

# **WILLIAMS COUNTY**

## **2012 SAFETY MANUAL**



**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

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**WILLIAMS COUNTY COMMISSIONERS'  
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The Safety Committee shall promote occupational safety and health in all areas of the county for the benefit of all county employees and visitors. Our purpose shall be accomplished by reviewing, evaluating and promoting awareness on pertinent health and safety policies and practices. We are dedicated to providing safety and health education and training to all county employees.

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Safety and health in our business must be a part of every operation. Without question, it is every employee's responsibility, at all levels.

**Our safety and health program includes:**

- \* Providing mechanical and physical safeguards (as possible).
- \* Conducting a program of safety and health inspections to find and eliminate unsafe working conditions or practices, to control health hazards, and to comply fully with the safety and health standards for the job.
- \* Training all employees in good safety and health practices.
- \* Providing necessary personal protective equipment (PPE) instruction for the care and use of PPE.
- \* Developing and enforcing safety and health rules, and requiring that employees cooperate with these rules as a condition for employment.
- \* Investigating promptly and thoroughly every accident to find out what caused the accident and to correct the problem so that it will not happen again.

**We recognize that the responsibilities for a safety and health program are shared:**

- \* The employer accepts the responsibility for leadership of the safety and health program, for its effectiveness and improvement, and for providing the safeguards required to ensure safe conditions.
- \* Supervisors are responsible for developing the proper attitudes toward safety and health in them and in those they supervise, and for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved.
- \* Employees are responsible for wholehearted, genuine operation with all aspects of the Safety and health program, including compliance with all the rules and regulations, and for continuously practicing safety while performing their duties.

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Williams County Commissioner

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Williams County Commissioner

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Williams County Commissioner

Safety Committee Approval: 06/14/11  
Commissioner Approval: 06/23/11

**WILLIAMS COUNTY COMMISSIONERS'  
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**RECORD KEEPING POLICY**

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It is the policy of the Williams County Commissioners to maintain records on employee medical evaluations, training status, occupational exposure, and injury and illness data in order to comply with federal and state laws pertaining to record keeping.

Health and safety records are destroyed only with the joint concurrence of the County Commissioners and Human Resources representative, and only after the retention period defined in this standard of practice have expired.

Note: Specific recordkeeping requirements are defined in OSHA 29 CFR 1910 and 1926. Williams County Commissioners must maintain records in response to these OSHA/PERRP regulations.

### **Human Resources' Responsibility**

The department maintains records for their own employees:

- \* Confined space entry, bloodborne pathogen and construction safety training
- \* Hazard communication and dangerous goods training (if applicable)
- \* Occupational injury and illness, including worker's compensation

### **Employees' Responsibility**

- \* Read, understand, and follow the provisions of this policy.

### **Record Retention**

(Each Department keeps their own records)

Medical Records must be retained for the duration of employment plus thirty (30) years as required by federal law. The Human Resources department maintains the authorization to work and restrictions records until the employee terminates; the records are then forwarded to archiving.

Training records are maintained by the each department until the employee terminates; the records are then forwarded to archiving.

*Note: Each department must report their trainings to the Commissioners' Office so they can update the MASTER FILE.*

Injury and Illness records that support the County's PERRP 300 P and worker's compensation logs are maintained by the each department in the employee's permanent file.

*Note: First Aid records of one time treatment of minor conditions are maintained for a period of one (1) year following the occurrence.*

# WILLIAMS COUNTY COMMISSIONERS' SAFETY MANUAL

This standard of practice establishes the means by which health and safety records are made available to employees and PERRP in accordance with applicable laws.

In general, while an individual is employed by the Williams County Commissioner's Office, the individual receives a copy of the particular record upon completion of training, or after an occupational exposure, injury, or illness. After termination, the individual must request these records in writing as outlined below. PERRP is provided copies of applicable records upon written request.

### **Department Head Responsibility for Implementation**

Federal and state laws require that employees be provided a copy of their occupational exposure, injury, and illness records while they are employed and for a period of thirty (30) years beyond their employment. Federal and state laws also require that employees be provided a copy of their training records upon completion of the training. PERRP is given access to health and safety records consistent with federal and state laws.

### **Procedure**

#### *Exposure, Injury, and Illness Records*

Employees who wish to receive a copy of their occupational exposure, injury, or illness records must request in writing the records from their governing authority or training administrator.

#### *Training Records*

Employees are provided a copy of their training records upon completion of the training. Terminated employees may request these records in writing from their governing authority or training administrator. Note, however, that Williams County provided trainings are invalid upon an employee's termination.

#### *OSHA Access to Records*

In general, the governing authority will provide copies of health and safety records to PERRP upon written request from PERRP consistent with applicable federal and state laws.

#### *Security*

All health and safety records are maintained in secure cabinets. The governing authority or training administrator controls access to the records.

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**HAZARD COMMUNICATION POLICY**

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**PURPOSE:**

To establish procedures and best management practices ensuring compliance with the Hazard Communication Standard (29CFR1910.1200) and the communication of essential chemical hazard information to all affected employees

**SCOPE:**

This policy applies to all employees, work locations and work operations where exposure to hazardous chemicals/materials may occur under normal working conditions or during an emergency situation.

**AUTHORITY:**

Department Administrator or his/her designee is the Program Coordinator, authorized to administer the program, including reviewing and revising this policy/program as necessary.

**HAZARD CHEMICAL LIST:**

- A list of hazardous chemicals known to be present in the work place is compiled, periodically reviewed and updated by the Program Coordinator.
- A master list of these chemicals is computerized and retained electronically.
- A copy of the list is located in front of each MSDS book to serve as an index.
- To procure a copy of the hazardous chemical list, contact the Program Coordinator.

**MATERIAL SAFETY DATA SHEETS:**

- It is the responsibility of the Program Coordinator to monitor the Material Safety Data Sheet (MSDS) program, which includes maintaining the MSDS books, reviewing incoming MSDS for new or significant health and safety information and ensuring new information is communicated to affected employees.
- The individual requesting or ordering a chemical/product is responsible for procuring a current MSDS and promptly forwarding the MSDS to the Program Coordinator.
- The MSDS must be received prior to or at the time of the initial shipment, if not, the individual requesting or ordering the chemical/product must contact the manufacturer, distributor or supplier and request they provide a copy of the MSDS. Chemicals/products should not be used until MSDS is on site.
- MSDSs shall be arranged alphabetically by product name in a three ring binder.
- The MSDS book(s) shall be located in an unlocked readily accessible area, available for employee review at all times.
- Obsolete Material Safety Data Sheets shall be retained in a separate file for a period of thirty (30) years from the date it was declared obsolete.

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**HAZARD COMMUNICATION POLICY**

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- Employees who require emergency medical treatment after exposure to a chemical/product should take a copy of the applicable MSDS to the medical facility.

**LABELS AND OTHER FORMS OF WARNING:**

- The individual(s) ordering chemicals/products shall verify that all containers received in the shipment are clearly labeled to identify the contents, the appropriate hazard warnings and with the name and address of the producer. No container of chemicals will be approved for use until such data is verified.
- Container labeling must be maintained in good condition and be legible. If the label is missing, illegible or in poor condition contact the program coordinator.
- All secondary containers (i.e. spray bottles, cans, pails, jars, etc.) shall be labeled. Contact the Program Coordinator for the appropriate label.
- The Program Coordinator will periodically audit labeling procedures.

**NON-ROUTINE TASKS:**

- Occasionally some employees may be required to perform hazardous non-routine tasks (e.g. confined space entry, painting, cleaning tanks & equipment, etc.)
- Prior to starting such tasks the Supervisor in charge shall conduct a safety briefing with all affected employees informing them about the hazardous chemicals they may encounter. This information must include specific chemical hazards, protective and safety measures to be used, steps being taken to reduce the hazards and emergency procedures.

**CONTRACTORS/OTHER EMPLOYERS:**

- The Program Coordinator shall inform the contractors or other employers of our written Hazard Communication Program. Additionally they will be provided a copy of MSDSs and information about hazardous chemicals/materials their employees may be exposed to on site.
- The contractor or other employer shall inform the Program Coordinator of any hazardous chemicals/materials brought on site and provide a copy of the MSDS for such chemicals/materials. Each contractor or other employer is responsible for ensuring that all chemicals/materials brought on site are properly labeled and provide a copy of the MSDS for such chemicals/materials. Each contractor or other employer is responsible for ensuring that all chemicals/material brought on site are properly labeled, handled correctly and removed after the project is completed.
- Each contractor or other employer is responsible for training their respective employees.

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**INFORMATION AND TRAINING**

- Employees of Williams County shall receive Hazard Communication training with training being provided initially during new employee safety orientation and periodically thereafter.
- Prior to the introduction of a new hazardous chemical/material into the work environment all affected employees will be provided information and training for the new chemical/material.
- Employee training shall consist of both general hazard communication and chemical specific training.
- General Hazard Communication training will include: a summary of OSHA Standard and the written program; location and availability of the written program; hazardous chemical list and material safety data sheets; how to read and interpret labels and material safety data sheets; methods to detect presence of hazardous chemicals/materials; exposure control methods (i.e. engineering controls, administrative controls and safe work practices); protocol for an over exposure event.
- Chemical specific training will include: product and/or chemical name; chemical components of product; chemical and physical properties of hazardous materials; product hazards both health and physical; routes of entry; sign and symptoms of exposure emergency and first aid procedures; safe handling precautions/procedures; required personal protective equipment; location and use of product in workplace; in other words, review the material safety data sheet with the trainee.
- Various methods may be used to deliver the training (i.e. audiovisuals, interactive computer program, power point, classroom instruction, pre-job briefing or a combination of methods).
- The Program Coordinator will conduct general hazard communication training and supervisory personnel will conduct chemical specific training.
- In the event an employee is required to use a hazardous chemical material for which he/she has not been trained, it is the employee's responsibility to inform his/her supervisor so that proper training can be given.
- All hazard communication training must be documented and the documentation forwarded to the program coordinator for retention in the training file with a copy being sent to the Commissioners Office.

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**PURPOSE:**

To provide appropriate personal protective equipment (PPE) to employees when required by federal, state or local safety and health regulations, or when it's use is consistent with reasonable safety and health practices. (OSHA 1910.132)

**SCOPE:**

The employer is required to assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment. If the label requires the use of personal protection equipment, it must be used.

**AUTHORITY:**

Department Administrator or his/her designee is the policy coordinator, authorized to administer the policy, including reviewing and revising this policy as necessary.

