate person for review. The review committee will consist of the following:

1. Immediate supervisor of employee involved,
2. The appropriate Department head, the Mayor , and Code Enforcement Officer.
3. Others, as deemed necessary by the Mayor.

**6)** Each person in the review process is responsible for assuring thoroughinvestigations and follow ing up on corrective action(s) to make sure it is (they are) effective

**7)** Written accident investigation reports (see Appendix E) will be filed in the City Clerk's office where they are available for review. The accident investigation process is documented by the Clerk and will be retained for a period of 24 months or as required by law.

## VII. HEALTH AND SAFETY PLAN REVIEW

The _____will review the Health and Safety Plan on an **annual** basis.

This review will be to determine if all areas of exposure are addressed in the Health and Safety Plan. Any new hazards identified during the review will be included in the Health and Safety Plan and employees will receive immediate training when required.

Annual reviews will be documented **(See Appendix F)** showing date of review and any new areas of exposure identified. Documentation will be maintained by the _____.

# APPENDIX A: TRAINING AND EDUCATION MATRIX

The following shall be used as guidance for Safety meeting/training topics. All topics should be covered annually utilizing monthly safety meetings.

| **Topic**<br>**Department** | Hazard Communication | Emergency Evacuation | Lock-out/ Tag-out | Blood borne Pathogens | Confined Spaces | Fall Protection |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| New Hires | Initial | Initial | Initial | Initial | Initial | Initial |
| Street/Water | Annual | Annual | Annual | Annual | 2 years | Annual |
| Parks/Sani | Annual | Annual | Annual | Annual | (water only) | (Street only) |
| Office | | Annual | | Annual | | |

| **Topic**<br>**Department** | Ladder Safety | Hand Tool Safety | Hearing Conservation | Powered Industrial Truck | Respiratory Protection | Fire Safety |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| New Hires | Initial | Initial | Initial | Initial | na | Initial |
| Street/Water | Annual | Annual | Annual | 2 years | | Annual |
| Parks/Sani | Annual | Annual | Annual | (Street only) | | Annual |
| Office | Annual | Annual | Annual | | | Annual |

| **Topic**<br>**Department** | Personal Protective Equipment | Defensive Driving | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| New Hires | Initial | Optional | | | | |
| Street/Water | Annual | | | | | |
| Parks/Sani | Annual | | | | | |
| Office | | | | | | |
| | | | | | | |

# APPENDIX A: SAFTEY TRAINING ATTENDANCE LIST

The undersigned have received the following training:

Location: _____

Training Conducted By:_____

Date:_____

Training Topic:_____

**Employee Name :**

[Print] [Signature]

| | |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

# APPENDIX B: GENERAL INDUSTRY SELF-INSPECTION FORM

Person conducting inpsection: _____ Date of inspection: _____

Name of facility: _____ Location: _____

Descripton of operations: _____

| EXPOSURES | N/A | Sat. | Needs Action |
|---|---|---|---|
| 1. Fire protection | ____ | ____ | ____ |
| 2. Compressed gasses | ____ | ____ | ____ |
| 3. Flammables | ____ | ____ | ____ |
| 4. Hazardous waste | ____ | ____ | ____ |
| 5. Welding/cutting | ____ | ____ | ____ |
| 6. Chemicals | ____ | ____ | ____ |
| 7. Exits | ____ | ____ | ____ |
| 8. Walking surfaces | ____ | ____ | ____ |
| 9. Floor landings | ____ | ____ | ____ |
| 10. Railings | ____ | ____ | ____ |
| 11. Stairs | ____ | ____ | ____ |
| 12. Spray finishing | ____ | ____ | ____ |
| 13. Fleet of vehicles | ____ | ____ | ____ |
| 14. _____ | ____ | ____ | ____ |

