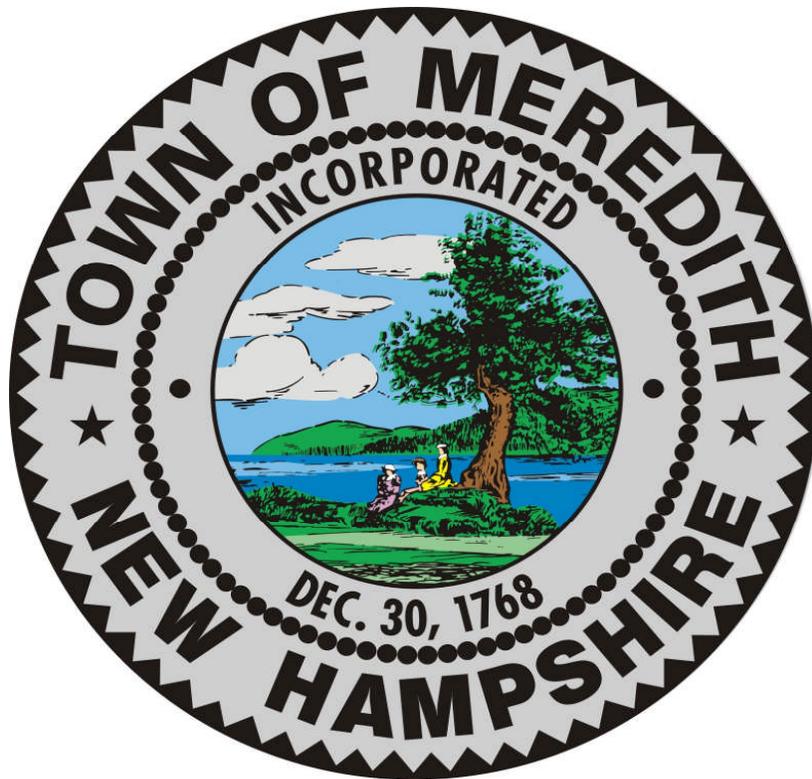


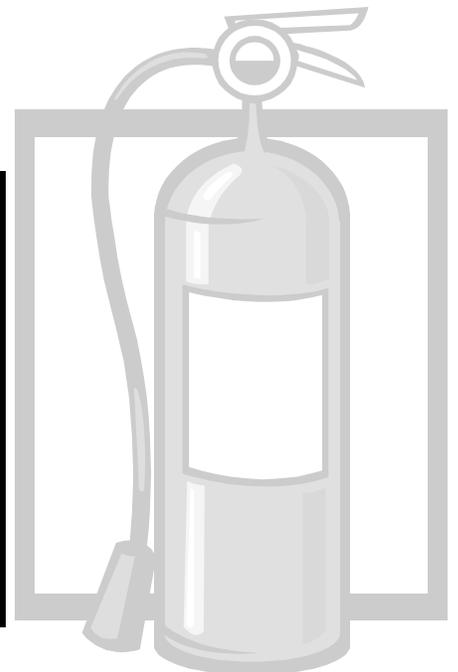
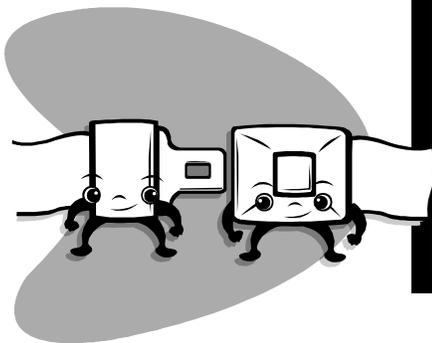
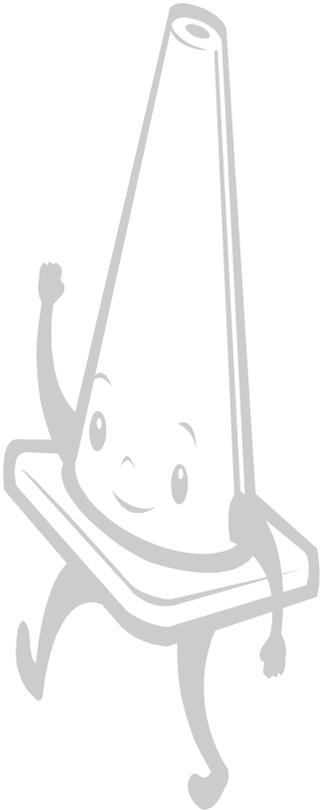
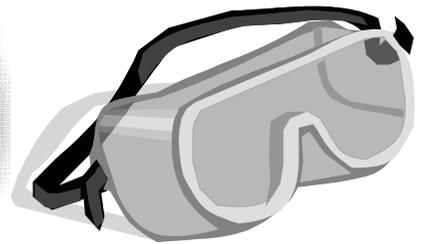
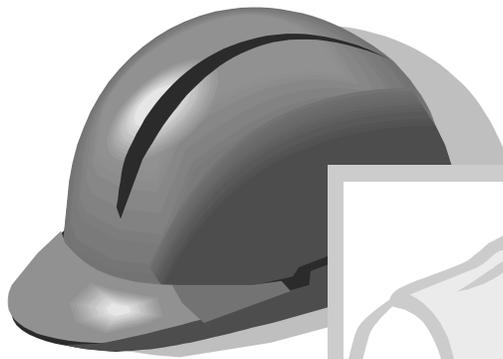
THE TOWN OF
MEREDITH
NEW HAMPSHIRE



