

# **TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS**

# **SAFETY POLICY**

**Adopted July 6, 2009.  
This policy supersedes all previous safety policies .**

**Sunset Date 07/06/14**

# SAFETY POLICY

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**SECTION 1****INTRODUCTION**

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

It is the County's policy to do all that is practical to prevent injury to persons and damage to property, and to protect the interest of its employees, the County, and the public from the results of accidents. All departments are to strive for a safe place to work and safe equipment to use as well as to establish and insist upon safe methods and practices at all times.

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

Employee cooperation regarding safety matters will be considered a condition of employment. The supervisor is responsible for the safety and well being of their staff in the workplace. This responsibility can be met only by working continuously to promote safe working practices among all employees and to maintain property and equipment in safe operating condition.

## **SECTION 2**

## **MANAGEMENT COMMITMENT**

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

This Safety Plan provides general direction for the administration of occupational safety and health management for the Taylor County Board of County Commissioners. It endeavors to meet the Occupational Safety and Health Administration (OSHA) regulations, as adopted by the State of Florida, governing workplace accident prevention programs.

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

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

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

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

The management staff will not tolerate actions that jeopardize the safety and health of employees or the general public or actions that risk non-compliance with established safety and health regulations. Employees who violate city, departmental, and/or divisional rules are subject to the disciplinary policies. Fulfillment of safety-related responsibilities will be considered a factor in performance reviews and promotions.

**SECTION 3****RESPONSIBILITIES**

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

**3.1 Department Heads, Superintendents, Upper level management**

- a. Ensure the design, maintenance of facilities, tools, equipment and vehicles meet or exceed established safety standards.
- b. Approve and ensure usage of policies, procedures and safe work practices for department occupations, tasks and locations.
- c. Approve and ensure usage of safety-training requirements for department employees based on their occupations, work locations and tasks. (See 3.2.b.)
- d. Review department Accident Investigation Reports, Incident Reports and department injury and illness trends. Resolve corrective action issues that are beyond the scope of the supervisor to accomplish.
- e. Review workplace inspections with Supervisors and direct appropriate corrective action to achieve a safe work environment.

**3.2 Supervisors**

- a. Establish polices, procedures and safe work practices for department/division occupations, tasks and locations.
- b. Establish safety-training requirements for department/division employees based on their occupations, work locations and tasks.
- c. Monitor workplace conditions and employee work behaviors through regular, scheduled inspections and frequent observation of the work environment.
- d. Enforce County, departmental, or divisional tool, equipment and vehicle standards and rules governing the workplace behavior of employees.
- e. Ensure employee participation in county and department required safety training. Recommend additions, deletions and modifications of safety training requirements or training programs based on observed workplace conditions and employee work behavior.
- f. Investigate accidents involving employee injury or illness and/or damage to vehicles or other County property. Determine the facts and causes of the accident. Implement or recommend corrective actions for the purpose of preventing future, similar occurrences.
- g. Encourage employee involvement in safety hazard recognition and act on hazard elimination and hazard control suggestions from the safety committee and individuals.
- h. Identify unsafe work conditions and unsafe practices. Correct immediate hazards within ability or report them to immediate supervisor and/or upper management and report recurring conditions to management and/or safety committee.

**3.3. All Employees**

- a. Abide by the County and department/division work practices established for specific job assignments and occupations.
- b. Report occupational injuries, illnesses and near misses immediately to their supervisor. Follow supervisor instructions for obtaining first aid and/or medical attention. Participate in accident investigations as requested by the supervisor.
- c. Participate fully in safety training. Suggest improvements in safety training requirements or programs to the supervisor or the safety committee.

- d. Identify unsafe work conditions and unsafe practices. Correct hazards or report them to the supervisor or safety committee as appropriate.

### **3.4. Safety Coordinator**

- a. Develop and administer the Safety Program.
- b. Provide accident trend analysis to safety committee.
- c. Provide new employee general safety and health training.
- d. To assist supervisors in the investigation and reporting of all job related accidents and illnesses, maintaining proper records.
- e. Plan and coordinate inspections, committee meetings, and assist management in all areas of safety and health.
- f. Act as permanent Chairperson and provide support for the Safety Committee.