| EQUIPMENT | N/A | Sat. | Needs Action |
|---|---|---|---|
| 15. Ladders | ____ | ____ | ____ |
| 16. Material Hoists | ____ | ____ | ____ |
| 17. Rampways | ____ | ____ | ____ |
| 18. Power tools | ____ | ____ | ____ |
| 19. Hand tools | ____ | ____ | ____ |
| 20. Salamanders | ____ | ____ | ____ |
| 21. Equipment guards | ____ | ____ | ____ |
| 22..Equipment maintenance | ____ | ____ | ____ |
| 23..Operating rules posted | ____ | ____ | ____ |
| 24. Powered industrial trucks | ____ | ____ | ____ |
| 25. Utilities: gas or electric | ____ | ____ | ____ |
| 26. _____ | ____ | ____ | ____ |

| PERSONAL PROTECTIVE EQUIP. | N/A | Sat. | Needs Action |
|---|---|---|---|
| 27. Hard hats | ____ | ____ | ____ |
| 28. Safety shoes | ____ | ____ | ____ |
| 29. Safety glasses | ____ | ____ | ____ |
| 30. Gloves | ____ | ____ | ____ |
| 31. Respiratory protection | ____ | ____ | ____ |
| 32. Hearing protection | ____ | ____ | ____ |
| 33. Safety signs posted | ____ | ____ | ____ |
| 34. Illumination | ____ | ____ | ____ |
| 35. Ventilation | ____ | ____ | ____ |
| 36. Eye wash/shower | ____ | ____ | ____ |
| 37. _____ | ____ | ____ | ____ |

| HOUSEKEEPING. | N/A | Sat. | Needs Action |
|---|---|---|---|
| 38. Debris cleanup | ____ | ____ | ____ |
| 39. Debris removal | ____ | ____ | ____ |
| 40. Material storage | ____ | ____ | ____ |
| **Miscellaneous** | | | |
| 41. Hazard Communication | ____ | ____ | ____ |
| 42. Bloodborne Pathogens | ____ | ____ | ____ |
| 43. Confined Spaces | ____ | ____ | ____ |
| 44. Lockout/Tagout | ____ | ____ | ____ |
| 45. Records | ____ | ____ | ____ |
| 46. _____ | ____ | ____ | ____ |
| 47. _____ | ____ | ____ | ____ |

| MANAGEMENT | Sat. | Needs Action |
|---|---|---|
| 48. Accident investigation | ____ | _____ |
| 49. Management involvement | ____ | _____ |
| 50. First Aid | ____ | _____ |
| 51. Adequate supervision | ____ | _____ |
| 52. Control of subs | ____ | _____ |
| 53. _____ | ____ | _____ |

| RECOMMENDATIONS | |
|---|---|
| No recommendations | _____ |
| Recommendations listed below | _____ |
| Recommendations discussed | _____ |
| Recommendations not discussed | _____ |
| In compliance | _____ |

Recommendations: _____

# APPENDIX C: SAFETY HAZARD REPORT

Name: _____

Date: _____

Day of week: _____ Time: _____

Location: _____

Hazard description: _____

_____

_____

_____

Recommendation: _____

_____

_____

Date correction is made: _____

_____

_____

_____

# APPENDIX D: VEHICLE INSPECTIONS

Name of inspector/driver:_____

Beginning date of week of inpsection:_____

Vehicle number: _____

| | |
|---|---|
| **T** | **Satisfactory** |
| **X** | **Needs Servicing** |
| **N/A** | **Not Applicable** |

| **Tires:** | **Mon.** | **Tues.** | **Wed.** | **Thurs.** | **Fri.** | **Sat.** | **Sun.** |
|---|---|---|---|---|---|---|---|
| Correct air pressure | | | | | | | |
| Tire free of wear, high and low spots, damage | | | | | | | |
| Rims free of damage | | | | | | | |
| All lugs present and tight | | | | | | | |
| Properly matched tires | | | | | | | |

| **Lights:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Turn on lights - use low beams | | | | | | | |
| Check high beams, left and right turn signals, brake lights, and parking lights. | | | | | | | |

| **Brakes:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Parking brake: apply parking brake with vehicle moving slowly. Vehicle should stop. | | | | | | | |
| Service brake: push brake pedal firmly with vehicle going about 5 miles per hour. Vehicle should stop with no pulling to one side or delayed stopping action. | | | | | | | |
| Test steering with vehicle moving. Steering should be smooth and consistent with no play in the steering wheel. | | | | | | | |