SAFETY MANUAL

PREPARED BY: Town of Meredith Safety Committee
August 1, 2007

Safety First



Safety Manual Approval

December 1, 2006	DRAFT	Meredith Safety Manual
August 1, 2007	REVISED	Meredith Safety Manual

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Safety Officials

Administrative Services	<i>~Linda LaBraney</i>
Buildings & Grounds	<i>~Paul Ristaino</i>
Code Enforcement	<i>~Bill Edney</i>
Fire Department	<i>~Chuck Palm</i>
Parks & Recreation	<i>~Russ Weeks</i>
Police	<i>~Kevin Morrow</i>
Public Works	<i>~Al Bolduc</i>
Town Manager's Office	<i>~Lisa Herder</i>
Water & Sewer	<i>~Donna Turner</i>

Introduction

Safety meetings are an integral part of the Safety Program.

Their function is:

To arouse and maintain interest in incident prevention.

To Develop attitudes sympathetic to the Safety Program.

To educate employees in every factor entering into the safe performance of their job duties.

Management Safety and Health Statement

The Town of Meredith values the safety and health of each and every town employee. It is the policy and the responsibility of the Town to adopt all reasonably practicable measures:

- To secure the safety, health and welfare of all employees at places of work under the Town's control and elsewhere when performing duties;
- To maintain equipment and a safe and healthy place of work;
- To enable all employees to provide input;
- To ensure that the Town of Meredith is in compliance with safety rules, laws and regulations.

It is also the policy of the Town of Meredith to ensure that all employees are aware of their responsibility regarding health and safety. In this regard they should become familiar with the Safety Manual developed by the Town of Meredith Joint Loss Safety Committee.

We all share the responsibility for the prevention of accidents and should take reasonable care that all policies and procedures used are safely carried out. Any health or safety concerns should be reported to the Joint Loss Safety Committee.

Responsibilities

Every employee of the Town of Meredith has the right to a workplace free from occupational safety and health hazards. The Joint Loss Safety Committee, Supervisory Personnel, and all employees share in the responsibility of implementing the provisions of this program within their respective capabilities and jurisdiction. The responsibilities listed are a minimum and should not be construed to limit individual initiative to implement more comprehensive procedures to control losses and enhance workplace safety.

Joint Loss Safety Committee

- The Committee shall officially adopt this program and update at least every five years in accordance with the NH Department of Labor regulations.
- Provide overall support, direction and commitment.
- Ensure that personnel responsible for carrying out the provisions of this program understand the content of the program, are held accountable for their actions/inactions in accordance with established policies and procedures, and serve as advocates for the promotion of safety values and programs at all levels.

Supervisory Personnel

- Personnel with supervisory duties shall have the authority and responsibility to maintain a safe and healthy work place and work practices. The supervisory personnel will:
 - Comply with the contents of this program
 - Comply with applicable work rules and regulations
 - Ensure that all employees within their jurisdiction comply with the program and follow all work rules and regulations as well as setting a positive example.
 - Follow disciplinary procedures as they relate to this program.
 - Promptly investigate and report all accidents and incidents, and immediately discuss measures for prevention.
 - Provide education for employees within their departments including correct methods for performing tasks, precautions to be taken, and the use of appropriate protective and emergency equipment.
 - Conduct workplace inspections and investigations to identify and correct unsafe conditions.
 - Include and evaluate employee's safety behavior in each formal performance evaluation.

Responsibilities

Employees

- Employees are required to exercise due care in the course of their work to prevent injuries to themselves and to their fellow workers, the general public and equipment entrusted in their care. Employees shall:
 - Understand and follow all work rules and regulations. If an employee does not understand a work rule or regulation, they must notify their immediate supervisor.
 - Utilize required personal protective equipment.
 - Report all unsafe acts and conditions to their supervisor.
 - Operate only machines and equipment that they have been properly trained and/or licensed on.
 - Must follow all accident reporting procedures.
 - Employees required to have a license as a condition of employment must report to immediate supervisor or Department Head:
 - Any motor vehicle law enforcement action;
 - Any motor vehicle conviction or any administrative action by the Department of Motor Vehicles.
 - These provisions shall not supersede any law or Commercial Driver's license requirements.
 - Follow Disciplinary Policy as it relates to this program.

Administrative Regulations and the Town Wide Safety Manual provide further information on safety policies and procedures.

Joint Loss Management Committee

SAFETY COMMITTEE GUIDELINES

- I. Organization
 - A. Membership - All departments and all levels; each Collective Bargaining Unit must be represented.
 - B. Meetings
 - 1. When - monthly. The same day and time each month (the third Thursday of each month at 8:37 A.M.).
 - 2. Location - Town Hall Annex, unless otherwise noticed.
- II. Duties
 - A. Accident Review - All accidents and subsequent recommendations for prevention are reviewed and approved/returned for clarification. Any recommendations made are followed through to completion and communicated to other departments with similar exposures.
 - B. Inspections - the committee may choose to conduct an inspection of a particular location/ piece of machinery/job site. Any recommendations will be communicated to those responsible for completing them.
 - C. Communication of Relevant Information
 - 1. Meeting Minutes - The committee is a functioning body of and for the employees. All information from the meetings should be distributed, or at a minimum, posted.
 - 2. Literature - As committee members come across safety information/literature, it should be made available to others.
 - 3. Suggestions - Committee members need to listen to and present safety suggestions from co-workers to the committee.