**4.1. All Employees**

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

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

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

**4.2. New Employee Safety Orientation**

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

- The general hazards and safety rules of the worksite,
- Specific hazards, safety rules and practices related to the employee's work assignments, and the employee's role in emergency situations

This training shall take place as soon as practical, preferably within 2 months of the employee beginning assigned duties.

**4.3. Safety Training**

Periodic safety training shall be conducted and be of sufficient duration and content to assure continued safe operations. Employees will be periodically retrained (1) when a notable injury trend has been identified either by the Safety Chairman, Safety Committee or management, (2) After a work related injury requiring medical treatment, when traceable to a specific unsafe act, (3) When management observes employees displaying unsafe acts, behaviors, or attitudes.

**4.4. Job-Specific Safety Training**

Job-specific safety training includes personal on-the-job instruction, safety meetings or formal classroom instruction intended to enhance the safety of specific tasks or occupations. Some job-specific training is prescribed in regulatory requirements. Departments and divisions will provide additional training as necessary to improve employee knowledge of safety rules, procedures and safe practices. The intent of this policy is that safety training will enhance the employee's understanding of workplace hazards and the prevention of occupational injuries and illnesses, rather than to prescribe the specific format of the safety training.

### **5.1 Organization**

The Board of County Commissioners encourages and expects employee participation in the Safety Program. The Safety Committee, at a minimum, will be composed of:

IBEW Bargaining Unit (maximum of 3 individuals)  
IAFF Bargaining Unit (maximum of 3 individuals)  
Fire (Chief (PSD) or Deputy Chief)  
Public Works (Department Head or Superintendent)  
Special Projects Manager

Liaison: County Administrator & Human Resources Director

### **5.2 Duties**

The Safety Committee is an advisory body organized to bring employees and management together in a cooperative effort to foster a safety culture and reduce on the job injuries and illnesses in the workplace. The Committee may make recommendations about the following education and communications matters:

- Assessing and communicating hazards
- Communicating with employees regarding safety committee activities
- Educating employees on safety related topics
- Motivating employees to create a safety culture in the workplace

The Committee may also recommend specific actions concerning:

- Development of safety rules, policies and procedures
- Control of hazards
- Periodic evaluation of the safety program
- Inspection of the workplace
- Development of safety training and awareness topics
- Keeping job specific training current

The Safety Committee is encouraged to be innovative in its approach to achieving those goals within the following guidelines:

1. A safety committee meeting must have a quorum present to take any action. Items may be discussed and information exchanged though no action may be taken until a quorum is present.
2. The safety committee must document its meetings in minutes to include:
  - a. Date, time and location of meeting
  - b. A list of members present
  - c. The topics or issues discussed
  - d. The recommendations or suggestions made
3. Distribution of the minutes will include:
  - a. All safety committee members
  - b. All Department Heads
  - c. County Administrator
  - d. Posted for each Department
4. The safety committee will be provided appropriate support staff, meeting space and resources (such as photocopies).
5. Department/division committees are not required. Supervisors will be required to provide staff with necessary safety training, and ensure they attend any county wide training offered.
6. Attendance rosters for all training will be forwarded to the Human Resources office for placement in personnel files.



### **5.3 Meetings/Terms of Members**

1. Members must attend all meetings unless excused by department/division head. The department/division head will notify the Safety Chairman when there is an excused absence.
2. The committee will meet at least quarterly.

As a basis for employee responsibilities and participating in the Board's Safety Policy Program, the general safety rules listed below will apply to all employees. Your cooperation in voluntarily complying with these rules and all other safety responsibilities will be appreciated and expected.