**DEFENITIONS:**

PPE – Personal Protective Equipment  
ANSI – American National Standards Institute

**HAZARD ASSESSMENT & EQUIPMENT SELECTION:**

If hazards are present or likely to be present the employer shall:

- Select and have each affected employee use the types of PPE that will protect the affected employee from the hazards identified in the hazard assessment;
- Communicate selection decisions to each affected employee; and,
- Select the PPE that properly fits each affected employee.

The employer shall verify that the required workplace hazard assessment has been preformed through a written certification, which will be reviewed periodically. A sample of a form to be used is attached.

**DEFECTIVE & DAMAGED EQUIPMENT:**

Defective or damaged personal protective equipment shall not be used. **Employee owned equipment must meet all OSHA (Occupational Safety & Health Administration) and ANSI (American National Standards Institute) standards. Williams County reserves the right to restrict an employee from using their personal equipment.**

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**TRAINING:**

The employer shall provide training to each employee who is required by this section to use PPE. Each employee shall be trained to know at minimum, the following:

- When PPE is necessary
- What PPE is necessary
- How to properly use/wear PPE
- The limitations of the PPE

Each affected employee shall demonstrate an understanding of the training specified in this policy and the ability to use PPE properly before being allowed to perform work requiring the use of PPE

When the employer has reason to believe that any affected employee who has already been trained does not have the understanding and skill required by this policy, the employer shall retrain such employee. Circumstances where retraining is required, but not limited to:

- Changes in the workplace rendering previous training obsolete
- Changes in the types of PPE to be used rendering previous training to be obsolete
- Inadequacies in an affected employee's knowledge or use of assigned PPE indicate that the employee has not retained the requisite understanding or skill.

The employer shall verify that each affected employee has received and understood the required training through written certification that contains the name of each employee trained, the date(s) of training and identification of the subject of the certification. A copy of this certification must be delivered to the Commissioners' Office to update the training information.

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**PURPOSE**

The purpose of this program is to define and document the accident investigation process for Williams County.

This program defines the responsibilities of all county elected officials, appointed officials and also supervisors in analyzing the causes of accidents and implementing appropriate corrective actions to prevent similar situations from recurring.

**DEFINITIONS**

**Accident:** An unplanned event that results in injury or property damage.

**Accident Investigation:** The process of determining the causes of accidents and implementing corrective actions to prevent recurrence.

**Hazard:** Anything that presents a danger to employees or property.

**Hazard Control:** Any method used to reduce or eliminate a hazard, such as:

- engineering controls
- administrative controls
- personal protective equipment
- housekeeping
- safe work practices
- training

**PERRP:** Public Employer Risk Reduction Program

**Log of Work-Related Injuries and Illnesses (300P/Log):** Used to classify work-related injuries and illnesses, and provide information about the extent and severity of each case.

**Injury and Illness Incident Report (301P):** Used to gather details about a reportable work-related injury or illness.

**PERRP Summary (300AP):** Used to summarize all work-related injuries and illnesses for the previous year. This must be posted from February 1 through April 30 in the organization.

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**RESPONSIBILITIES**

The Program Administrator is the County Safety Coordinator.

This person is responsible for:

- Administering the program and issuing written material that support it.
- Coordinating all activities related to hazard control, insurance companies (e.g. workers compensation) and PERRP state and regulatory compliance.
- Maintaining recordkeeping on the PERRP Log (300P) and PERRP Summary (300AP).
- Reporting all serious accidents that result in fatalities or hospitalization of three or more employees to PERRP within eight hours of occurrence.
- Analyzing accident records to identify program deficiencies.
- Scheduling training in accident analysis for Safety Committee, managers and supervisors.
- Maintaining training recordkeeping.
- Posting the PERRP Summary (300AP) from February 1 through April 30.

**ELECTED OFFICIALS & APPOINTED OFFICIALS**

These people are responsible to make sure the following occurs:

- An accident investigation is conducted within their departments and providing appropriate corrective actions.
- Initiating accident investigation immediately upon notification and completing them within twenty-four hours after learning of its occurrence.

**PROGRAM ACTIVITIES**

General

- Employees will report all incidents immediately to their respective supervisor and/or department manager.
- Accidents that result in employee injuries, property damage or the probability thereof will be analyzed.
- An accident investigation report will be completed within twenty-four (24) hours of an accident.
- The accident investigation will be completed according to the accident investigation procedure included in the attachments section.

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- Elected Officials and/or Appointed Officials will initiate corrective action according to the corrective action plan on the accident report. Corrective actions that cannot be initiated immediately will be documented in a written report that indicates what will be done, when, and by whom. A copy of the corrective action report will be forwarded to the Safety Program Administrator/County Safety Coordinator within five (5) days of the incident
- Any accident that results in sending employees to outside medical treatment will be reported to the Elected or Appointed Official of the department and the Safety Program Administrator/Safety Coordinator immediately.

**SAFETY COMMITTEE**

- Will review accident investigations and track corrective actions.
- Will review incident and near-miss analyses and when necessary, submit suggestions to prevent future accidents.

**TRAINING**

- All supervisors and managers will be trained and knowledgeable in accident investigation and the safety and health hazards to which employees under their immediate direction may encounter.
- Program will be evaluated annually and retraining will occur if evaluation deems necessary.

**RECORDKEEPING**

- According to PERRP all accident reports generated shall be kept a minimum of six (6) years.
- According to PERRP the PERRP Summary (300AP) shall be maintained a minimum of six (6) years and 300AP must be updated during that time period .
- It is recommended that records be kept indefinitely to maintain the information necessary to provide an adequate history of conditions that have been responsible for accidents and what corrective actions have been taken.
- The PERRP Summary (300AP) must be posted in an employee area from February 1 through April 30 of each year. Copies must be sent to the County Safety Coordinator and one sent electronically to PERRP.
- Records shall be kept documenting the training for each employee, including employee name or other identifier, training date(s), type(s) of training and individual(s) providing the training.

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**ATTACHMENTS**

Recordkeeping

- Injury/Accident/Incident Report Form
- Accident Investigation – Coordinators Report
- Accident Investigation – Witness Statement
- Training Record
- PERRP Log (300P)
- PERRP Summary (300AP)
- PERRP Injury and Illness Incident Report (301P)

Accident Recordkeeping

- Keep accurate records of all accident investigation activities, including:
  - Reports of injuries and illnesses
  - Bureau of Workers Compensation forms
  - Accident investigation report forms

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WILLIAMS COUNTY IS COMMITTED TO PROVIDING A SAFE AND HEALTHY WORK ENVIRONMENT FREE OF OCCUPATIONAL NOISE INDUCED HEARING LOSS.

IN AN EFFORT TO PREVENT NOISE INDUCED HEARING LOSS A NOISE ASSESSMENT WAS CONDUCTED AT THE WILLIAMS COUNTY ENGINEER'S FACILITY. BASED ON THE EVALUATION OF THE ASSESSMENT DATA AND DISCUSSIONS WITH THE INDUSTRIAL HYGIENIST A HEARING CONSERVATION PROGRAM IS NOT REQUIRED AT THIS TIME, BUT MAY BE REQUIRED AT SOME POINT IN TIME DEPENDING ON DATA OBTAINED FROM FUTURE NOISE ASSESSMENTS. THE DECISION TO ESTABLISH A HEARING CONSERVATION PROGRAM SHALL BE BASED ON THE EVALUATION AND COMPARISON OF DATA COLLECTED FROM MULTIPLE ASSESSMENTS.

IT IS RECOMMENDED THAT A NOISE ASSESSMENT BE CONDUCTED ANNUALLY. DATA OBTAINED FROM THE NOISE ASSESSMENTS SHALL BE USED TO DETERMINE WHETHER TO INITIATE, CONTINUE OR DISCONTINUE A HEARING CONSERVATION PROGRAM.

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**PURPOSE:**

To protect employees from the hazards associated with working on elevated surfaces at or above the uniform threshold height of six feet or at any height when exposed to dangerous equipment as defined in 29 CFR 1926.500(b) and to prevent work related injuries resulting from falls. To achieve this purpose requires using the appropriate fall prevention and protection methods, training affected employees, employee compliance with the policy and consistent enforcement of the policy by management and supervisory personnel.

**SCOPE:**

Established fall protection requirements and criteria. In the event an issue or situation arises that is not specifically addressed in this policy refer to the OSHA Fall Protection Standard 29 CFR 1926 Subpart M, The Ohio Administrative Code Chapters 4123:1-3; 4123:1-5 and 4167-3 or consult with the Safety Committee or PERRPS/BWC Consultation Service for guidance.

**APPLICATION:**

To all Williams County Employees who are or may be exposed to fall hazards in the course of their work activities. The application of this policy extends to non-employees engaged in activities on behalf of the Commissioners at locations controlled exclusively by the Commissioners. An exception to the provisions of this policy exists for those inspecting, investigating or assessing workplace conditions prior to the actual start of work or subsequent to the completion of all work. However, good judgment dictates using fall protection while engaged in the aforementioned activities.

**RESPONSIBILITIES:**

**COMMISSIONERS**

- Approve Fall Protection Policy and subsequent changes
- Approve the purchase of fall protection equipment or materials
- Require compliance with this policy as appropriate
- Determine appropriate disciplinary action for failure to comply with this policy
- Advise all parties noted in this policy of their responsibilities or changes in their responsibilities
- Delegate authority for implementing any or all parts of this policy
- Retain over all authority for the administration and implementation of this policy

**MANAGEMENT**

- Appointing Authority and/or their designee(s) shall identify and evaluate fall hazards (refer to Fall Protection Hazard Assessment Form)
- Determine if fall protection can be eliminated by the use of engineering controls or alternate work measures
- Provide employees with an appropriate fall protection system for the workplace operation

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**FALL PROTECTION POLICY**

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- Assess the workplace to determine if the walking/working surfaces upon which employees shall work have the requisite strength and structural integrity to safely support the workers
- Ensure affected employees receive training with emphasis on the proper selection, use, maintenance and limitations of fall protection systems
- Require compliance with this policy
- Enforcement of the policy
- Conduct periodic fall protection/prevention compliance audits
- Administer appropriate disciplinary action for non-compliance

**EMPLOYEES**

- Comply with this policy and best management practices
- Use the appropriate fall protection when exposed to fall hazards
- Inspect fall protection equipment before each use
- Report fall hazards and fall protection concerns or problems to the Appointing Authority or their designee
- Warn coworkers of fall hazards or potential fall hazards in the work area

**SPECIFIC EXPOSURES AND PREVENTION METHODS:  
(Refer to Fall Protection Program)**

**RESCUE**

The Appointing Authority and/or their designee must ensure that employees can be promptly rescued or can self rescue should a fall occur

The Appointing Authority and/or their designee shall develop a rescue strategy prior to the commencement of the actual work

Explain the rescue strategy to the affected employees

**FALLING OBJECT PROTECTION**

A hard hat shall be worn when exposed to falling objects, notwithstanding other protective measures being used.