Joint Loss Management Committee

INSPECTIONS

Supervisors are responsible for conducting necessary safety inspections and recording their findings. Any unsatisfactory conditions are to be dealt with in the appropriate manner.

A. Frequency

Formal inspections of the work area and equipment are to be conducted regularly. Additional inspections of specific pieces of equipment or job sites may be required by the applicable work rules.

Supervisors are expected to constantly be alert for unsafe acts and conditions, and take necessary corrective action.

B. Guidelines for Correcting Unsatisfactory Conditions

1. First and foremost, take the necessary action to prevent an injury! (Remove the tool from service, post a warning sign, etc.)
2. If within your authority, take steps to permanently correct the hazard. Report all action taken to your department head/supervisor.
3. If you do not have the authority to correct the problem, take steps to prevent an injury as a result of it. Then, report the problem and your recommended solution to the person who has the authority to correct it.

C. Recordkeeping Guidelines

1. Document the inspection! At a minimum, record the inspection date, location/piece of equipment, inspector's name, list of unsatisfactory conditions noted, action taken and a list of recommendations. (See Exhibit 6 for sample inspection reports)
2. If unsatisfactory conditions are noted, send a copy of the report to your department head/supervisor and keep a copy in your file.
3. If no unsatisfactory conditions are noted, just keep the inspection report in your file.

Administrative Regulations

SAFETY LOSS RULES ACCIDENT & INJURY REPORTING & INVESTIGATION

After incidents or accidents involving employees, injuries or property damage, the Town must investigate and report what happened.

ACCIDENTS & INJURIES

A worker's compensation injury is defined as an accidental injury or death arising out of and in the course of employment and all occupational diseases arising out of and in the course of employment. There are definite State requirements for reporting these injuries which are summarized in this Section.

Naturally, the first thing to do when an accident occurs is to ensure that proper medical treatment is provided.

- A. Handling Emergencies - Judgment is a key factor in the handling of an emergency. Employees are expected to exercise their best judgment based upon circumstances. The following is a list of guidelines to follow; however, if there is any question whatsoever about the seriousness of an injury, call for help!
 1. Call the appropriate emergency service (Medical, Fire, Rescue - 279-5901) (Police 279-4561) or 9-111.
 2. See to it that first aid is provided.
 3. Notify the supervisor.
 4. Follow reporting and investigation requirements.
- B. Accident Reporting
 1. All accidents or incidents are to be reported immediately to the responsible supervisor.
 2. Supervisors will see to it that enough information is gathered to accurately complete the Employer's First Report of Injury or Occupational Disease (Form 8WC). The supervisor will ensure that the injured employee completes the Employee's Report of Accident or Injury and the supervisor will complete the Supervisor's Report of Accident or Injury. These will be forwarded immediately to the Town Manager's Administrative Assistant.
 3. The First Report of Injury Form will be completed and processed by the Administrative Assistant within five calendar days from the incident date. This individual will also complete any other required forms.

Administrative Regulations

SAFETY LOSS RULES CONTINUED...

4. Injuries requiring only common first aid must also be reported following these guidelines.
5. The employee will report any accident (personal/equipment/motor vehicle) or injury to his/her Supervisor immediately. A written report to Personnel must be filed within two (2) business days. Failure to immediately report an injury or accident to the Supervisor or file the necessary paperwork with the Personnel Department may result in the Safety Committee making a determination that the responsible party will lose all Safety incentives for the year.

C. Accident/Incident Investigation

The immediate supervisor, or other designated individual, will investigate all accidents (personal injury, motor vehicle, or equipment), incidents and near-misses which occur within their span of control. The purpose is to determine what happened, why it happened, and most importantly, how to prevent it from happening again. An accident investigation report should be completed if the accident is serious in nature, or had the potential to cause serious injury, and turned in to the Personnel Specialist.

GUIDELINES FOR CONDUCTING INVESTIGATIONS:

1. Investigate the scene as soon as practicable after the accident/incident noting conditions, location of equipment, physical objects and witnesses. Make notes and draw sketches as needed.
2. Interview witnesses soon after the accident so the facts will be fresh in their mind. Be certain that they understand that no blame is being placed - you are simply trying to gather facts to prevent a recurrence.
3. Interview the victim when the timing is right. Keep in mind his/her physical and emotional condition.
4. Make recommendations to prevent similar occurrences. Terms such as "employee was careless" have no place in a factual report.
5. It is critical that no statements regarding blame or responsibility be publicly made at an accident scene.

Administrative Regulations (*Note see the AR Manual for the following Safety Regulations)...

- # 3.....Worker's Compensation Program
- # 7.....Accident & Injury Investigation
- # 8.....Personal Protection Equipment
- # 9.....Hearing Conservation
- # 10.....Hazard Communication Program
- # 11.....Exposure Control - Air Borne, Direct/Indirect Contact with Bodily Fluids
- # 12.....Safety & ADA Audits
- # 17.....Confined Space Entry
- # 18.....Respiratory Protection Program
- # 19.....Lock Out Tag Out

Disciplinary Policy

It is the Town of Meredith's policy to place as few restraints on personal conduct as possible. We are justifiably proud of our employees and the manner in which they conduct themselves. We rely on individual good judgment and a sense of responsibility. Each employee is expected to act in an appropriate manner. However, for the protection of our property, business interests and other employees, we have established certain rules of conduct. Violations of any rule cannot be ignored.