# APPENDIX D: VEHICLE INSPECTIONS

| **Emergency Equipment:** | **Mon.** | **Tues.** | **Wed.** | **Thurs.** | **Fri.** | **Sat.** | **Sun.** |
|---|---|---|---|---|---|---|---|
| Flags, jack, flares or other warning devices, flashlight, fire extinguisher, wheel blocks, etc. Check to see that supplies are in good working order. | | | | | | | |
| Spare tire properly inflated. | | | | | | | |

| **Inside of Vehicle:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Check mirrors, windshield wipers, panel gauges, horn. Adjust seat for comfort. Adjust side mirrors. | | | | | | | |
| Make sure cargo is properly secured. | | | | | | | |

| **Under Hood:** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Fluid levels: oil, water, brake fluid, window fluid, battery fluid. | | | | | | | |
| Condition of belts. Look for loose or frayed belts. | | | | | | | |
| Hoses: check for loose or disconnected hoses. | | | | | | | |
| Check under vehicle for leaking fluids. | | | | | | | |

Corrective actions: _____

_____

_____

# APPENDIX E: ACCIDENT INVESTIGATION FORM

Employer's name: _____ Date of report: _____

Injured employee: _____ Age: _____

Department/ Job title: _____

Date and time of injury: _____ AM/PM?: _____

Where injury happened: _____

Nature of injury/ Property damage: _____

Object of equipment that inflicted the injury, if applicable?: _____

Describe the incident (What happened?): _____

Contributing factors: _____

_____

Witnesses?: _____

What action(s) are being taken, and by whom, to prevent recurrence of this type of injury in the future? _____

_____

Was the report to supervisor or first aid delayed? Why?: _____

Was medical treatment required? Who administered the medical treatment?

_____

Where was medical treatment administered?

_____

What is the severity potential for lost time? High/Major:____ Medium/Serious: ____ Low/Minor: ____

Probable Recurrence Rate: _____ Frequent: ____ Occasional:____ Rare: ____

Supervisor's signature: _____ Date: _____

Investigated by: _____ Date: _____

Reviewed by: _____ Date: _____

# APPENDIX F: ANNUAL HEALTH AND SAFETY PLAN REVIEW

Date of review: _____

_____

_____

New Exposures Identified: _____

_____

_____

Action Taken: _____

_____

_____

Reviewed By: _____

_____

_____



# Facility Inspection Checklist

Inspector: _____ Date: _____

This inspection checklist monitors the compliance activities at the facility. It also serves as a hazard assessment to current activities. The inspection shall be completed in all areas of the facility, including warehouse and office areas as it is applicable. Issues shall be summarized on the last page. Corrections will be made and documented completion date on the summary page. All corrections are expected to be completed in a timely manner.

| REVIEW OF PRIOR CORRECTIONS | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Have all identified issues been corrected and noted on the previous facility inspection summary? | | | | |
| Are all corrections of previously identified issues still effective and not recurring? | | | | |
| **If issues are recurring a corrective action must be opened. | | | | |

| EMERGENCY LIGHTING | Yes | No | N/A | Comments |
|---|---|---|---|---|
| All exit signs illuminated and remain illuminated when battery tested? | | | | |
| All exit signs free of damage? | | | | |

| EMERGENCY PREPAREDNESS | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are all walkways and aisle ways free of obstructions? | | | | |
| Are all exits free of storage and clutter? | | | | |
| Are stairwells and corridors free of storage and clutter? | | | | |
| Are all employees trained on Emergency Evacuation Procedures? | | | | |
| Are all employees aware of the proper meeting location in the event of an emergency? | | | | |
| Are all materials stored in racks wrapped and stable to prevent falling? | | | | |
| Is the First Aid cabinet fully stocked? | | | | |
| Is the fire alarm panel indicating an alarm condition? | | | | |
| Are all manual pull stations unobstructed and accessible? | | | | |
| Is there anything else relating to emergency preparedness that needs attention at this time? | | | | |