### **6.1 General Safety Rules**

1. Seek medical attention, if necessary, for any accidents resulting in an injury. All accidents must be reported to the supervisor as soon as possible (prior to end of shift).
2. Report unsafe conditions, procedures and practices to your supervisor immediately.
3. The use or possession of alcohol, illegal drugs or other controlled substances on the job is prohibited.
4. Smoking is permitted in designated areas only.
5. Each employee is responsible for good housekeeping. Keep your work area in a clean, uncluttered state. Do not walk by a situation of poor housekeeping if it can be easily corrected or needs immediate attention such as spills on floors, ice on steps and so on.
6. Obey all warning tags and signs. They are there because hazards exist.
7. No employee should take chances on the job which could endanger their personal safety and health or the safety and health of co-workers or others.
8. Do not operate machinery or use tools you are not qualified to use.
9. Do not enter hazardous areas you are not authorized to enter.
10. Use all personal protective equipment and devices required and provided.
11. If an established job procedure must be deviated from, supervisory approval must be obtained and an alternative, temporary job procedure must be agreed upon. This alternative job procedure must not create any new or additional hazards or unnecessarily expose employees to hazards.
12. Become familiar with and conduct your work activities in accordance with these general safety rules and other specific safe operating procedures which are applicable.
13. Refrain from fighting, horseplay, or distracting fellow workers.
14. Follow proper lifting procedures at all times
15. Wearing of safety restraints is mandatory; if so equipped.
16. Know the location of fire/safety exits and evacuation procedures.
17. Participate in Safety Training.
18. When operating county vehicles or equipment, drivers must operate/drive safely and prudently.
19. When using cell phones in a county vehicle, pull over and stop on the side of the road or utilize hands free device.
20. Above all be ALERT and be RESPONSIBLE! Your safety and health depends on it.

### **6.2 Lifting Procedures**

Proper manual lifting techniques will protect your back by keeping it in its strongest position during stress. These techniques are not natural movements and must be learned and practiced. Keep the basic principles in mind every time you lift, no matter how small the load.

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

### **6.3 Office Safety**

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

1. Every employee is responsible for keeping his or her work area clean and orderly. Even a pencil or paper clip can cause a slip or fall.
2. Open doors slowly. Be extra cautious when you come to a door that can be opened in your direction. Slow down when you come to a “blind” corner.
3. Do not read while walking.
4. Proceed with caution. Haste when walking between desks can result in bruises and falls.
5. Use a cord cover or tape the cord down when running electrical or other cords across aisles, between desks or across entrances or exits.
6. Keep file, desk and table drawers closed when not in use. Close them before you leave them.
7. Never open more than one file drawer at a time. The entire cabinet may tip over.
8. Be careful when opening drawers to full extension in case there is no locking device.
9. Load file cabinets and bookcases with the heaviest items in the bottom to prevent tipping.
10. Maintain office tables, desks and chairs in good condition and free from sharp corners, projecting edges, wobbly legs, etc.
11. Use chairs sensibly. Do not tilt chair or slump back, which may cause the chair to slip or break.
12. Never use a chair, desk or other office furniture for a step stool or ladder.
13. Recognize the potential for puncture injuries with message spindles. Consider not using spindles, bending the point horizontal or covering the point.
14. Keep the blades of paper cutters closed when not in use.
15. Keep razor and “exacto” blades covered. Report even minor injuries and take precautions to avoid infection.
16. use a staple remover, not your fingers, for removing staples.
17. Be sure that cords and plugs on all electrical equipment are in good shape. If a machine causes a shock or starts smoking, unplug it immediately and report it to the supervisor. Do not overload outlets.
18. Do not attempt any electrical repairs.
19. Use handrails when ascending or descending stairs. Don’t carry a load that restricts vision.
20. Walk, do not run. When walking in hallways, keep to the right, especially at corners.
21. Be careful in front of doors that open outward and open doors slowly.
22. Avoid spilling or splashing liquids on the floor. If you spill it, clean it up. Provide barricades or other warnings as necessary.