These rules are published for your information and to minimize the likelihood of any employee, through misunderstanding or otherwise, becoming subject to any disciplinary action. It is only fair that you should be familiar with those rules the organization considers to be important. It is also fair that you be apprised of the procedures to be used should any disciplinary action be required. We believe in using a process that is fair to all, yet maintains employee responsibility.

For these reasons we use a progressive discipline model for handling disciplinary/performance issues. This model is designed to bring deficiencies to the attention of the employee in as non-confrontational a manner as possible.

Department heads and/or supervisors are responsible for counseling employees as problems occur involving adherence to the policies, procedures and rules of the organization and work unit.

Accident/Incident Reporting

Included in this exhibit are the following sample forms:

- Town of Meredith Accident / Incident Investigation Report
- Employer's First Report of Injury or Disease (Form 8WC)

The instructions for each form are listed on the forms themselves.

TOWN OF MEREDITH TEMPORARY ALTERNATE DUTY PROGRAM

In accordance with the provisions of RSA 281-A: 23-b, the Town of Meredith will provide (if available) temporary alternative work opportunities for employees who suffer a work-related injury or illness.

When practicable, employees will be returned to their regular duties with modifications consistent with a physician's stipulated work restrictions. In the event that such restrictions make it impractical for an employee to perform their normal job, even with modification, the employee may be reassigned to different duties or a different work schedule and may include assignment to a different department with the Town of Meredith.

The specific assignment of duties shall be determined on a case-by-case basis pursuant to the physician's restrictions and the work available at the time of the injury or illness.

The Town of Meredith has no obligation to provide temporary alternative work opportunities to employees who suffer a non-work related injury or illness.

Safety Education and Training

Safety education and training raises the employee's level of safety awareness and also provides management with an opportunity to demonstrate their concern for the welfare of employees.

A. Types of Training

1. **Introductory** - All new or transferred employees will be told of their responsibilities under this loss prevention management program. When the supervisor who conducts the training is confident that the employee understands the rules, the employee will sign a form indicating that and the form will go into the employee's training file.

2. Specific/On the Job

Employees will be instructed by the supervisor in the proper method of performing each job, the hazards associated with it, the required personal protective equipment and any necessary emergency procedures. This will be done as required by the work rules, when changes in the job occur or whenever deemed necessary by the supervisor. Any employee not comfortable with the operation of equipment assigned to them shall immediately notify their supervisor and cease operating the equipment until they are thoroughly checked on the equipment.

3. Follow-up

When the supervisor identifies the need, follow-up training will be conducted.

B. Recordkeeping

1. **Introductory training** - Document in the employee's training file.

2. **Specific training** - Documentation of training provided for specific tasks (e.g. proper shoring techniques) is strongly recommended. It can consist of a brief description of the training, the date and instructor's name, and a list of those attending. The supervisor can keep these lists.

Emergency Evacuation and Response Plans

The Purpose of this document is to provide guidance in the event a situation arises that one of our buildings needs to be evacuated. It should be kept in mind that the various Town owned/controlled buildings vary in size, use and age. Accordingly, it is necessary that each department needs to develop specific procedures that will facilitate the actual process for a timely evacuation of their respective buildings; however, this document may be used as a guide in developing the specific procedures.

Evacuation Goal: To have all personnel, including employees and non-employees, leave the building in an orderly and timely manner and to secure both the building and contents in a reasonable manner without unnecessarily endangering personnel.

Evacuation Considerations:

- An evacuation should occur in those instances where there is a reasonable potential that personal injury may occur should an evacuation not occur. For example: evidence of a possible fire; presence of an unidentified odor, such as the smell of some type of chemical; there is an identified odor that may be harmful, such as the smell of propane, electrical/overheating odor, heating oil fumes, etc; evidence or suspicion of a structural failure; bomb threat; presence of an unknown package or chemical spill/leak; occupants evidencing medical problems such as dizziness or headaches.
- An evacuation may not be proper in instances such as a hostage situation; a sniper has been reported; severe weather is present or threatened.
- The most effective method to evacuate a building is to activate the fire alarm system by using a pull station, located near a primary exit. In some of the older buildings and/or smaller buildings not requiring a fire alarm system, the individual initiating the evacuation should alert other occupants in the most expeditions method available, which may simply be by voice alert.
- During the evacuation, occupants should close windows and doors while in process of evacuation. This should only be done if it can be done safely, without personal injury and condideration should be given to NOT locking such doors as timely response by emergency services personnel may be hindered.
- If the cause of the problem is identified, and corrective action can be taken without personal injury then such action should be considered. For example if a copy machine shows evidence of over heating and a possible fire, then consider unplugging it, unless to do so would endanger the individual attempting this action; in the case of a know fire, fire extinguishers are stored by primary exits and if an individual has been trained and feels that they could use it, without personal injury then it's use should be considered.
- During the evacuation, quickly check normally occupied areas, such as bathrooms, storage rooms, and conference rooms. When this is being executed, be sure to close the respective door(s) - DO NOT SET THE LOCK. If it is noted that a window is open, consider leaving it open and simply close the door—remember, it is more important to evacuate safely.
- Be sure to contact the emergency services network. Virtually all of the alarm systems in use within the Town facilities are in effect connected to 911; however the use of 911 is considered the most effective method of notification. Stay in contact with the 911 operator for only as long as it is deemed sage to do so. Information that will be solictited by the operator includes: location verification; nature of the emergency; your name; status of occupants; etc. Remember, the more accuate the information that you can safely provide, the better the results will be from the emergency services response.