| FIRE EXTINGUISHERS | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are all extinguishers in their designated location? | | | | |
| Are all extinguishers clearly identified with a wall mounted sign? | | | | |
| Are all extinguishers securely mounted to the wall? | | | | |
| Are all extinguishers easily accessible and free of obstructions? | | | | |
| Is the last annual inspection within the past 12 months? | | | | |
| Are inspection tags current with initial and date of inspection? | | | | |
| Are all seals and tamper pins in place? | | | | |
| Are all extinguishers free of damage, corrosion, leakage or clogged nozzles? | | | | |
| Do all pressure gauges indicate the extinguishers are ready for use? | | | | |
| Are all staff members trained on fire extinguisher use? | | | | |
| Do all staff members know where the extinguishers are located? | | | | |
| Is there anything else that needs attention at this time? | | | | |

| EYEWASH | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are there caps covering the emergency eyewash? | | | | |
| Is the emergency eyewash free of dust, dirt, and other debris? | | | | |
| Does the emergency eyewash function properly when turned on? | | | | |
| *Initial the tag on the emergency eyewash after inspection | | | | |

| LADDERS | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are any steps damaged? | | | | |
| Does the ladder operate freely upon opening/closing or extending? | | | | |
| Is there any visible corrosion on the ladder? | | | | |

| LADDERS | Yes | No | N/A | Comments |
|---|---|---|---|---|
| When accessing landings, does the ladder extend at least 36" beyond the landing? | | | | |
| Are all employees using ladders trained in Ladder Safety? | | | | |

| FORKLIFTS | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are pre-use inspections completed on all Forklifts prior to each shift? | | | | |
| Are all designated forklift operators properly trained in each type of forklift in use? | | | | |
| Are the forklifts free of visible damage? | | | | |
| Is there anything else relating to forklifts that needs attention at this time? | | | | |

| HAZARDOUS MATERIALS | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are SDSs available on all hazardous materials in the facility? | | | | |
| Are all SDSs readily available for all employees? | | | | |
| Are all employees trained on how to locate, read and understand an MSDS sheet? (Hazard Communications) | | | | |
| Are all liquids stored in the appropriate containers? | | | | |
| Are all HW/UW containers labeled with the contents and an accumulation start date? | | | | |
| Are all personnel equipped with adequate PPE for these materials? | | | | |
| Are all spill kits located in the correct area? | | | | |
| Are all spill kits fully stocked with the needed equipment? | | | | |

| HAZARDOUS MATERIALS | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Is there anything else relating to hazardous materials that needs attention at this time? | | | | |

| HOUSEKEEPING | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are all areas cleaned on a regular basis? | | | | |
| Are all walkways are at least 36 inches and free of other items that could cause a tripping hazard? | | | | |
| Are all floors free of liquids to avoid trips and falls? | | | | |
| Is equipment returned to their proper storage location when not in use to avoid a tripping hazard? | | | | |
| Check Office area. Is there NO signs of spills; Is there NO debris or garbage; Are areas neat/organized? | | | | |
| Check outside of warehouse. Is there NO sign of spills; clear; NO debris or garbage? | | | | |
| Check inside of Warehouse. Is there no sign of spills; areas are neat/organized: | | | | |
| NO containers leaking? | | | | |
| All containers clearly labeled? | | | | |
| Flammable materials such as cardboard and paper are stored away from fire hazards and not accumulated throughout the warehouse? | | | | |
| Tools are safely secured and stored when not in use? | | | | |
| Are there any other housekeeping issues that need to be addressed? | | | | |

| ELECTRICAL | Yes | No | N/A | Comments |
|---|---|---|---|---|
| No circuit breakers regularly tripping? | | | | |

| | | | | |
|---|---|---|---|---|
| No extension cords used for a permanent operation? | | | | |
| Are all plugs and cords in good condition? | | | | |
| Are all extension cords plugged into a grounded outlet when in use? | | | | |
| No electrical switches, switch plates or receptacles, cracked, broken or have exposed contacts? | | | | |
| Do all electrical panels have a surrounding space of 3 feet clear? | | | | |
| Are all electrical circuit breakers identified? | | | | |
| Are there any other electrical issues that need attention at this time? | | | | |