### **6.4 Office Ergonomics**

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

- making the same motion over and over
- staying in the same position too long
- working in a position that puts stress on muscles and joints
- working with tools and equipment that doesn’t fit your body
- using excessive physical force
- exposure to vibration over a long period of time

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

- adjust your workstation before you begin working
- maintain the natural curve in your back while sitting, standing and lifting
- keep your wrist straight as much as possible while typing or doing other repetitive tasks
- take breaks from repetitive motion tasks by switching periodically to other tasks
- use the right tools for the job, especially when they are used often or for long periods of time

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

- Position the keyboard so that the wrists are kept straight – use a wrist rest if necessary. Your elbows should be at about the same height as the keyboard.
- Sit with your back in a neutral posture, maintaining the natural curve, with feet on the floor and thighs parallel to the floor. [Adjust the chair height and use a foot rest if necessary]
- Position the screen just below eye level and about 18-24" away to prevent neck and shoulder strain [the screen should be lower if you use bifocals]
- Change positions, stretch and take "mini-breaks" periodically

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

- stiffness or soreness
- aches and pains
- numbness or tingling
- swelling
- burning sensation
- reduced strength

## 6.5 Working in Extreme Weather Conditions

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

### Hot Weather Guidelines

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

### Cold Weather Guidelines

1. Dress for the conditions in layers of loose, dry clothing. Cotton or wool clothing with a waterproof layer over it is very effective.
2. Cover your head and face. You can lose up to 40 percent of your body heat if you don't wear a hat.
3. Wear shoes and gloves designed for cold weather. Don't handle anything with bare hands, especially if it is made of metal.
4. Keep moving when you're in the cold.
5. Return to a warm vehicle or take regular breaks in warm areas frequently.

## 6.6 Confined Space Entry

A **confined space** is a space which has limited access or egress, is not normally used for employee occupancy, and where a hazardous atmosphere may naturally exist or be created by work procedures or processes. The atmosphere in a confined space may have insufficient oxygen to support life, or may be toxic, flammable or explosive. The lack of ventilation in confined spaces causes welding, painting, use of hazardous materials, or other activities that change the atmosphere to be especially dangerous. The limited opening for entry and exit makes rescue difficult and dangerous.

Most of the severe injuries and fatalities in confined spaces occur because an employee either went into a confined space without first testing its atmosphere or did not continuously monitor the space. These are general guidelines for all employees. Each Department/Division that encounters confined spaces in their assigned duties will develop, train, operate and monitor a specific confined space program for their area.

Some County employees may, during the course of their jobs, encounter confined spaces that have not been specifically evaluated. Examples include firefighters during emergency response and inspectors, meter readers or others during the normal course of their duties. More than half of the fatalities in confined spaces are would-be rescuers. All employees who enter confined spaces must receive sufficient training to evaluate any confined space and make responsible decisions. Prior to entry, assume that every confined space has an unknown hazardous atmosphere.

## **6.7 Personal Protective Clothing And Equipment**

Personal protective clothing and equipment (PPE) plays an important role in protecting workers from hazards on the job. PPE is required in particular locations and for certain tasks, based on safety regulations and good safety practice. Examples of PPE include, but are not limited to:

- safety shoes
- fall protection harnesses
- protective headgear
- safety glasses
- goggles
- face shields
- welding glasses
- protective clothing
- high-visibility clothing
- hearing protection
- air purifying respirators
- self-contained breathing apparatus (SCBA)
- welding clothing
- gloves
- rubber boots

The County provides Personal Protective Equipment if PPE is required for certain tasks or in certain locations. Check with your supervisor to learn what equipment is required and/or provided in your area. Departments will specify and issue all required safety equipment to employees except in some cases where the PPE must be fitted to the employee, such as safety shoes or prescription safety glasses.

All PPE must meet the appropriate American National Standards Institute (ANSI) specifications as directed by OSHA.

Even where specific PPE is not required, certain types of clothing may not be appropriate for some jobs or work locations. For example, sandals, high-heeled shoes and athletic-type shoes may not be suitable for some types of jobs. Some non-PPE clothing and equipment may be provided by the department, but generally it is the employee's responsibility to be dressed properly for work.

Employee responsibilities:

1. Always use PPE when and where it is required.
2. Inspect PPE prior to each use.
3. Never use defective or damaged PPE.
4. Keep PPE in a clean and sanitary condition.
5. Follow the correct methods of putting on, taking off and adjusting PPE.
6. Properly care for, maintain and dispose of PPE.