Emergency Evacuation and Response Plans

- **Care and knowledge in contacting 911 should be followed, SPECIFICALLY at certain locations, direct dial may not be possible—know what is necessary to get an outside telephone line—do you need to dial 9 first? Consider posting these instructions on each phone, in the event that a person not familiar with the phone system is attempting to place the call.**
- Once the building is evacuated, all occupants should gather in one location, safely away from the building. One individual should assume the responsibility of gathering information as to the reason for the evacuation (this may simply be identifying the person(s) who experienced the problem), attempt to account for all occupants present in the building at the time of the evacuation and be prepared to provide the emergency responder with this information. The emergency services providers in town use a system call NIMS or ICS, which means that one of the emergency service members will take charge of the situation and it is to this person that this type of information will be vital. Any one of the occupants may be asked to provide a witness statement as to what they saw, did, etc.
- Once the situation has been brought under control, the emergency services incharge person will inform occupants that reentry may occur. NEVER RE-ENTER the building until you are notified that it is safe to do so.
- Shutting down computer systems, securing valuable documents, etc. should be discussed during individual department staff sessions periodically, so that staff members are familiar with individual department priorities. During an emergency, the extent to which this can be accomplished is dependant upon the nature of the event. Keep in mind that individual safety is the most important aspect of the evacuation plan.

Drills and Training: An effective evacuation can only occur through periodic training, including discussions at department meetings and actual evacuation drills. The discussion segment would include: a periodic review of specific department procedures to be employed such as checking for occupants when leaving the building; closing doors/windows; establishing department requirements for securing valuable documents and systems; familiarization with contacting emergency services providers; knowledge of fire extinguisher locations; and , alarm system operations. With respect to evacuation drills, such should be conducted periodically and documented by completion of Exhibit A and forwarded to the Chairperson of the Joint Loss Safety Committee.

Safety and Health Communications

The Town of Meredith is committed to providing a safe and healthy working environment for all of our employees. With your assistance, we can use our resources to identify and control work-related hazards. All employees are required to bring known and potential hazards and safety issues to the attention of the Joint Loss Safety Committee. Failure to do so may result in an injury to you or others that could otherwise have been avoided.

The cooperative effort of each employee, and supervisor and manager in the awareness, acceptance, participation, and preservation of a functional Health and Safety Program is essential and welcomed. Please bring any suggestions you may have to improve safety to the Joint Loss Safety Committee or the Town Manager.

The Safety Committee Guidelines has a section on Communication of Relevant Information (page 10)

Exhibits

In-House Inspection Programs

Every municipality that is serious about controlling or reducing the costs of daily operations should find ways of preventing accidents. Accidents don't have to happen. Through a program of periodic in-house inspections, unsafe practices that contribute to or cause accidents can be identified. Appropriate corrective action may then be taken to assure that the hazard in questions is controlled or eliminated.

Surprisingly, a mere investment of 20-30 minutes at each facility during each inspection interval could prevent accidents costing hundred or even thousands of dollars each! Such occurrences as tripping over electrical cords, slipping on icy stairs and twisting an ankle in a cluttered repair bay are examples of needless accidents which happen all too often.

Through implementing a self-inspection program based on the following guidelines, along with encouraging workers to report hazardous conditions as they are detected, any municipality can work toward reducing accident frequency and cost.

FIRST STEP: Determine which facilities will be inspected. While those areas that have been involved in recent accidents may be of special interest at the time, most buildings and work areas should be seen.

SECOND STEP: Determine who will conduct the inspections. It is not necessary that this person have prior experience with inspections. A good choice would be a person who normally works at the facility in questions. A person knowledgeable of daily operations at that area can most effectively interpret the inspection checklist to be used. By rotating inspectors every year or two, more people can become involved. Persons who become involved in a safety program tend to become more safety conscious themselves.

THIRD STEP: Develop a checklist to be used. Attached to this chapter are sample checklists which can be used for relatively simple work areas. You may want to add or delete items to tailor these checklist to your specific needs. It is imperative that a written checklist be used, both to minimize the inspection time required and to assure that all critical areas will be covered.

Exhibits

FOURTH STEP: Communicate with the designated inspection personnel. Each inspector should understand how the inspection process works, and know what is expected from him. Nothing could be a greater waste of time than for inspectors to fill a check list with what they think someone wants to see--not noting hazards that exist, but rather painting a rosy picture that hides problems and allows employees to get hurt.

FIFTH STEP: Select a frequency of inspections. Quarterly or semi-annually are two options, depending upon the complexity of work areas and intensity of use. It is important that a regular frequency be chosen and adhered to, to follow up on past identified hazards and keep the in-house inspection program part of the municipality's active safety effort.

SIXTH STEP: The safety officer and safety committee should analyze the completed checklists. Control hazards should be given prompt attention toward corrective action. All identified hazards should be rectified within a reasonable time. Previously completed checklists should be kept on file for review and comparison in looking for recurring hazard trends.