| PERSONAL PROTECTIVE EQUIPMENT | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Is there adequate PPE for all job types on site? | | | | |
| Do all personnel requiring prescription safety glasses have them? | | | | |
| Are all personnel trained in the proper use of all PPE as required by their job(s)? | | | | |
| Is signage displayed in areas where PPE is required? | | | | |
| Are employees wearing proper footwear in accordance with PPE requirements? | | | | |
| Are employees wearing gloves wear required by the tasks? | | | | |
| Are there any other PPE issues that need to be addressed at this time? | | | | |

| RESPIRATORY PROTECTION | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are employees who use respirators, voluntarily, trained? | | | | |
| Are respirators stored in a sealed bag? | | | | |
| Are respirators disposed of when soiled? | | | | |
| Are respirators used according to the NIOSH ratings? | | | | |
| Are there any other Respirator issues that need to be addressed at this time? | | | | |

| LEGAL & OTHER REQUIREMENTS | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are containers with batteries, broken lamps, broken CRT glass, or PCB ballasts closed with lids? | | | | |
| Are all Universal Wastes labeled with a Universal Waste label? | | | | |
| Is the Accumulation Start Date filled-in on the UW label? | | | | |
| Are batteries taped or terminals separated to avoid contact? | | | | |
| Are R2 Focus Materials separated and managed from plastics and metals? | | | | |
| Are waste containers, dumpsters, and Steel Roll-offs free of R2 Focus Materials and Universal Wastes? | | | | |
| Are all Focus Materials and Universal Wastes properly stored under roof to prevent storm water runoff? | | | | |
| Are there any new activities, equipment or materials that may change the legal requirements? | | | | |

| SECURITY | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Are all entry ways secured from unauthorized access? | | | | |
| Are surveillance video cameras in working order? | | | | |
| Are video recording devices in working order and storing video accordingly? | | | | |

| Other Equipment Maintenance | Working | Broken | N/A | Comments |
|---|---|---|---|---|
| Electric Drill | | | | |
| Drill Press | | | | |
| Pallet Jacks | | | | |
| Fans | | | | |
| Tables | | | | |
| Ladders | | | | |
| Lighting | | | | |
| Carts | | | | |
| Storage Racks | | | | |
| Storage Cabinets | | | | |
| Dumper Bins | | | | |
| Computer Equipment | | | | |
| Truck Stands | | | | |
| Chock Blocks | | | | |
| Hard Drive Shredder | | | | |
| Power Tools | | | | |
| Air Tools | | | | |
| | | | | |
| | | | | |

| Air Compressor | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Was the air compressor drained of fluid? | | | | |
| Is fluid drain from the air compressor captured? | | | | |
| Are all belt guards in place? | | | | |
| Is the pressure gauge in working order? | | | | |
| Is the operating pressure within manufacturer's specifications? | | | | |
| Is the safety valve in working order? | | | | |
| Are there any leaks in the lines? | | | | |

## Facility Inspection Checklist

DOCID#

Date of Review: _____ Mgmt Reviewer: _____

| | Unsafe condition or work practice | Person Assigned | Corrective Actions | Due Date | Resolution Date |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |



# Accident Review Program

## PROGRAM STATEMENT

The purpose of this program is to ensure that all City of -_____vehicles and equipment are operated in a manner that ensures the safety of the employee and citizens of _____. It is also the intent of this program to help standardize how accidents are handled throughout the City. In the event of an accident the employee's immediate supervisor, as well as the Safety Coordinator (who may respond to the scene of the accident), shall be notified. The respective department's Director shall also be notified as soon as practical. If the accident involves a motor vehicle, the _____ Police Department shall be called to investigate. If the _____Police Department is unable to respond, the _____ County Sheriff's Department or Arkansas State Police shall be notified. All accidents resulting in property damage, personal injury to employees or citizens, city owned property or property of others, shall be investigated and the required reports submitted. All other accidents will be investigated by the respective department supervisor and Safety Coordinator.