## 6.8 Hearing Conservation/Protection

High noise levels damage your hearing and may also cause stress and fatigue. Hearing protection such as safety earmuffs and earplugs are designed to reduce your exposure to harmful noise, while they enable you to hear conversations and machine warnings. Never substitute audio headphones for hearing protection devices.

Always wear hearing protection in areas posted “HEARING PROTECTION REQUIRED” and follow department rules for use of hearing protection for designated operations or near particular equipment. In addition, follow the three-foot rule – use hearing protection in situations where you must raise your voice to be heard by another person at a distance of three feet.

Insert foam earplugs properly – roll the plug between your thumb and forefinger until it is completely compressed. With the opposite hand pull the outer ear up and out and insert the plug into the ear, leaving a small portion of the plug exposed.

If you are using earmuffs, be sure you have a good seal between the muff and the skin around your ear. Be sure that your hair, jewelry, and glasses do not interfere with the seal. Earmuffs and earplugs may be worn together for added protection.

## 6.9 Welding Eye Safety

Workers or other persons adjacent to the welding area must be protected from the rays by non-combustible or flameproof screens or shields or they must wear appropriate welding safety goggles.

1. Helmets or hand shields must be used during all welding or cutting operations.
2. Helpers or attendants must be provided with the proper eye protections.
3. All filter lenses and plates must meet ANSI Z87.1 standards for transmission of radiant energy.

## 6.10 Fall Protection

In jobs involving potential fall hazards, safety belts, buoyant work vests, lifelines body harnesses, and/or lanyards must be used.

1. If there is a danger of falling into water while working, a coast guard approved life jacket or buoyant vest must be used.
2. Personal floatation devices must be maintained in a safe condition. Damaged devices must be removed from service.
3. Where working surfaces at river banks slope so steep that an employee could slip or fall into the water, the outer perimeter of the working surface must be protected by posting or other portable protection such as roping off. Employees must wear personal floatation device.
4. Flagmen and night workers who might be struck by moving vehicles, need suits or vests designed to reflect light.
5. Always inspect lifelines and safety belts carefully before each use. Check for signs of deterioration such as torn fibers. Inspect lifeline attachments carefully.
6. If lifelines are used where they may be cut or damaged accidentally, such as by contact with sharp edges, they must be padded or protected.
7. Body harnesses are recommended for fall arrest systems.
8. Read and follow the manufacturer’s instruction label affixed to ladders.
9. do not use ladders that have loose rungs, cracked or split side rails, missing rubber foot pads, or are otherwise visibly damaged.
10. Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
11. Only one person on a ladder at a time.
12. Face the ladder when climbing up or down.
13. When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder.
14. Do not try to “walk” a ladder by rocking it. Climb down and then remove it.
15. Do not use a ladder as a horizontal platform.

**SECTION 7****DISCIPLINARY ACTION**

It is every employee's responsibility to perform their duties in a safe manner. If an employee fails to utilize required and provided safety equipment or violates established safety procedures he/she may be subject to disciplinary action up to and including termination. If the violation invokes an injury with lost work time, the employee may also be subject to a loss of supplemental disability benefits and a reduction in workers' compensation benefits. Accidents will be investigated and determination of preventability of work related accidents and injuries as necessary.

**SECTION 8****ACCIDENT/INCIDENT REPORTING****WORKERS' COMPENSATION:**

Employee occupational injuries and illnesses are covered by Workers' Compensation Insurance provided by the Florida League of Cities, Inc.. Workers' Compensation covers medical and rehabilitation expenses, partial income replacement if the employee is out of work more than 7 days and benefits to the surviving family in case of death.

If you are injured on the job or have a work-related illness, report it to your supervisor right away and get proper medical treatment. You may be denied benefits if you wait too long to report an injury, because it may be difficult to establish the cause of the injury. Cooperate with the County, medical professional and insurance claims personnel in order to ensure that you receive your full Workers' Compensation benefits.