NOTES:

Exhibits

Self-Inspection Program - Supervisor's Perspective

Where, how and why do accidents occur? These questions should be asked by the progressive supervisor who makes accident prevention an important part of this job.

The supervisor uses many methods to locate trouble spots. Personal observation often uncovers hazards that can be remedied immediately. Common sense, job studies and inspection help locate many other accident-causing trouble spots.

The self-inspection program is established to:

1. Assist the safety officer/safety committee in developing an impression of how the overall safety program is succeeding in the main facility and at satellite locations/job sites.
2. Give the safety officer/safety committee meaningful input with regard to how individual supervisors are suited to perform supervisory tasks so that the safety officer will know how much assistance may be required.
3. Make all supervisors an integral part of the safety program by having them submit periodic safety reports on their work areas, thereby sharpening their awareness of inherent safety hazards.

Supervisors will find the program useful to define areas which must be strictly controlled to prevent accidents. As with accident investigations, supervisors can use inspection activities as a means of documenting the completion of their own safety responsibilities, thus putting the emphasis safety follow-up action on department heads and management. Inspections are also a good means of communicating directly with management.

Exhibits

General Safety Checklist/Inspection Form

TOWN OF MEREDITH

LOCATION: _____

DATE: _____

<u>General Policies and Practices</u>	OK	Location if not OK	Recommendations	Date Complete or Budget Item
Each department has safety rules.	_____	_____	_____	_____
Injuries must be reported immediately to the supervisor	_____	_____	_____	_____
Hazards must be reported to a supervisor immediately after they are discovered	_____	_____	_____	_____
Supervisors are required to investigate all accidents in a timely manner and to route reports to management.	_____	_____	_____	_____
Smoking is permitted only in designated areas.	_____	_____	_____	_____
Employees reporting for work under the influence of alcohol or drugs are subject to disciplinary action.	_____	_____	_____	_____
Only public employees are permitted to operate publicly owned vehicles and equipment.	_____	_____	_____	_____
All employees who operate a Town vehicle must have a valid driver's license.	_____	_____	_____	_____
Dept. has lock-out / tag-out Program	_____	_____	_____	_____

Exhibits

General Safety Checklist - Continued

<u>General Policies and Practices</u>	OK	Location if not OK	Recommendations	Date Complete or Budget Item
Employees must notify supervisors when taking prescription medication that causes reactions such as fatigue, dizziness or impaired vision or judgment.	_____	_____	_____	_____
Accident and injury report are reviewed by supervisors and discussed with employees.	_____	_____	_____	_____
<u>Grounds and Building Entrances</u>				
Grounds are free of unusual hazards such as holes, protrusions and other obstacles.	_____	_____	_____	_____
Trees are free of loose branches or protruding roots.	_____	_____	_____	_____
Fences are structurally sound and free of holes.	_____	_____	_____	_____
Sidewalks, entrances, steps and lawns are properly maintained.	_____	_____	_____	_____
Walkways and paved areas are free of cracks and loose pavement.	_____	_____	_____	_____
All doors and windows are in working condition.	_____	_____	_____	_____
Outside lighting is sufficient around pedestrian traffic areas.	_____	_____	_____	_____
<u>Building and Structures</u>				
Ceilings are free of cracks.	_____	_____	_____	_____

Exhibits

General Safety Checklist - Continued

<u>General Policies and Practices</u>	OK	Location if not OK	Recommendations	Date Complete or Budget Item
Restrooms are free of water hazards.	_____	_____	_____	_____
Handrails and treads in stairways are in good condition.	_____	_____	_____	_____
Stairway risers are of proper height.	_____	_____	_____	_____
Lighting in stairways is adequate.	_____	_____	_____	_____
Floors are free of holes, splinters, protruding nails, slippery areas and loose boards.	_____	_____	_____	_____
All openings in floors are covered and marked.	_____	_____	_____	_____
Aisles and passageways have adequate width and are unobstructed.	_____	_____	_____	_____
Work areas have adequate lighting.	_____	_____	_____	_____
Work areas are well ventilated and free of fumes.	_____	_____	_____	_____
<u>Fire Safety</u>				
All emergency exits are properly marked.	_____	_____	_____	_____
Each building has an evacuation and emergency preparedness plan.	_____	_____	_____	_____
Employees are trained in fire fighting equipment or are familiar with evacuation plans.	_____	_____	_____	_____

Exhibits

General Safety Checklist - Continued

<u>General Policies and Practices</u>	OK	Location if not OK	Recommendations	Date Complete or Budget Item
Fire extinguishers and other fire fighting equipment is checked regularly.	_____	_____	_____	_____
Fire alarms and smoke detectors are checked regularly.	_____	_____	_____	_____
Rubbish and used chemicals are disposed of properly.	_____	_____	_____	_____
Explosive or flammable materials are properly stored and ventilated.	_____	_____	_____	_____
<u>Machinery, Tools and Equipment</u>				
All machinery and equipment is maintained properly.	_____	_____	_____	_____
Belts, gears, chains, clutches and shafting are properly guarded.	_____	_____	_____	_____
Effective point-of-operation guards are in place.	_____	_____	_____	_____
Equipment and facilities are free of oil or grease spills.	_____	_____	_____	_____
Gas cylinders are in working condition.	_____	_____	_____	_____
Tampering or unauthorized use of any town machinery or equipment is prohibited.	_____	_____	_____	_____
Tools and machines are free of split or loose handles.	_____	_____	_____	_____