A guardrail system with toeboards and screens to prevent overhead objects from falling

Erect a canopy system to preclude falling objects from striking employees and other persons from entering

**TRAINING**

Instruction and training will enable employees to recognize potential fall hazards at the site and determine the methods and procedures to use in preventing a fall

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**FALL PROTECTION POLICY**

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Employees shall receive fall protection training prior to their initial assignment and periodically thereafter

Retraining is required when one or more of the following occur:

- Policy is revised;
- Changes in workplace render previous training obsolete;
- Changes in the types of fall protection systems and equipment used; and/or
- Inadequacies in an employee's knowledge or use of fall protection systems indicate the employee has not retained the requisite understanding or skill

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**LADDER POLICY**

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**PURPOSE:**

To establish a policy outlining procedures that will ensure the safe use of ladders and the protection of employees from the hazards associated with ladders in the workplace.

**OUTLINE:**

- 1.0 Definition
- 2.0 Categories/Types
- 3.0 Ratings
- 4.0 Requirements
- 5.0 Inspections
- 6.0 Storage
- 7.0 Ladder Use
- 8.0 Training

**PROCEDURE:**

- 1.0 Definition
  - 1.1 An appliance consisting of two side rails joined at the regular intervals (10"-14") by crosspieces on which a person may step to ascend or descend.
- 2.0 Categories/Types
  - 2.1 Fixed ladders - An integral part of a building or structure, therefore they cannot be readily moved or carried.
  - 2.2 Portable ladder
    - 2.2.1 Step ladder - self-supporting, non-adjustable length, flat steps, hinged to allow opening and a spreader/locking device on each side to hold the front and back sections open while ladder is in use.
    - 2.2.2 Single Ladder - non self-supporting, non-adjustable length, consisting of one section, size is designed by overall length of side rails.
    - 2.2.3 Extension Ladder - non self-supporting, adjustable in length
- 3.0 Ratings
  - 3.1 I-A Extra Heavy Duty Capacity 300lbs
  - 3.2 I Heavy Duty Capacity 250lbs
  - 3.3 II Medium Duty Capacity 225lbs
  - 3.4 III Light Duty Capacity 200lbs
  - 3.5 Must consider the combined weight of the person and the equipment
  - 3.6 Never exceed the rated capacity of a ladder
  - 3.7 Light Duty Class III Ladders are not allowed in industrial or construction settings

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**LADDER POLICY**

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- 4.0 Requirements
  - 4.1 Step ladders longer than 20’ shall not be used
  - 4.2 Step ladders shall be equipped with a spreader or locking device of sufficient size and strength to securely hold the front and back sections in the open position
  - 4.3 Single ladders longer than 30’ shall not be used
  - 4.4 Extension ladders longer than 60’ shall not be used
  - 4.5 Based on Nominal Length of the Ladder, each section of a Multisection (Extension) Ladder shall overlap the adjacent section by at least the number of feet listed.
    - 4.5.1 Up to and including 36’ in length, overlap 3 feet
    - 4.5.2 Over 36’ up to an including 48’ in length, overlap 4 feet
    - 4.5.3 Over 48’ up to 60’ in length overlap 5 feet
  - 4.6 Ladder rungs, cleats or steps must be parallel, level and uniformly spaced between 10 and 14 inches apart. Ideally 12 inches apart
  - 4.7 Rungs, cleats or steps must be shaped so that an employee’s foot cannot slide off and must also be skid resistant
  - 4.8 Ladders shall be maintained in good serviceable condition at all times
  - 4.9 Ladders shall be inspected frequently. If defects are noted, the ladder shall be removed from service and tagged or marked “DO NOT USE”
  - 4.10 Ladders shall not be tied or fastened together to create longer sections unless specifically designed for such use
  - 4.11 Ladders must be surfaced to prevent puncture or laceration injuries and to prevent snagging of clothing
  
- 5.0 Inspection
  - 5.1 The Appointing Authority and/or their designee shall periodically inspect the ladders and document the results of the inspection
  - 5.2 Employees are required to inspect the ladder before use
  - 5.3 The following will serve as a guide for inspecting ladders:
    - 5.3.1 No missing, loose, cracked or broken parts
    - 5.3.2 Firmly attached slip resistant steps, rungs or cleats
    - 5.3.3 Steps, rungs or cleats must be free of grease or oil
    - 5.3.4 Ensure support braces, bolts, screws and spreaders are tight
    - 5.3.5 Metal parts requiring lubrication must be lubricated
    - 5.3.6 Slip resistant safety feet in place and in good condition
    - 5.3.7 Extension ladder rope in good condition (not worn or frayed)
    - 5.3.8 Free of splinters and sharp edges
    - 5.3.9 No dents, bent, cracked or broken metal parts
  - 5.4 If the ladder is defective, remove from service, tag or mark it “DO NOT USE”, report to the Appointing Authority and/or their designee

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- 6.0 Storage
  - 6.1 Store ladders in a dry, ventilated area at a moderate temperature
  - 6.2 Store ladders in an upright/vertical position; secured to prevent falling or tipping
  - 6.3 If ladders must be stored lying down, support both ends and the middle to prevent sagging or warping
  - 6.4 Avoid storing material on a ladder in a horizontal position, to prevent warping
  
- 7.0 Ladder Use
  - 7.1 Portable ladders used for access to an elevated landing surface shall extend three (3) feet above the elevated landing surface; the ladder must also be secured to prevent movement
  - 7.2 An extension ladder must not deflect under a load
  - 7.3 Ladders must be free of oil, grease or other slipping hazards
  - 7.4 Ladders shall not be loaded beyond the maximum intended load for which they were designed and built, or beyond the manufactures’ rated capacity
  - 7.5 Ladders are to be used “ONLY” for the purpose for which they were designed
  - 7.6 Ladders shall be secured to prevent movement
  - 7.7 Only one (1) individual allowed on a ladder, unless designed to accommodate more than one
  - 7.8 Work with body centered between the ladder rails, do not hang or extend over the sides
  - 7.9 The area around the top and bottom of the ladder must be kept clear
  - 7.10 Ladders must not be moved, shifter or extended while in use
  - 7.11 Always face the ladder when ascending or descending and maintain at a minimum three (3) points of contact
  - 7.12 Do not work, step or stand on the top two (2) rungs or steps of the ladder
  - 7.13 Ladders shall never be used in the horizontal position as a scaffold or work platform
  - 7.14 Ladders must have nonconductive side rails when used where the worker or the ladder have the potential to contact energized electrical lines or equipment
  - 7.15 Non self-supporting ladders, which must lean against a wall or other support, shall be positioned at such an angle that the horizontal distance from the base to the vertical plane of the support is  $\frac{1}{4}$  of the working length of the ladder
  - 7.16 Ladders must be set up and used on level, stable surfaces unless secured to prevent accidental movement
  - 7.17 Ladders used on slippery surfaces must be secured and provided with slip resistant feet to prevent accidental movement
  - 7.18 Ladders placed in areas such as passage ways, doorways, driveways or where they can be displaced by workplace activities or traffic, must be secured to prevent accidental movement and barricades or cones must be positioned to cordon off the area

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- 8.0 Training
  - 8.1 Training will be provided to employees whose position or job assignment requires the use of a ladder
  - 8.2 Retraining will be provided as necessary to maintain employee knowledge and understanding of this policy
  - 8.3 Training shall be documented and retained in the training file

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**I. OBJECTIVE**

This Emergency Action Plan (EAP) is intended to communicate the policies and procedures for employees to follow in an emergency situation such as fire, explosion, weather emergencies, chemical releases and all other emergencies requiring employees to evacuate the building. This written plan should be made available, upon request, to employees and their designated representatives by the EAP Plan Coordinator for the building. This plan complies with OSHA Legislation 1910.38.

**II. ASSIGNMENT OF RESPONSIBILITIES**

**A. Williams County Commissioners**

1. Approve the Emergency Action Plan and subsequent changes.
2. Approve the purchase of equipment or materials selected in accordance with this policy.
3. Require compliance with this policy as appropriate.
4. Authorize the audit of the work place for compliance to the policy as necessary. Compliance and documentation will be maintained through semi-annual Fire Department inspections and internal annual evaluations by the Safety Committee.
5. Advise all parties noted in this policy of their responsibilities or changes in their responsibilities.
6. Delegate authority for implementing any or all parts of this policy as needed. Retain responsibility for implementing this policy.

**B. Department Heads / Supervisors**

1. Read, understand, and follow the provisions in this policy.
2. Train employees in the hazards associated with fires, spills, and other emergencies in the workplace.
3. Determine the appropriate disciplinary action for failure to comply with this policy.
4. Maintain records required under this policy.

**C. Plan Manager**

There shall be one Plan manager who has overall responsibility for the preparation and implementation of this plan. This person shall be the Emergency Services Director for the County. The EMS Director shall appoint someone to act in his place in the event that he/she is not available to fulfill his duties (out of town, sick, etc.)

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1. Obtain and post floor plans and route evacuation maps. See Floor Plans and Maps.
2. Oversee the development, communication, implementation, and maintenance of the overall EAP.
3. Ensure the training of building occupants, Plan Coordinators, and Critical Operations Personnel, and notifying all personnel of changes to the plan.
4. Maintain up to date lists of building occupants at each location.
5. In the event of a fire or other emergency, relay applicable information to emergency personnel, occupants, and Plan Coordinators.
6. Establish Designated Meeting Sites for evacuees.
7. Establish Designated Meeting Areas when the shelter-in-place procedure is activated.

**D. Plan Coordinator**

There shall be at least one Plan Coordinator per county location designated by the Department Heads or Commissioners. If the building has multiple floors, there shall be one per floor. There shall also be designated alternates in case the primary Plan Coordinators are absent during an event. A list of Plan Coordinators and Alternate Plan Coordinators (titles only) will be kept in a master list maintained by the Plan Administrator, Director of EMS.