Workers' Compensation income replacement does not begin until the occupational illness or injury has caused the employee to miss work for 5 days and provides only a portion of your normal wage. Employees may elect to use vacation or sick leave to supplement the Workers' Compensation Payment up to 100% of their salary.

**REPORTING REQUIREMENTS**

Report on-the-job injuries to your supervisor/employer as soon as possible. You must report the accident before the end of your shift. You should report minor injuries whether or not you receive medical treatment.

The County's Workers' Compensation carrier and claims processor is the:

**Florida League of Cities, Inc.**  
**Attn: W.C. Claims**  
**PO Box 538135**  
**Orlando, Florida 32853-8135**  
**407 245-0725**

This is where physicians need to address their claims questions. When the claim is received, by the insurance carrier, a number will be assigned to the claim.

**Other Accident/Incident**

Report to your supervisor all vehicle accidents, county property damage and incidents involving citizen injury and/or property damage. You will need to provide information for the completion of the Incident Report. You may attach pictures, statements, sketches and other support data as appropriate. Report only factual information – do not speculate.

County employees and officials have a duty to protect the County from unjust accusations and lawsuits. Do not admit liability in any way. This is a matter for the police, attorney, insurance carrier and others to determine. Do be careful what you say. If you say something like "We'll take care of it," you may mean that you'll turn in a report, but the statement may be misconstrued to mean that the County is admitting fault. Do not admit guilt or speculate about the cause of the accident; refer questions from citizens to the supervisor. Refer any questions about the County's responsibilities or liabilities to your supervisor.

**SECTION 9      EMERGENCY EVACUATION & RESPONSE PLANS**

Each Department and/or Division within the County shall have posted in their work area a current Emergency Evacuation and Response Plan,

This plan shall include maps and/or drawings indicating the safe egress from work places and buildings and a procedure to be followed by employees in the event of specific emergency situations, such as fire or tornado. As part of each plan there should be a designated safe gathering area for employees following such an evacuation, which will allow for a proper accounting of employees.

**SECTION 10      SAFETY & HEALTH COMMUNICATION**

Communication is the heart of an effective and successful Safety and Health Program. The Human Resource Office shall be considered a key resource to aid Departments and Divisions in offering safety training and in advising all departments of training being offered. This training may be accomplished through periodic safety meetings or various other formats.

**SECTION 11      ACKNOWLEDGEMENT**

**Acknowledgement of Receipt and Understanding**

I hereby state that I have read, understand and will abide by the safety policy, rules and regulations set forth in the safety manual, employee hand book, as well as existing policies, procedures, employment practices.

I understand that there may be a need to clarify, amend and/or supplement information contained in the safety policy, employee handbook, as well as the policies, procedures and employment practices, and that I will be informed.

I agree that I will abide by the safety policy and work in a safe and responsible manner and understand that violations of safety rules/regulations will be grounds for disciplinary actions, up to and including termination. As well as any violation of the safety policy, resulting in an accident, may constitute a reduction in worker's compensation benefits by 25 percent.

Employee's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Department: \_\_\_\_\_





## Taylor County Accident Report

For employee injuries, damage to county property,  
damage to citizen property, near misses, etc.

### DEPARTMENT HEAD SECTION

Employee Name:

Dept:

Immediate Supervisors Name:

| ACCIDENT |      |
|----------|------|
| DATE     | TIME |
|          |      |

| EXACT Location where accident occurred |
|--|
|  |

Describe what the employee was doing at the time of the accident:

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**County Property**

|                                |     |    |
|--------------------------------|-----|----|
| Was there damage to property?  | Yes | No |
| Was there damage to a vehicle? | Yes | No |
| Was there damage to Equipment? | Yes | No |

**If YES - Describe Here**

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**Public and Personal Property**

|                                |     |    |
|--------------------------------|-----|----|
| Was a citizen hurt?            | Yes | No |
| Was there damage to property?  | Yes | No |
| Was there damage to a vehicle? | Yes | No |
| Was there damage to Equipment? | Yes | No |

|  |
|--|
| If YES - attach Citizen Incident Report                  |
| If YES - attach Citizen Incident Report                  |
| If YES - attach Citizen Incident Report or police report |
| If YES - attach Citizen Incident Report                  |