Exhibits

General Safety Checklist - Continued

<u>General Policies and Practices</u>	OK	Location if not OK	Recommendations	Date Complete or Budget Item
All cutting edges are sharp.	_____	_____	_____	_____
All tools are maintained in a good state of repair.	_____	_____	_____	_____
Ladders, scaffolds and horses are of standard construction and are in good condition.	_____	_____	_____	_____
Ladders or self-locking step stools are of an approved design.	_____	_____	_____	_____
Electrical tools, switch boxes and fixtures are properly grounded.	_____	_____	_____	_____
Wiring, fixtures, connections and extension or portable cords are safely insulated and installed properly.	_____	_____	_____	_____
Extension cords are free of frays and breaks.	_____	_____	_____	_____
All electrical wall outlets and switches are in working order.	_____	_____	_____	_____
<u>Housekeeping</u>				
Materials are properly stacked and stored according to established guidelines.	_____	_____	_____	_____
Overhead clearance is ample.	_____	_____	_____	_____
Work areas are neat and clean.	_____	_____	_____	_____

Exhibits

General Safety Checklist - Continued

<u>General Policies and Practices</u>	OK	Location if not OK	Recommendations	Date Complete or Budget Item
Work areas are free of hazardous materials.	_____	_____	_____	_____
Desks, cabinets and file drawers and/or doors are maintained properly.	_____	_____	_____	_____
Aisles and walkways are kept clear at all times.	_____	_____	_____	_____
Access to all emergency equipment such as fire extinguisher, emergency kits.	_____	_____	_____	_____
<u>Employee Practices</u>				
All equipment and machinery is used properly.	_____	_____	_____	_____
Lifting is done in a proper manner.	_____	_____	_____	_____
Assistance is available to lift or move heavy objects.	_____	_____	_____	_____
Safety devices are used.	_____	_____	_____	_____
Safety glasses, goggles, hard hats, vests, safety shoes and other protective equipment is worn when required.	_____	_____	_____	_____
Workers are prohibited from wearing jewelry while working on or around machinery or electrical circuits.	_____	_____	_____	_____

Exhibits

General Safety Checklist - Continued

<u>General Policies and Practices</u>	OK	Location if not OK	Recommendations	Date Complete or Budget Item
Vehicles are operated in a safe manner at all times.	_____	_____	_____	_____
Traffic cones, warning flags and barriers are used in accordance with construction traffic control standards.	_____	_____	_____	_____
<u>First Aid</u>				
Employees are trained in first-aid procedures.	_____	_____	_____	_____
First-aid supplies are available and easily accessible at each work site.	_____	_____	_____	_____
First-aid supplies are checked and replaced periodically to ensure freshness.	_____	_____	_____	_____
Emergency procedures and telephone numbers are posted.	_____	_____	_____	_____

NOTES:

Exhibits

General Safety Checklist - Continued

How to conduct inspections:

- . Use the General Safety Checklist to determine where inspection should be conducted and which rules, procedures or policies might affect losses.
- . Require supervisors or employees to conduct inspections regularly.
- . Review the inspections to determine what actions need to be taken to correct hazardous conditions or practices.
- . Make sure that all recommended actions are taken. This could be done through a follow-up inspection.

What to look for during inspections:

Possibilities of objects or people falling

Undesirable discharges into the environment

Deterioration, deformation and abrasion

Inadequate lighting

Effects of weather conditions

Wear, leaks, corrosion, scaling, erosion, cracks, rotting

Improper function of alarm systems

Inadequate fire extinguisher

Obstructed access to entrances, exits, emergency exits and halls

Improperly marked and lighted exits

Hazardous conditions in electrical, heating, ventilation and plumbing systems

Inappropriate or inaccessible first-aid supplies

Exhibits

General Safety Checklist - Continued

Improper safeguards for belts, pulley, gears, flywheels, shafts, coupling and point-of-operation of machines

Unprotected openings, holes or defects in floors or floor coverings

Improper maintenance-related items such as unmarked wet floors or loose wiring across floors

Improper storage of hazardous materials

Emergency Evacuation and Response Results

1. Date of Drill
2. Supervised By
3. Drill Location
4. Alarm System Serviceability Verified (Yes) (No)
5. Number of Occupants/Individuals in Drill
6. Time Required to Evacuate
7. Doors/Windows Closed (Yes) (No)
8. Valuables Secured (Yes) (No)
9. Comments/Exceptions Noted:

Exhibits

Town of Meredith ACCIDENT/INCIDENT INVESTIGATION REPORT

THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED TO DEPARTMENT HEAD IMMEDIATELY FOLLOWING AN INCIDENT. SUPERVISOR WILL THEN SUBMIT THE REPORT TO THE ADMINISTRATIVE DEPARTMENT FOR PROCESSING.