1. Familiarize personnel with emergency procedures.
2. Ensure that occupants have vacated the premises in the event of an evacuation and for checking the assigned areas.
3. Know where their Designated Meeting Site is and for communicating this information to occupants.
4. Know where the Designated Meeting Areas for when the shelter-in-place procedure is activated.
5. Have a list of personnel in their area of coverage, so a head count can be made at their Designated Meeting Site. After the head count is completed, roll call needs to be done to verify that all personnel are accounted for.
6. Ensure that disabled persons and visitors are assisted in evacuating the building.
7. Evaluate and report problems to the Plan Manager after an emergency event.
8. Post the Area Evacuation Plan in their work areas, communicate plan to occupants, and evaluate the plan annually.

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**E. Employees**

1. Read, understand, and follow the provisions of this policy.
2. Report fires or other emergencies promptly to a supervisor.
3. Evacuate facilities or take other required action when alarms are sounded.

**F. Safety Committee**

1. Provide assistance to the Williams County Commissioners as requested to comply with this policy.
2. Notify the Williams County Commissioners of any unusual circumstances or conditions which may be occurring in the workplace resulting in a previously unknown employee exposure to potential fire, spill, or other hazards.
3. Evaluate this policy on an annual basis.
4. Assist the Plan manager in providing training.

**G. Contractors**

1. Review this EAP with their employees and comply with all provisions of this policy.

**III. PLAN IMPLEMENTATION**

**A. Reporting Fire and Emergency Situations**

Buildings within the County are either equipped with an alarm system to indicate fire or weather emergencies, or a verbal system will be utilized where no alarm exists.

Emergencies requiring outside assistance shall be reported to 911 immediately.

**B. Commissioner Notification**

Any Emergency as noted in this policy shall be reported to the Commissioners by the Department Head of the affected agency within a reasonable amount of time.

**C. Emergency Contact Information**

Department Heads shall maintain a list of all employees’ personal emergency contact information and shall keep the list in a location for easy access in the event of an emergency.

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**D. Evacuation Routes and Procedures**

Emergency evacuation escape route plans are posted in Designated Areas throughout the County buildings. In the event that a fire or evacuation alarm is sounded or instructions for evacuation are given by a Plan Coordinator, all employees shall immediately exit the building(s) at the nearest exits as shown in the escape route plans, and shall meet as soon as possible at the Designated Meeting Site. Employees with offices shall close the doors (unlocked) as they exit the area.

The Plan Coordinator and the Alternate Plan Coordinator will have 2-Way radios. The other 2-way radio will be placed at an easily accessible location so that the Department Head or Person-in-Charge can secure the 2-Way radio before leaving the building. This will provide communication to the other locations within the building so information or instructions can be communicated. The radio batteries need to be checked periodically by the Plan Coordinator.

Before leaving, the Plan Coordinators are to check rooms and other enclosed spaces in the workplace for other employees who may be trapped or otherwise unable to evacuate the area, and convey this information to emergency personnel.

When a disabled occupant is unable to leave the building the following will take place. A Plan Coordinator or designated buddy is to stay with any disabled occupants until otherwise notified. Transporting of disabled individuals up or down stairwells should be avoided until emergency response personnel have arrived. Unless imminent life-threatening conditions exist in the immediate area occupied by a non-ambulatory or disabled person, relocation of the individual should be limited to a safe area on the same floor, in close proximity to an evacuation stairwell.

**E. Rescue and Medical Care**

Under no circumstances shall an employee provide medical care beyond their level of training. Unless in imminent danger, do not move the injured person. Keep the injured person lying down, covered and warm.

**F. Accounting for Employees/Visitors After Evacuation**

Once an evacuation has occurred, Plan Coordinators and/or Department Heads shall account for each employee/visitor assigned to them at the Designated Meeting Site. Each employee is responsible for reporting to the appropriate Plan Coordinator so an accurate head count can be made. Employees who have visitors during an evacuation will escort them to the designated Meeting Site. All employee counts shall then be reported to the Plan Manager as soon as possible.

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The Plan manager will report the current status of all activities to the Incident Command (for the Fire Department/Emergency Services). This includes any unaccounted people.

**G. Re-entry**

Once the building has been evacuated, no one shall re-enter the building for any reason, except for designated and properly trained rescue personnel (such as fire department or emergency medical professionals). Untrained individuals may endanger themselves, rescue personnel, and / or those they are trying to rescue.

All employees shall remain at the designated Meeting Site until the fire department or other emergency response agency notifies the Plan Manager that either:

1. The building is safe for re-entry, in which case personnel shall return to their workstations; or
2. The building / assembly area is not safe, in which case personnel shall be instructed by the Plan Coordinator on how/when to vacate the premises.

**H. Sheltering in Place**

In the event that chemical, biological, or radiological contaminants are released in the environment in such quantity and/or proximity to a County building, authorities and/or the department Head may determine that it is safer to remain indoors rather than to evacuate employees. The Department Head shall announce Shelter in Place status by public address system or by a verbal directive.

1. The Department Head shall immediately close the business. If there are customers, clients, or visitors in the building, they shall be advised to stay in the building for their safety.
2. Unless there is an imminent threat, employees, customers, clients, and visitors shall call their emergency contacts to let them know where they are and that they are safe.
3. Employees shall quickly lock exterior doors and close windows, air vents, and fireplace dampers. The responsible person(s) familiar with the building’s mechanical systems shall turn off, seal, or disable all fans, heating and air conditioning systems, and clothes dryers, especially those systems that automatically provide for exchange of inside air with outside air. If there is a danger of explosion, employees shall close window shades, blinds, or curtains.

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4. All employees, customers, and visitors shall move immediately to the Shelter in Place location(s) with the building. These locations are identified on the Evacuation map posted in the facility. Plan Coordinator(s) shall seal all windows, doors, and vents with plastic sheeting and duct tape. These materials shall be labeled, maintained by the Plan Coordinator, and kept in an accessible area.
5. The Plan Coordinator shall write down the names of everyone in the room, and call the Plan Manager to report who is in the room, and their affiliations with the County. (employee, visitor, client, customer)
6. The Plan Coordinator shall monitor telephone, radio, television, and Internet reports for further instructions from authorities to determine when it is safe to leave the building.

**I. Weather Emergencies**

Weather emergencies can strike at any time of year and any time of day. When weather conditions warrant, a radio in the office area will be tuned to a local weather station to monitor the situation. If a severe weather warning is issued, county operations will be evaluated by department heads to determine whether any operation should be canceled until the threatening weather has passed.

During tornado season, whenever a tornado watch is issued, the radio will be turned on and monitored by department heads and/or Plan Coordinators. If a tornado warning is issued, all operations will be shut down immediately and employees shall go to the nearest tornado shelter. Shelter locations shall be marked with signs above the doorway as well as marked on the evacuation maps. If applicable, alarms will sound alerting employees and visitors to take shelter, otherwise the evacuations shall be done by word of mouth. Department Heads/Plan Coordinators will continue to monitor the situation via radio or other device. Employees shall remain in the shelter area until told to return to work by management personnel.

In the event a tornado strikes without adequate warning, employees shall take cover wherever possible, preferably in interior rooms or under heavy equipment. After the tornado has passed, employees shall go to the shelter area and management shall take a head count to determine the location and condition of all employees and visitors. If the building is damaged, electricity and gas will be shut down by designated maintenance personnel. The fire department will be notified immediately in case of injury or failure to locate all personnel and visitors.

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**IV. TRAINING**

**A. Employee Training**

All employees shall receive instruction on this Emergency Action Plan (EAP) as part of New Employee Orientation upon hire. Additional training shall be provided:

1. When there are any changes to the plan and/or facility;
2. When an employee’s responsibilities change; and
3. Annually as refresher training.

Items to be reviewed during training include:

1. Fire extinguisher locations, usage, and limitations

**P - Pull**

**A - Aim**

**S - Squeeze**

**S - Sweep**

2. Threats, hazards, and protective actions

3. Means of reporting fires and other emergencies

**R - Rescue:** When you discover a fire, rescue people in immediate danger if you can do so without endangering yourself. Exit via a safe fire exit. Never use elevators. Close doors to the room with the fire.

**A - Alarm:** Sound the alarm by pulling a fire box and call 911 from a safe distance to notify the fire command center of precise location of the fire.

**C - Confine:** Close all doors, windows, and other openings.

**E - Evacuate:** Evacuate the building.

4. Names of Emergency Action Plan Manager and Coordinators

5. Individual responsibilities

6. Alarm systems

7. Escape routes and procedures

8. Procedures for accounting for employees and visitors

9. Sheltering in Place

10. Fire, weather, and other emergency procedures

11. Emergency Action Plan availability

**B. Plan Manager and Coordinators Training**

1. Knowledge of workplace layout

2. Primary and alternate escape routes

3. Assistance for disabled occupants

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4. Avoidance of hazardous areas
5. Evacuation procedures walk through of building
6. Maintain employee list
7. Radio communication
8. Obtaining head counts

All training shall be documented with the date of training, the name of the trainer, the training subject, and the names of the employees trained.

**V. PLAN EVALUATION**

**A. Fire / Evacuation Drills**

Fire and weather drills shall be conducted at least annually, and shall be conducted in coordination with local police and fire departments. Additional drills shall be conducted if physical properties of the business change, processes change, or as otherwise deemed necessary.

**B. Plan Evaluation**

This Emergency Action Plan shall be reviewed annually by the Safety Committee in conjunction with the fire and weather drills. Following each fire and weather drill, the Plan Manager and Plan Coordinators shall evaluate the drill for effectiveness and weaknesses in the plan, and shall implement changes to improve it.

Records of drills and evaluations shall be maintained by the Plan Manager.

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**FIRE PROCEDURE**

**IF YOU SEE THE FIRE:**

Sound the alarm, or call out to evacuate if no alarm is present. Call 911 for emergency responders. Give them the location of the fire.

- (1) Make sure that no person is in immediate danger.
- (2) Do not use fire extinguishers unless you have been specifically trained to do so. If you have been trained and the fire is small and you have an escape route, use the fire extinguisher located on each floor if you can without endangering your own life.