## AUTHORITY TO INVESTIGATE

**A.** The on-duty supervisor, Safety Coordinator, or Director shall guarantee that all accidents involving City of _____ vehicles and/or equipment are investigated and reported as required.
**B.** The supervisor is responsible for making sure all necessary investigative reports are completed and forwarded to the Accident Review Board Chairman within 24 hours or on Monday morning if the accident occurred on the weekend.

## ACCIDENT REVIEW BOARD

**A.** The Accident Review Board is intended to be the "investigating body" for the City. The Board will review all accidents to make recommendations to department Directors to prevent future incidents. This review applies to all departments. A meeting will be scheduled and the employee may choose to address the Board prior to the review to offer explanations or witnesses. Any witnesses, or other representation, desired by the employee must be notified by the employee. It is the employee's responsibility to notify the Board Chairman of all persons who will attend at the employee's request.
**B.** The Safety Committee will serve as the Accident Review Board with a Chairman and Vice-Chairman appointed by the Human Resources Director.
**C.** Some members of the Board may be prohibited from serving during the accident review:

- **a.** Members of the Safety Committee that have been involved in the accident scheduled to be reviewed.
- **b.** Direct supervisors of the employee involved in the accident.
- **c.** Other situations where conflicts of interest may exist.

## DOCUMENTATION

The following documentation is required in order for the Accident Review Board to conduct a thorough and fair review of the accident:an injured worker.

**A.** Accident/Injury/Loss Report: This report, after being completed, will be reviewed signed and dated by the employee's supervisor. After review, this will be forwarded to the Accident Review Board Chairman. Additional information may be obtained by the Safety Coordinator as required.
**B.** Uniform Traffic Crash Report: Law Enforcement Agency's investigator's traffic crash report (if applicable).
**C.** Photographs: Any photographs, or recorded video, taken at the scene of the accident must be

sent to Human Resources Department for inclusion with the file to be presented to the Accident Review Board.
**D.** Maintenance Records: In the event that the driver/operator of a vehicle (or piece of equipment) states that the accident occurred as a result of any type of mechanical failure, it is required that the vehicle (or piece of equipment) be checked and/or tested immediately by personnel approved by the appropriate Director or supervisor. After inspection, the results will be forwarded to the Safety Coordinator.

## PROCEDURES

**A.** The Accident Review Board will review all available documentation and determine if the accident was preventable or non-preventable on the part of the employee.
**B.** If the accident is determined to have been non-preventable, no disciplinary action will be recommended.
**C.** If the accident is determined to have been preventable, appropriate action will be recommended in accordance with the measures outlined in the next section.

## DEFINITIONS

**A.** Negligent: Careless, lax, inattentive (e.g., negligent act). The failure to use a reasonable amount of care when such failure results in injury or damage to another person or property.
**B.** Non-Contact Incident: An incident involving a City of _____ vehicle and/or equipment operator whereby no vehicle contact is made, however it is shown that our vehicle or operator contributed to the accident.
**C.** Accident: Any occurrence resulting in personal injury or property damage to a City employee, City property, private individual or private property. This will include (but not be limited to) traffic accidents, property damage, and non-contact incidents.
**D.** Preventable Accident: Any accident which results in property damage or physical injury that could have been avoided by appropriate action taken by the employee.
**E.** Violation: Infringement or breach of law, rule, right, etc.
**F.** Vehicle: A device or structure for transporting persons or things; a conveyance. For the purpose of this program, vehicle will include the following: Motor Vehicles (cars, trucks, and fire apparatus), Heavy Equipment (backhoes), etc.
**G.** Equipment: Shall include (but not be limited to) the following: Trailers, Mowers, or any other equipment not designed to be operated on a roadway.

# DISCIPLINARY ACTION

**A.** When an employee is the driver/operator of a City of _____ vehicle and/or piece of equipment involved in an accident that is determined to have been preventable by the Review Board, appropriate disciplinary action will be recommended to the Director of the department. It is important to note that the Review Board itself does not administer disciplinary action. Ultimately, the authority to administer disciplinary action lies with the Department Director and/or City Manager. The Review Board will make recommendations of action, based upon a points system, to the Department Director. Points will be imposed for contributing factors to the accident and credited for such items as good driving record and extenuating circumstances.