Date of Incident:

Time:

Date of Report:

INCIDENT DATA

Exact Location of Incident: _____

Description of Incident: _____

Was an injury sustained? Yes ____ No ____ Name of injured: _____

Address: _____ Phone: _____

Describe the injury: _____

Parts of body injured: _____

Occupation when injured: _____ Was this his/her regular occupation? Yes ____ No ____

Any property or vehicle damage? Yes ____ No ____ Describe damage (in detail): _____

Witnesses: **PLEASE COMPLETE the WITNESS STATEMENT on page three.**

1. Name: _____ Phone: _____

Address _____ City _____ St ____ Zip _____

2. Name: _____ Phone: _____

Address _____ City _____ St ____ Zip _____

Name of person completing report

Signature

Date

Exhibits

PROPERTY/VEHICLE DATA

Property Location: _____

Vehicle # _____ Make _____ Model _____ Year _____

CARE PROVIDED/ACTION TAKEN

Initial Treatment: ____ No Medical Treatment ____ By Employer (on site) ____ Emergency Care

Was EMS called? Yes ____ No ____ N/A Transported to: _____

Were Police notified? Yes ____ No ____ Officer(s) Names: _____

Police Report Filed: Yes ____ No ____

PREVENTION/DEPARTMENT HEAD REVIEW

What should be done and by whom to prevent recurrence of this type of Accident/incident? _____

What action is being taken that this is done? _____

Name (please print): _____ Position: _____

Signature: _____ Date: _____

CLAIM PROCESSING – ADMINISTRATIVE DEPARTMENT

Received by: (please print) Signature Date

Contact Insurance? Yes ____ No ____ Date: _____

Name of person notified at Insurance Company: _____

File Workers Compensation? Yes ____ No ____ Date: _____

Must give a copy to the Safety Committee. Date: _____

Exhibits

WITNESS STATEMENT

To Whom It May Concern:

I, _____ did witness the injury to _____, on _____.

PLEASE GIVE DESCRIPTION OF THE ACCIDENT/INCIDENT:

Signature

Date

WITNESS STATEMENT

To Whom It May Concern:

I, _____ did witness the injury to _____, on _____.

PLEASE GIVE DESCRIPTION OF THE ACCIDENT/INCIDENT:

Signature

Date

Exhibits

This form must be printed and sent to the NH Department of Labor and your insurance carrier.



EMPLOYER'S FIRST REPORT OF OCCUPATIONAL INJURY OR DISEASE (Form 8WC)

NH DOL USE ONLY

Return to: **The State of New Hampshire, Department of Labor**
P.O. Box 2077, Concord, NH 03302-2077
(603) 271-3176 FAX: (603) 271-6149

IMPORTANT: Every employer shall file this report as soon as possible after knowledge of any occupational injury or disease to an employee, but no later than five days thereafter. Notice of disability of four or more days shall be filed no later than seven days after date of injury on Supplemental Report Form No. 13WCA. Failure to comply with any or all of the above carries a civil penalty of up to \$2,500.00. RSA 281A:53.

PLEASE TYPE OR PRINT. ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED.

EMPLOYEE INFORMATION	1. Name of injured: First Middle Initial Last			2. DOB:	3. Age:	4. Male <input type="checkbox"/>	5. SS No.:	Female <input type="checkbox"/>
	6. Address: No. & St. City/Town			7. State:	8. Zip Code:		9. Tel. No.:	
	10. Is there on file a N.H. Youth Employment Certificate?	11. Occupation when injured:		12. Was this his/her regular occupation? If not, state regular occupation:		13. Wages per hr.:		14. No. hrs. worked per day:
	15. No. days worked per week:	16. Average Weekly Earnings:		17. Was injured hired in N.H.?	18. Date employment began:		19. Date & Time of Injury:	
	20. Date disability began:	21. Was injured paid in full for this day?	22. Date supervisor/employer was first notified:		23. Name of Person notified:		24. Location/Job site where accident occurred:	
	25. Describe fully how accident occurred and describe what employee was doing when injured.							
	26. Name of witness(es):			27. Part(s) of body injured:			28. Estimated length of disability:	
	29. Has injured returned to work?	30. If so, what date?		31. At what occupation or job?			32. Returned at: Full Duty <input type="checkbox"/> Alternative/Light Duty: <input type="checkbox"/>	
	33. Equipment causing injury:			34. Were safeguards in place?		35. Was accident caused by injured's failure to use safeguards or follow regulations?		
	36. Initial Treatment: (check those that apply) No medical treatment: <input type="checkbox"/> Care provide by Employer only (on-site): <input type="checkbox"/> Emergency care: <input type="checkbox"/> Hospitalized: <input type="checkbox"/> Other (Outpatient): <input type="checkbox"/> (Clinic): <input type="checkbox"/> (Office Visit): <input type="checkbox"/> (Other-explain): _____							
37. Name of treating physician:			Name of treating hospital:			38. Has injured died? If so, what date?		
39. Legal Business Name and/or D/B/A or Leasing Company Name:				40. Employers Federal ID:		41. If leased or temporary worker, client's business name:		
42. Business Address of No. 39 above:				43. City/State:		44. Zip:		
45. Telephone Number:		46. Insurance Co. (not agent) or Self Insured Group:			47. Managed Care Program? Y or N. If yes, name Provider:			
48. No. of Employees: Full-time: _____ Part-time: _____		49. Is there a Written Safety Program in force?			50. Is there an active Safety Committee?			
51. Business SIC Code:		52. Type or Nature of Business in N.H.:		53. If report sent by Insurance Agency, state name:				
54. Employer Signature:				55. Printed/Typed Name and Official Title:				
56. Employee Signature (whenever possible):				57. Date of this report:				

Form 8WC (7-95) White – Labor Department Canary – Insurance Claims Office Pink – Employer's Copy