**When the alarm sounds, evacuate immediately,  
meet at the outside Designated Meeting Site.  
This is posted on the facility map.**

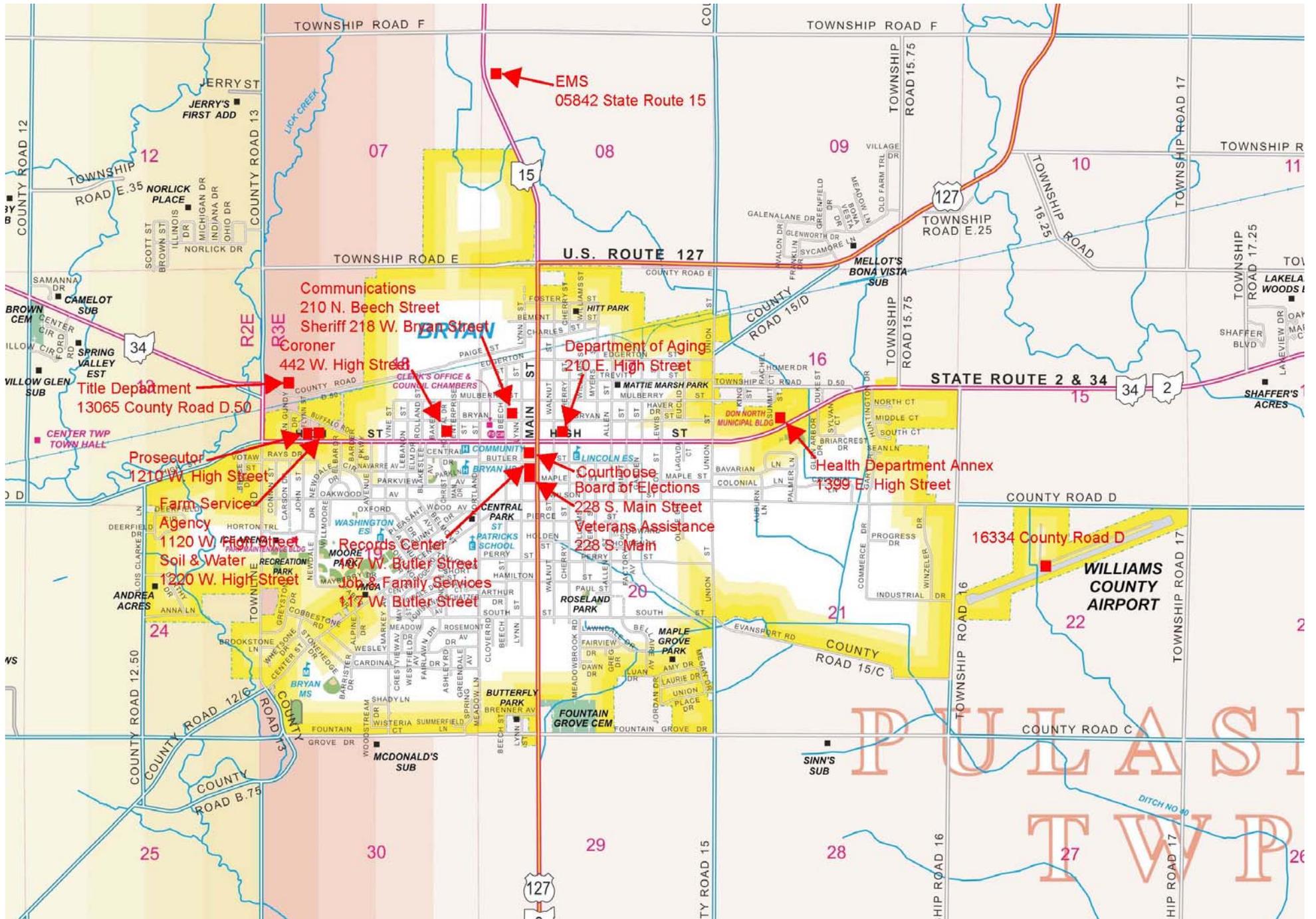
**IF YOU HEAR THE ALARM:**

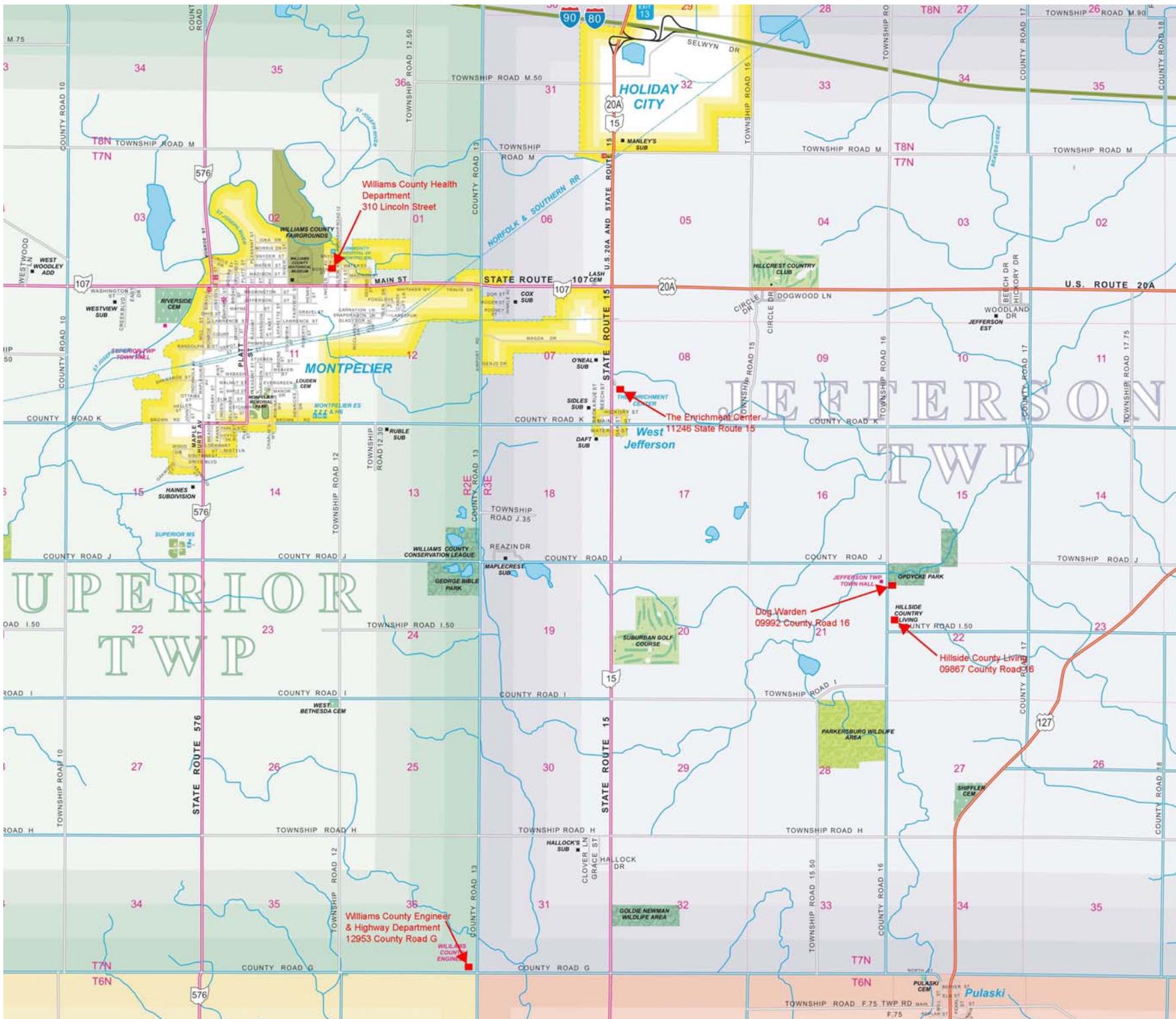
- (1) Close all doors if you are the last to leave.
- (2) Aid the disabled. Employees should guide and assist members of the public on the floor or in their work area out of the building.
- (3) Evacuate the building by the nearest safe stairway or exits. Do not use elevators.
- (4) Walk, do not run, and use the handrails provided on stairs. Stay to the right side of the stairway which will allow room for fire persons to pass.
- (5) Return to the building only when authorized to do so.

**TORNADO PROCEDURES**

In the event of a tornado warning the following actions will be taken:

- (1) All persons will move to the posted shelter within the building. Keep away from windows.
- (2) Under no circumstances during a storm emergency will employees or the public remain in the office area.
- (3) If available, take a radio or television to the room to track emergency status
- (4) Do not leave the building unless authorized to do so.





# WILLIAMS COUNTY COMMISSIONERS' SAFETY MANUAL

### **Purpose**

It is the policy of Williams County to inform, train, and protect employees from the hazards associated with working on or near electrical equipment and energy in the workplace. Work on electrical equipment and/or systems shall be de-energized and employees shall follow the lockout/tagout procedures. However if there is a time when working on energize equipment is necessary, approval must be given by the department head/elected official before work can be done by a county employee. In most cases, electrical work will be completed by a licensed electrical contractor.

### **Referenced Legislation**

OSHA 1910.301-335 Electrical Requirements  
OSHA 1910.147 Lockout/Tagout

### **Scope**

This electrical safety policy applies to electrical work done by both qualified and unqualified persons working on electrical equipment. (An “unqualified” person is one who is not trained or authorized to perform electrical work.) It applies to both normal 110 V wiring in the county as well as all higher voltage distribution electrical service equipment.

All employees engaged in work on electrical equipment must be fully trained, use lockout/tagout procedures as required, use insulating service tools when necessary and follow the safety practices as outlined in this program.

### **Responsibilities and Enforcement**

The responsibility for adhering to this electrical safety policy rests with all employees and their immediate supervisor. Failure to follow these procedures will result in disciplinary action and possible termination.

### **Hazard Controls**

The following control methods will be used to prevent occurrences of electricity-related incidents:

#### Engineering Controls

- All electrical distribution panels, breakers, disconnects, switches and junction boxes must be completely enclosed.
- Water-tight enclosures must be used if any of these components could possibly be exposed to moisture;
- Structural barriers must be used to prevent accidental damage to electrical components;
- Conduits must be supported for their entire length, and non-electrical attachments to conduits are prohibited;

# WILLIAMS COUNTY COMMISSIONERS' SAFETY MANUAL

- Non-rigid electrical cords must have strain relief wherever necessary.

### Administrative Controls

- Only trained, authorized employees may repair or service electrical equipment;
- Contractors must be licensed to perform electrical work;
- Physical barriers must be used to prevent unauthorized persons from entering areas where new installation or repair of electrical components or equipment is being performed;
- Only authorized employees may enter electrical distribution rooms;
- All electrical control devices must be labeled properly;
- Departmental Heads/elected officials must authorize any work on energized electrical circuits.