**B.** Point System:
Only one point value will be chosen from each of the following sections. Points are imposed and credited according to the following:

**a.** Driver's contributing action:

| | |
|---|---|
| **i.** Multiple Factors | 20 pts. |
| **ii.** Reckless Operation | 15 pts. |
| **iii.** Traffic Signal Violation | 10 pts. |
| **iv.** Negligence | 10 pts. |
| **v.** Speeding | 8 pts. |
| **vi.** Improper Backing | 5 pts. |
| **vii.** Struck Fixed Object | 5 pts. |
| **viii.** Following Too Closely | 5 pts. |
| **ix.** Improper Lane Change | 5 pts. |
| **x.** Other | 5 pts. |

**b.** Preventable accidents in past thirty-six (36) months (does not include case currently being reviewed).

| | |
|---|---|
| **i.** Four or more accidents | 15 pts. |
| **ii.** Three accidents | 8 pts. |
| **iii.** Two accidents | 5 pts. |
| **iv.** One accidents | 3 pts. |

**c.** Seatbelts

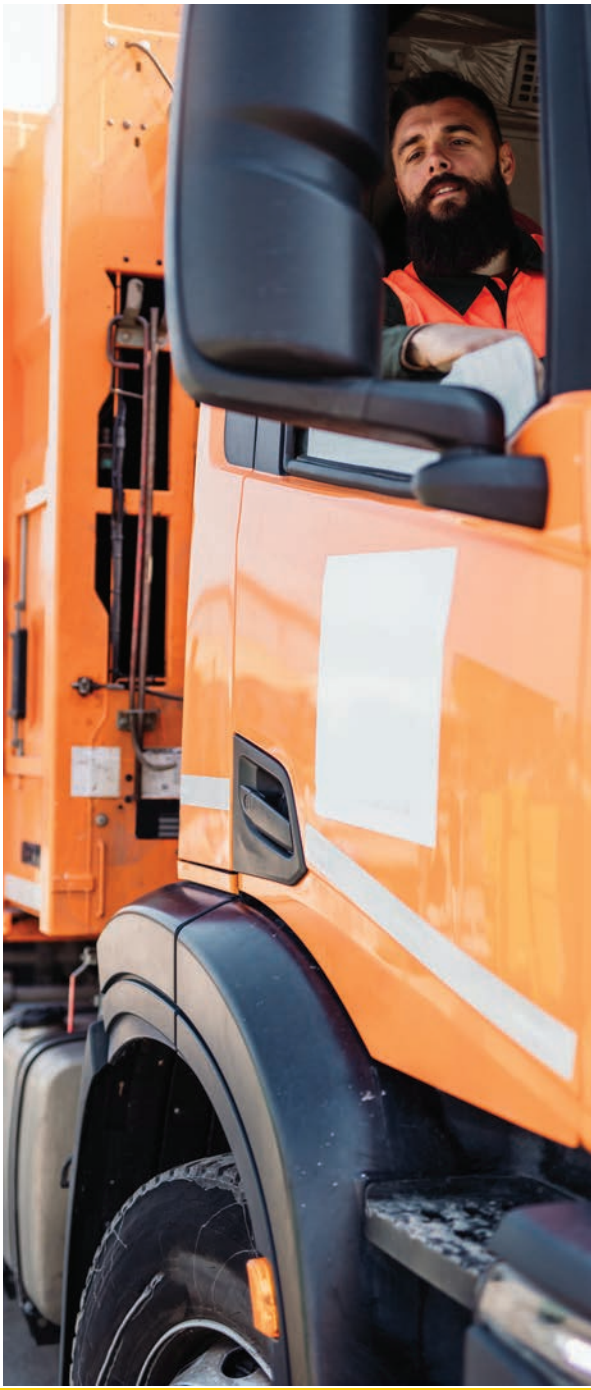
| | |
|---|---|
| **i.** Employee did not use | 5 pts. |
| **ii.** Employee did use | 0 pts. |