Was the employee acting in the line of duty? YES or NO

**AT THE TIME OF THE ACCIDENT (answer every single question!)**

**Was the employee...**

|                               |                          |    |                          |     |
|-------------------------------|--------------------------|----|--------------------------|-----|
| Violating a safety rule?      | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Showing carelessness?         | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Adequately trained?           | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Taking shortcuts?             | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Wearing their PPE?            | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Disregarding safe procedures? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Ignoring instructions?        | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |

**Was the Equipment...**

|                                 |                          |    |                          |     |
|---------------------------------|--------------------------|----|--------------------------|-----|
| In good working condition?      | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Used for it's intended purpose? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| Inspected before use?           | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |

**WHAT IS THE EMPLOYEE'S WORK STATUS? (Please check all the applicable boxes, below)**

- Employee did not seek medical attention (return to full duty)
- Employee treated with First Aid Only (return to full duty)
- Employee DID seek medical attention from: \_\_\_\_\_
- Employee may return to work with NO restrictions (employee can perform normal duties)
- Employee may return to work on LIGHT DUTY (with restrictions)
- Employee may NOT return to work at all (per Doctor)
- When should the employee see a Doctor for a recheck?: \_\_\_\_\_
- When did employee get a DRUG TEST? \_\_\_\_\_

**Causes and Corrective Action**

Report each specific condition or act that caused this accident AND report your corrective action that is necessary to prevent future occurrences of this accident.

| Describe the accident CAUSES<br>(specific conditions or acts<br>that contributed to the accident) | List the corrective ACTION<br>needed to prevent<br>reoccurrence |
|---|---|
| _____   | _____   |
| _____   | _____   |
| _____   | _____   |

\_\_\_\_\_  
Signature of Department Head Date

**EMPLOYEE SECTION**

|          |      |
|----------|------|
| ACCIDENT |      |
| DATE     | TIME |
|          |      |

|  |
|--|
| EXACT Location where accident occurred |
|  |

Describe the accident and what you were doing at the time of the accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who witnessed this accident?

|            |             |            |             |
|------------|-------------|------------|-------------|
| Name _____ | Phone _____ | Name _____ | Phone _____ |
|------------|-------------|------------|-------------|

**Were you injured during this incident?      YES      NO**

\_\_\_\_\_  
Signature of Employee Date



# Taylor County Citizen Incident Report

Please PRINT

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M      F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

**Parent or Guardian Contact Info:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M      F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_

**Details of the Incident:**

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

*Specific Location/Address:*

\_\_\_\_\_

**Describe the *exact location* at this specific address (examples: sidewalk on northeast side of county owned parking lot OR front window on left side of porch OR shallow hole on south side of cable box):**

\_\_\_\_\_

\_\_\_\_\_

**Written description of the incident (in your own words):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Florida Statute 837.06 - False official statements. – Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

# County Official Statement

County Employee #1 (that was involved or witnessed this incident) statement of the event, description of damage or injury, and your name and work phone number (use back if necessary)

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County Employee #2 (that was involved or witnessed this incident) statement of the event, description of damage or injury, and your name and work phone number (use back if necessary)

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Police or Emergency Medical Personnel Responded: Yes      No

Responding Agency & Case number \_\_\_\_\_

**Attach the following documents, if relevant and available**

- Quote/estimate/medical bills/repair receipt
- Maintenance records/work orders for this location for this date
- Signed waivers, proof of insurance, permission slips, etc.
- Pictures of posted warning signs, if any
- Photos of area (both zoomed in and from a distance)

**Other information you may think is helpful. Please fill this out today while your memory of the event is fresh! It's better to have an incident documented and never need it, then to need it and not have it.**

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Please email a copy to [human.resources@taylorcountygov.com](mailto:human.resources@taylorcountygov.com) not later than the end of the business day. Please send the original, signed document to Human Resources at 201 E. Green St. Perry, FL 32347 within 24 hours