### Work Practice Controls

- Employees covered under this policy must wear electrically rated safety shoes or boots;
- Use only tools that are properly insulated;
- Non-conductive gloves and other appropriate PPE will be available for work on electrical equipment;

## **Inspection**

Inspection of electrical equipment shall be done at the time of use. The following factors shall be considered:

- Suitability for the intended use
- Proper insulation, look for damaged cord, damaged prongs
- Proper classification by type, size voltage, correct capacity and intended use

If electrical hazards are found, they must be reported immediately to a supervisor and the equipment shall be taken out of service.

## **Training**

Training is required of employees who are at risk of electrical shock, explosion, arcing, or other electrical hazards. Training will consist of both classroom and on the job training. The degree of training shall be determined by the risk to the employee. Training will be performed prior to an employee being allowed to start work within the facility.

Department Heads shall identify each employee who is “qualified” to perform work on electrical equipment and shall retain a list of these employees in their department. Qualified Employees shall be provided training in accordance with the OSHA electrical standards.

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All employees within the county shall be given basic electrical safety training to recognize the warnings of a potential electrical shock hazard when live electrical repairs take place near their work stations.

### **General Electrical Safety Rules:**

- Do not conduct electrical repairs unless qualified to do so.
- Report all electrical hazards to your supervisor
- Do not operate equipment if you believe there is an electrical hazard
- Do not allow electrical equipment or components to contact water
- Do not use cords or plugs that are missing the ground prong
- Do not overload electrical receptacles
- If allowed for use, always plug personal electrical heaters directly into an outlet to prevent overheating
- No employee shall plug or unplug a power cord or extension cord with wet hands
- Circuit breakers shall not be used as switches for electrical equipment.
- Non-conductive ladders should always be used when working on or near any electrical equipment
- Do not fasten or hang cord and plug connected equipment, including extension cords in such a manner that could cause damage to the insulating covering.
- Grounding type equipment and power tools must use a grounding type of power cord and/or extension cord containing a grounding conductor.
- Portable electrical equipment shall not be lowered or raised using their cords. They shall be visually inspected before each use and repaired as necessary.

### **Personal Protective Equipment**

PPE will be provided for use by employees working in areas where they could be exposed to electrical hazards. Appropriate PPE will be determined by the Department Heads and is dependent on the exposure to the employees. Possible PPE could include protective FR coveralls, head gear, eye protection, and insulated gloves.

Employees are required to observe the following for PPE use:

- The selected PPE is mandatory
- Only use PPE that is designed for the work being performed
- Inspect and test PPE prior to each use and in accordance with the PPE manufacturer

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### **Purpose and Scope**

Effective hazardous energy control procedures will protect employees during machine and equipment servicing and maintenance where the unexpected energization, start up or release of stored energy could occur and cause injury, as well as while working on or near exposed de-energized electrical conductors and parts of electrical equipment. Hazards being guarded against include being caught in, being crushed by, being struck by, being thrown from, or contacting live electrical circuits/parts.

The procedure herein established will insure that machines and equipment are properly isolated from hazardous or potentially hazardous energy sources during servicing and maintenance and properly protect against re-energization as required by 29 CFR 1910.147.

While any employee is exposed to contact with parts of fixed electrical equipment or circuits which have been de-energized, the circuits energizing the parts shall be locked out and tagged in accordance with the requirements of 29 CFR 1910.333 (b) (2).

### **Enforcement**

Any employee who fails to follow these procedures will face disciplinary action in accordance with those listed in the departmental policies and procedures.

### **Definitions**

*Authorized employee* - a person who locks out machines or equipment in order to perform servicing or maintenance on that machine or equipment. An affected employee becomes an authorized employee when that employee's duties include performing servicing or maintenance which exposes him/her to potentially hazardous energy.

*Affected employee* - an employee whose job requires him/her to operate /use a machine or equipment or work in an area in which servicing or maintenance is being performed under lockout.

*Energy isolating device* - a mechanical device that physically prevents the transmission or release of energy, including but not limited to the following: A manually operated electrical circuit breaker; a disconnect switch; a manually operated switch by which the conductors of a circuit can be disconnected from all ungrounded supply conductors, and in addition, no pole can be operated independently; a line valve; a block; and any similar device used to block or isolate energy. Push buttons, selectors switches, and other control circuit type devices are not energy isolating devices.

*Other employee* - an employee whose work operations are or may be in an area where energy control procedures may be utilized.

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For additional definitions see 29 CFR 1910.147 (b).

**Authorization / Responsibility**

Appropriate employees will be instructed in the safety significance of the lockout procedures. A list of employees “authorized” to lockout shall be kept at each department affected by this standard. Listing of “affected” and “other” employees shall be recorded through training documents at each location.

**Rules**

- A. Locks, chains, wedges, or other hardware which meet the requirements defined in 1910.147 (c) (5) (ii) shall be provided by the company.
- B. Lockout devices shall be singularly identified. They shall be the only devices used for controlling energy and shall not be used for other purposes.
- C. The lockout devices shall indicate the identity of the employee applying the devices.
- D. All machines/equipment shall be locked out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Lockout will also apply when working on or near exposed de-energized electrical circuits / parts.
- E. No employee shall attempt to operate any switch, valve, or other energy isolating device which is locked out.
- F. Each lockout device shall only be removed by the employee who applied the device. (*Exception: see VII. B. 2.*)

**Lockout Procedures and Techniques**

Machine/equipment specific procedures can be found at each departmental location affected by this standard. *See Lockout/Tagout Form.* Each procedure shall address the following:

- A. Application of Lockout devices:
  - 1. Preparation for Shutdown.
  - 2. Machine or Equipment Shutdown.
  - 3. Machine or Equipment Isolation.
  - 4. Lockout Device Application
  - 5. Stored Energy.
  - 6. Verification of Isolation.

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**LOCKOUT/TAGOUT POLICY**

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B. Removal of Lockout devices:

1. Prep for restart
2. Verify employees are removed from machine or equipment
3. Remove all locks, blocks, or other energy restraints.
4. Restore all energy to the machine.

**Removal Of Lockout Devices (other than by authorized employee)**

In the rare situation in which the authorized employee who applied the lockout devices is not available to remove the devices, it may be removed under the direction of the employer using the following steps:

- A. Verify that the authorized employee who applied the device is not at the facility (i.e. call him, look for vehicle in parking lot);
- B. Make all reasonable efforts to contact that employee to inform him/her that the lockout tagout devices have been removed (call him);
- C. Ensuring that this employee knows of the removal of the device before he/she resumes work at the facility.

**Requirements**

A. In the preceding steps, if more than one individual is required to lockout machines / equipment (group lockout); the following procedures shall be implemented to provide protection to all employees.

1. A primary authorized employee will be designated and responsible for the number of people working under the protection of the group lockout device. The primary authorized employee will ascertain the exposure status of the individual member participating in the group lockout to ensure continuity of protection for each individual. In addition, this primary authorized employee will be responsible for notifying affected employees before and after lockout procedures are performed.
2. Each authorized employee will place his/her own personal lockout device on the energy isolating device(s).

B. *Shift or Personnel Changes* - If a lockout procedure will extend into the following shift, the authorized employee who originally placed the lock will remove it and it will immediately be replaced with the lock of the authorized employee who is to continue the repair or maintenance on that equipment or machine for the following shift.

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**LOCKOUT/TAGOUT POLICY**

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*C. Cord and Plug Connected Equipment* – Under exclusive control of the employee is defined as the authorized employee has the authority to and is continuously in a position to prevent (exclude) other individuals from re-energizing the machine or equipment during servicing or maintenance activity. If however exclusive control cannot be maintained the following shall occur:

1. Unplug equipment from its electrical socket.
2. Place a lockable cover over the plug and a lock on the plug cover during machine/equipment servicing or maintenance.

*D. Outside Contractors* - If outside contractors perform servicing or maintenance that requires lockout, the Safety Director shall take the following steps.

1. Inform the outside contractor of our company’s lockout procedures and supply them with a copy.
2. Obtain and review a copy of the outside contractor’s lockout procedures.
3. Ensure that our employees understand and comply with the responsibilities and prohibitions of the outside contractor’s lockout procedure.

*E. Training*

1. Authorized employees shall receive training covering:
  - \* Recognition of hazardous energy sources.
  - \* Types and magnitude of hazardous energy in the workplace.
  - \* Methods, devices, and procedures used to lockout, verify lockout, and otherwise control hazardous energy on all pieces or types of equipment (including cord and plug connected equipment).
  - \* Procedures for removing locks and returning a machine or piece of equipment to operation.
  - \* Transfer of lockout responsibilities.
  - \* Group lockout procedures.
2. Affected and all “other” employees shall receive training so that they are able to:
  - \* Recognize when energy control procedures are being implemented, and
  - \* Understanding the purpose of the procedures and the importance of not attempting to start up or use the machine / equipment that has been locked out.

**Note:** *All training will be certified and kept at each departmental location with a copy forwarded to the commissioner’s office.*

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**LOCKOUT/TAGOUT POLICY**

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F. *Retraining* - Authorized and affected employees shall receive retraining in proper application of lockout procedures when there is a change in:

- \* Job assignment(s) that expose an authorized employee to new hazards or lockout procedures.
- \* Machines, equipment, or processes that present a new hazard or require modified lockout procedures.
- \* Energy control procedures for a piece or type of equipment.
- \* Or when it becomes known that an employee incorrectly performs lockout procedures.

Retraining will re-establish employee proficiency in lockout, and ensure that employees are knowledgeable of new or revised procedures. All retraining will be certified.

G. *Periodic Inspections (See Lockout/Tagout Inspection Form.)*

1. An inspection of the energy control procedures will be conducted annually and will be certified.
2. Energy control procedures for each machine or type of machine must be inspected.
3. The inspection shall include a review of lockout responsibilities with each individual authorized to lockout the machine / equipment.
4. The person who performs the inspection must be authorized to perform the lockout procedures being inspected. The inspector cannot, however, review his/her own use of lockout procedures.
5. Any deviations or inadequacies identified shall be immediately addressed.

**WILLIAMS COUNTY COMMISSIONERS’  
SAFETY MANUAL**

**WORKPLACE VIOLENCE POLICY**

**PAGE 1 OF 3**

**PURPOSE**

Williams County is committed to providing its employees a work environment that is safe, secure and free of harassment, threats, intimidation and violence. Williams County recognizes that workplace violence is a growing problem that should be addressed by all employers and therefore adopts this zero tolerance policy for workplace violence. Consistent with this policy, threats or acts of physical violence, including intimidation, harassment and/or coercion which involve or affects Williams County employees or which occur on County property will not be tolerated.