**d.** Siren/Warning lights/Hazard lights

| | |
|---|---|
| **i.** Used | -2 pts. |
| **ii.** Not used | +2 pts. |
| **iii.** N/A | 0 pts. |

**e.** Good driving record with City of _____

| | |
|---|---|
| **i.** 5 or more years | -5 pts. |
| **ii.** 4 years | -4 pts. |
| **iii.** 3 Years | -3 pts. |
| **iv.** 2 Years | -2 pts. |
| **v.** 1 Year | -1 pt. |



**C.** Disciplinary Guide

Disciplinary action is based upon the total number of points accumulated for the accident and the employee's driving history for the past thirty-six (36) months. Point values listed below should serve as a guide to ensure consistent assessment of employee involved accidents. However, it is the duty of the Accident Review Board to consider the totality of the circumstances surrounding the accident being reviewed. These circumstances may include (but are not limited to) the following: the extent of injury; any disregard for life or property demonstrated by the driver/ operator; etc... Additional points may be assessed by the Review Board based on these circumstances.

**a.** First accident in past thirty-six (36) months:

| Points | Action Recommended |
|---|---|
| 5 or less | Counseling Form |
| 6 – 15 | Written Reprimand |
| 16 – 22 | 8 Hours Suspension |
| 23 or more | 16 Hours Suspension |

**b.** Second accident in thirty-six (36) months

| Points | Action Recommended |
|---|---|
| 10 or less | Written Reprimand |
| 11 – 15 | 8 Hours Suspension |
| 16 – 22 | 16 Hours Suspension |
| 23 or more | 24 Hours Suspension |

**c.** Third accident in thirty-six (36) months

| Points | Action Recommended |
|---|---|
| 12 or less | 8 Hours Suspension |
| 13 – 18 | 16 Hours Suspension |
| 19 – 22 | 24 Hours Suspension |
| 23 or more | 32 Hours Suspension |

**d.** In addition to any other disciplinary action taken, four or more preventable accidents within a thirty-six (36) month period results in the suspension of take-home car privileges (if applicable) for one (1) year. If employee does not have a take-home car, driving of a City owned vehicle while on duty may be suspended.

**e.** In addition to any disciplinary action taken, any employee who is the driver/operator responsible for a preventable accident may be required to take and complete a Remedial Driving Course.

**f.** Failure to report an accident is a violation of this program and may be a violation of Arkansas State Law. Failure to report an accident in a City owned vehicle and/or piece of equipment will be treated the same as four (or more) accidents in the last thirty-six (36) months as it relates to disciplinary action.

**g.**The Accident Review Board may recommend any other action up to and including termination of the employee; however, the decision to terminate employment rests with the Director of the department and City Manager.

**h.** Should recommendations by the accident review board result in disciplinary action, such action would follow the provisions dictated under the City of _____Policy & Procedures manual.

# APPEALS

Employees who receive disciplinary action for preventable accidents may appeal the action to the City Manager in accordance with the applicable appeals process set forth in the City of _____ Personnel Policies and Procedures Manual.

# CITY OF _____
# ACCIDENT REVIEW BOARD SCORE SHEET

EMPLOYEE NAME:_____

INCIDENT DATE: _____

DATE OF HIRE: _____

DATE OF REVIEW: _____

PREVENTABLE ACCIDENT HISTORY (36 Mos.):_____

ACCIDENT HISTORY (since date of program inception): _____

**ACCIDENT**

**PREVENTABLE** or **NON-PREVENTABLE**

**SCORES**

1. EMPLOYEE'S CONTRIBUTING ACTIONS _____
2. PREVENTABLE ACCIDENTS IN PAST 36 MOS: _____
3. SEATBELT USED: _____
4. WARNING EQUIPMENT or HAZARD LIGHTS: _____
5. GOOD DRIVING HISTORY WITH CITY: _____

**TOTAL:** _____

**COMMENTS:** _____
_____
_____

**Accident Review Board Recommendations:** _____
_____
_____
_____
_____
_____

Municipal Workers Comp

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