**ZERO TOLERANCE**

Williams County has a policy of zero tolerance for violence. If you engage in any violence in the workplace, or threaten violence in the workplace, your employment could be terminated immediately for cause. No talk of violence or joking about violence will be tolerated.

“Violence” includes physically harming another, shoving, pushing, harassing, intimidating, coercing, brandishing weapons, and threatening or talking of engaging in those activities. It is the intent of this policy to ensure that everyone, including employees and citizens, never feel threatened by any employee’s actions or conduct.

**EXAMPLES OF PROHIBITED CONDUCT**

Specific examples of conduct that may be considered “threats or acts of violence” prohibited under this policy include, but are not limited to, the following:

- Hitting or shoving an individual;
- Threatening to harm an individual or his/her family, friends, associates, or their property;
- The intentional destruction or threat of destruction of property owned, operated, or controlled by the county;
- Making harassing or threatening telephone calls, or sending harassing or threatening letters or other forms of written or electronic communications (i.e. e-mail, text messages);
- Intimidating or attempting to coerce an employee to do wrongful acts, as defined by applicable law, administrative rule, policy, or work rule, that would affect the interests of the county;
- The willful, malicious and repeated following of another person, also known as “stalking”, and making a credible threat with intent to place the other person in reasonable fear for his or her safety;
- Making a suggestion or otherwise intimating that an act to injure persons or property is “appropriate”, without regard to the location where such suggestion or intimation occurs;
- Unauthorized possession or inappropriate use of firearms, weapons, or any other dangerous devices on county property. Weapons include guns, knives, explosives, and other items with the potential to inflict harm.

# WILLIAMS COUNTY COMMISSIONERS' SAFETY MANUAL

## WORKPLACE VIOLENCE POLICY

PAGE 2 OF 3

While some employees of Williams County may be required as a condition of their work assignment to possess firearms, weapons or other dangerous devices, or permitted to carry them as authorized by law, it is departmental policy that employees are to only use them in accordance with departmental operating procedures and all applicable state and federal laws. Unauthorized use while on county property will face appropriate disciplinary action, up to and including termination, will be taken against any employee who violates this policy.

### **WARNING SIGNS, SYMPTOMS AND RISK FACTORS**

The following are examples of warning signs, symptoms, and risk factors which may indicate an employee's potential for workplace violence:

- Dropping hints about a knowledge of firearms.
- Making intimidating statements like: "You know what happened at the Post Office," "I'll get even" or "You haven't heard the last from me."
- Possessing reading material with themes of violence, revenge and harassment.
- Keeping records of other employees the individual believes to have violated departmental policy.
- Physical signs of hard breathing, reddening of complexion, menacing stare, loudness, fast profane speech.
- Acting out either verbally or physically.
- Disgruntled employee or ex-employee who is excessively bitter.
- Being a loner.
- Having a romantic obsession with a co-worker who does not share that interest.
- History of interpersonal conflict.
- Intense anger, lack of empathy.
- Domestic problems, unstable/dysfunctional family.
- Brooding, depressed, strange behavior, "time bomb ready to go off."

Supervisors should be alerted to and aware of these indicators. If an employee exhibits such behavior the employee should be monitored and such behavior should be documented.

### **REPORTING VIOLENCE**

It is everyone's business to prevent violence in the workplace. You can help by reporting what you see in the workplace that could indicate that a co-worker is in trouble. You are in a better position than management to know what is happening with those you work with.

You are encouraged to report any incident that may involve a violation of any of the county's policies that are designed to provide a comfortable workplace environment. Concerns may be presented to your supervisor.

All reports will be investigated and information will be kept confidential.

**WILLIAMS COUNTY COMMISSIONERS'  
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**INSPECTIONS**

Desks, telephone, and computers are the property of the county. The Appointing Authority reserves the right to enter or inspect your work area including, but not limited, to desks and computer storage disks, with or without notice, if there are factors or reasonable suspicion which have been brought to the attention of the Appointing Authority.

Any private conversations overheard during such monitoring, or private messages retrieved, that constitute threats against other individuals can and will be used as the basis for termination for cause.

**EDUCATIONAL OFFERINGS (AS DETERMINED BY THE APPOINTING AUTHORITY)**

In order to promote a peaceful working environment, we encourage supervisors and employees to enroll in courses to learn more about working with each other.

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**CONFINED SPACE ENTRY**

**PAGE 1 OF 1**

CONFINED SPACE IS DEFINED AS:

- A SPACE LARGE ENOUGH TO ENTER AND PERFORM WORK;
- LIMITED/RESTRICTED MEANS OF INGRESS OR EGRESS AND
- NOT DESIGNED FOR CONTINUOUS HUMAN OCCUPANCY.

ENTRY INTO A CONFINED SPACE IS EXPRESSLY **PROHIBITED** UNTIL THE FOLLOWING ITEMS HAVE BEEN COMPLETED:

- PERSONNEL HAVE RECEIVED CONFINED SPACE TRAINING
- A HAZARD EVALUATION HAS BEEN CONDUCTED, IDENTIFYING EXISTING AND POTENTIAL HAZARDS
- THE ATMOSPHERE WITHIN THE CONFINED SPACE HAS BEEN TESTED AT ALL LEVELS ENSURING READINGS ARE AT OR WITHIN REQUIRED LIMITS
- A PROPERLY EXECUTED AND COMPLETED ENTRY PERMIT IS IN FORCE AND PRESENT AT THE ENTRY SITE.
- A PRE-ENTRY BRIEFING HAS BEEN CONDUCTED WITH ENTRY PERSONNEL; INSTRUCTING PERSONNEL IN THE NATURE OF THE HAZARDS, PRECAUTIONS TO BE TAKEN AND THE USE OF PROTECTIVE AND EMERGENCY EQUIPMENT.

**SHOULD ANY OF THE ABOVE BE NEEDED THE WILLIAMS COUNTY ENGINEER SAFETY COORDINATOR SHOULD BE CONTACTED FOR ASSISTANCE.**

**WILLIAMS COUNTY COMMISSIONERS’  
SAFETY MANUAL**

**County Vehicles — Generally:**

- a. Vehicles purchased or leased by the County Commissioners under the authority of O.R.C. §307.42 shall be subject to regulation by the Board of County Commissioners.
- b. All vehicles owned or leased by the County shall be plainly marked as the property of the County, except law enforcement undercover vehicles.
- c. All departments are required to work through the Commissioners’ Office for licenses, title transfers, etc., once a vehicle is purchased or leased.
- d. Vehicles may be provided for those officials, department heads, and employees who require transportation in the course of their duties. County-owned vehicles are not to be used for employee travel to and from work unless authorized by the Board.

The department head may also assign a County vehicle to employees attending training, seminars, conferences, or similar programs approved in advance by the Board.

- e. Individual departments may establish their own vehicle policies, which shall be no less stringent than those contained herein.
- f. County-owned vehicles shall be used by employees whenever possible on approved County business. If a County Vehicle is available it should take precedence over their personal vehicle.

**Assignment of County Vehicles:**

- a. Vehicle assignments will be made based on written request which provides documented justification. Approval will be based on transportation needs, emergency requirements, call-out availability, after hours meetings, cost effectiveness, or as otherwise determined by the Board of County Commissioners.
- b. Permanent vehicle assignments shall be reviewed annually by the Board and the appropriate elected official or department head during the budget appropriations process. All permanent vehicle assignments shall be reported to the County Auditor for income tax purposes. Employees, assigned vehicles, shall comply with the County Auditor’s Office in meeting the IRS rules. All employees who have permanently assigned vehicles shall keep a daily record of any personal use of the vehicle. This shall include, but not be limited to, commuting to and from work. All costs associated with personal use must be added as income to the employee’s W-2 statement. The records shall also include maintenance, insurance, fuel, etc. Failure to maintain and provide such information may result in loss of use of the vehicle.

**WILLIAMS COUNTY COMMISSIONERS’  
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**Qualifications for Using County Vehicles or Personal Vehicles on County Business:**

- a. All operators of County owned or leased vehicles or employees using their own vehicles for County business shall be at least 18 years of age.
- b. All drivers must have a current, valid Ohio driver’s license that covers the type of vehicle to be operated. A copy of the license must be placed in the driver’s file.

In those classifications which require a certain motor vehicle license, newly hired employees must generally possess such license as a condition of employment, and all current employees must maintain said license for the duration of their employment in said classification. Loss of license and driving privileges by such employees may result in termination of employment for incompetency. The County will review the driving record of each employee on an annual basis to ensure employees maintain driving privileges and insurability with the County’s insurance carrier.

- c. Employees operating a vehicle on behalf of the County are expected to operate the vehicle in a responsible manner. An individual’s driving record as maintained by the State of Ohio Bureau of Motor Vehicles, or record from any other state or country in which the driver or applicant has resided or operated a motor vehicle during the previous 36 months, or any other legal source, will be used as an indication of the individual’s ability to responsibly operate a vehicle.

- d. The following is a listing of motor vehicle related convictions, the appearance of which on the driving record of a County employee during the previous 36 month period will normally result in the suspension of the employee’s driving privileges for the County:

- (1) driving while under the influence of alcohol or drugs;
- (2) vehicular homicide or manslaughter;
- (3) leaving the scene of an accident;
- (4) attempting to elude or flee a police officer after a traffic violation;
- (5) drag racing; or
- (6) other intentional and dangerous or reckless use of a motor vehicle.

- e. The following is a listing of motor vehicle related occurrences (violations, convictions, and accidents), the appearance of which on the driving record of a County employee during a 36 month period may result in the suspension of the employee’s driving privileges for the County.

- (1) Two (2) or more “at fault” accidents, the nature and severity of the violations may be taken into consideration by the Appointing Authority.
- (2) Two (2) or more moving violations, the nature and severity of the violations may be taken into consideration by the Appointing Authority.
- (3) One (1) “at fault” accident and one moving violation, the nature and severity of which may be taken into consideration by the Appointing Authority.

**WILLIAMS COUNTY COMMISSIONERS'  
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In a case where the Appointing Authority or the State of Ohio has suspended the employee's driving privileges or the employee becomes uninsurable under the County's policy, and driving is an essential function of the employee's position, the Appointing Authority may take appropriate disciplinary action up to and including termination of employment by the County.

The Employer may also require employees to participate in remedial or defensive driving courses when employees evidence poor driving records.

Any County employee, who may be reasonably expected to use County owned vehicles or drive their personal vehicle on County Time or for a County purpose, must complete the County's defensive driving course within 12 months of hire. If a defensive driving course is not scheduled within an employee's first 12 months of employment, the employee will be scheduled for the next scheduled course. Newly hired employees must complete the Internet based defensive driving course within the first 30 days after hire. Employees must complete the defensive driving course, or they may not be able to operate County vehicles and/or drive their personal vehicle on County Time at the discretion of the Board.

All County employees, who may be reasonably expected to operate County owned vehicles or operate a vehicle on County business, must complete the County's defensive driving refresher course every two (2) years and must complete a four (4) hour defensive driving course every four (4) years.

f. An applicant may be denied employment on the basis of an unsatisfactory driving record. At the discretion of the Appointing Authority, denial may be made without regard to the number of points or violations or whether they occurred within the State of Ohio, or if they occurred outside the State of Ohio.

g. Drivers shall report to their department head any moving violations or accidents which occur while they are on or off duty. On-duty accidents or moving violations shall be immediately reported to the department head. Off-duty accidents or moving violations shall be reported as soon as possible, not to exceed within five (5) calendar days of the occurrence.

h. Employees who use their personal vehicle for official County business will be reimbursed on a mileage basis at the authorized rate (see Section 6.01). Insurance coverage for personal vehicles used on County business shall be the responsibility of the owner of the vehicle. All employees who use their own vehicle on County business shall show proof of liability insurance to the Commissioners' Office in the amounts of at least \$100,000 per person, \$300,000 per accident, Bodily Injury, and \$50,000 Property Damage. No mileage reimbursement will be made until a current certificate of insurance is on file in the Commissioners' Office.

**Use of Vehicles:**

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- a. County owned or leased vehicles shall not be used for any purpose other than official County business.
- b. Employees must continuously recognize that use of a County-owned vehicle is a privilege and that they are constantly visible as an official representative of the County. Employees should show every courtesy while operating a County vehicle or their personal vehicle on County business in order to enhance the good reputation of the County.
- c. Employees shall exercise caution and responsibility and adhere to all safety regulations when operating County-owned vehicles. Operators and passengers shall wear safety belts at all times while driving or riding in a County-owned vehicle or their personal vehicle on County business. Negligent, reckless, or improper operation of vehicles on County business is grounds for disciplinary action.
- d. Except as otherwise provided herein, passengers not on official County business and hitchhikers are not permitted in County-owned vehicles. A family member or friend may be permitted as a passenger, but never as a driver, in County-owned automobiles on authorized trips to meetings, conferences, and conventions only if approved in advance by the Board.
- e. Employees who must operate a County vehicle as part of their job or their personal vehicle for County business, either on a regular or occasional basis, are required to report any suspension or revocation of their driver’s license to the department head immediately.
- f. Use of alcoholic beverages or controlled substances immediately prior to or during operation of a County vehicle is prohibited. Alcoholic beverages shall not be transported in a County vehicle. Any employee convicted of operating a County vehicle while under the influence of alcohol or drugs will be subject to immediate dismissal.
- g. Turn signals and warning signals shall be utilized by all vehicle operators. Vehicle headlights shall be used during periods of limited visibility or any time the vehicle windshield wipers are in use.
- h. Employees are responsible for ensuring any County vehicle which they are permitted to take home is properly maintained, kept locked, and parked in a safe and secure location.
- i. Employees shall ensure any County vehicle which they use is cleaned, fully fueled, and readied for service upon completion of its use.
- j. The operator of a vehicle shall be responsible for reporting to the proper person or seeing that any service, safety, or maintenance items are corrected on the vehicle.

**Accidents/Traffic Citations Involving County Vehicles or Personal Vehicles  
While on County Business:**

**WILLIAMS COUNTY COMMISSIONERS’  
SAFETY MANUAL**

**MOTOR VEHICLE OPERATION**

**PAGE 5 OF 5**

a. Accident reports shall be completed and submitted to the Clerk of the Board of County Commissioners within 24 hours of an accident.

Employees involved in an accident are expected to complete an Accident Report Form immediately following any accident, unless medically unable to do so.

b. Parking, moving violations, and other fines received while operating a County vehicle or a personally owned vehicle while on County business are the responsibility of the operator.

c. Operators involved in accidents when operating a County vehicle in a non-approved manner, will be subject to appropriate legal action to recover costs.

**PROCEDURE**

a. Mileage Reimbursement Requests: Employees should use a County-owned vehicle whenever possible. However, any employee who uses a privately owned automobile on approved County business shall be reimbursed at the current County reimbursement rate (see Section 6.01). The employee must obtain approval from the department head prior to incurring the expense. To receive reimbursement, the employee must submit the odometer readings of the vehicle showing starting and ending mileage. When air flight is less expensive than paying mileage, the cost of air flight may be approved at the discretion of the Board.

b. Reporting Accidents: Employees shall immediately report all accidents involving County-owned vehicles or personally owned vehicles being used for County business. A Driver’s Report Form shall be completed, signed, and submitted by the employee to the department head. The department head shall review and submit the Driver’s Report Form to the Clerk of the Board. The driver will also report the accident to the appropriate law enforcement agency, obtain a copy of that agency’s accident report, and forward such report to the department head and the Clerk of the Board. If the driver is a CDL holder, the driver may be required to take a drug or alcohol test, in accordance with the County’s policy for CDL holders.

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**When an occupied elevator becomes stalled:**

1. Responsible personnel in the building will contact Maintenance staff immediately
2. Communicate with occupant(s) on the elevator
  - a. Inform the occupant(s) of the following
    1. They are safe
    2. Steps are being taken to evacuate them
    3. Stand clear of the doors
    4. DO NOT try to pry open the doors
    5. If the door is open or partially opened but not flush with the floor, DO NOT leave the elevator
  - b. Obtain the following information
    1. Number of individuals inside the elevator
    2. Is anyone ill or injured
    3. Are the lights on
  - c. Continue communication with the occupant(s) until evacuation is complete
3. Inform elevator personnel, if needed
  - a. Thyssen Krupp Elevator 1-419-666-3305 (24/7/365) – ask for service
  - b. Obtain estimated time the Service Technician will arrival
4. Emergency Situation
  - a. Contact 9-1-1 and explain the situation

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**BUILDING INSPECTIONS POLICY**

**PAGE 1 OF 1**

**PURPOSE**

The purpose of this policy is for Williams County to conduct semi-annual workplace inspections (i.e. First and Third quarters of each year). Actions will be taken to correct conditions which do not meet safety and health standards to provide a safe working environment for our employees. Re-inspections will be completed during the Second and Fourth quarters of each year to address any open corrective actions. More frequent inspections should be made when there is an increased risk of accident, injury or illness due to the nature of work performed. Please note that increased inspections may be a result of accident investigation.

Employees on the County Health & Safety Committee who are familiar with the hazards of the operation and the location of all the safety documentation shall be designated to conduct workplace inspections.

Findings will be documented either by the use of a checklist or a report submitted to the County Safety Coordinator detailing the hazards found and recommended corrective actions.

The following documents will be reviewed during the safety inspection:

- Employee Health & Safety Manual (up to date & complete)
- Safety Committee Minutes for the past year (posted on the county website)
- Training Documentation up to date
- Other Building Inspection Report conducted throughout the year

The following will be reviewed by the County Safety Coordinator during the safety inspections:

- Employee Health & Safety Manual (Needed Revisions)
- Injury & Illness Log (i.e. 300P)
- Training Documentation

The Appointing Authority will take corrective action within fifteen (15) working days of the inspections. Due dates will be set for deficiencies that require more than fifteen (15) days to correct.

Results of the building inspections will be shared with employees by posting the report/checklist within fifteen (15) days of the completion of the building inspection.

# WILLIAMS COUNTY COMMISSIONERS' SAFETY MANUAL

### Policy Statement

Williams County is committed to preventing injuries associated with ergonomic risk factors in the workplace. Ergonomic hazards may be found in the design of work tasks, equipment used and the working environment.

### Definition

Ergonomics – the design of the working environment to ensure the best use of an individual's capabilities.

### Responsibilities

- **Managers/supervisors**, in consultation with employees, are responsible for the following:
  - Ensuring ergonomic hazards relating to poor design of tools, equipment, work station or work practices are identified and the associated risks controlled.
  - Ensuring that all employees have been provided with adequate equipment for tasks undertaken.
  - Ensuring that employees have had information, instruction or training provided in the use of equipment and work practices.
  - Encouraging and reinforcing proper working techniques.
  - Encouraging early reporting of any injury or symptoms.
- **Employees** are responsible for the following:
  - Ensuring they understand information and instructions provided.
  - Participating in training as provided.
  - Correctly using equipment provided.
  - Following proper working techniques.
  - Cooperating in the early identification and reporting of hazards and/or injury symptoms.

### Problem Identification

Problem identification, training in ergonomics, computer workstation assessment and manual handling techniques can be provided by contacting the County Safety Coordinator to schedule these services. The Bureau of Workers' Compensation – Division of Safety & Hygiene will be the preferred source for these services.

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**First Aid:**

All injuries occurring to an employee of Williams County while working within their scope of job responsibilities should be immediately assessed for severity and first aid care should be administered to minimize severity and provide faster return to work. Immediate notification through 911 or other approved procedures should be utilized for serious injuries to assure the emergency medical services response is prompt. When there is a question “as to the seriousness of the injuries” the emergency medical service should be promptly requested to evaluate the injured person and to assist in making transport to the hospital decisions.

The supervisor of any injured employee must be notified of the injury as soon after the injury happened as possible. Do not withhold care from the injured person to contact the supervisor, however make sure contact is made as soon as care is completed or the person’s care is turned over to someone else.

Every department is to have an employee trained to perform basic first aid and shall be trained every two (2) years.

Every department is to have a first aid kit readily available for the treatment of injuries occurring in the workplace. See attached list of medical supplies required in each first aid kit. Any used supplies should be promptly replaced in the first aid kit.

\* **Minor Injuries:**

Williams County employees who have training in providing first aid care may assist another employee who has an injury and is asking for help. The care provided is limited to the level of training the first aid provider has been trained in.

\* **Serious Injuries:**

Make sure 911 has been called and EMS is en-route, then provide basic life support care such as opening the airway, maintaining C-spine control, controlling any external bleeding present, and keeping the patient sitting/lying still and covering them with a blanket. Assess for their level of consciousness and response by talking to them. Attempt to learn family contact phone numbers, their physician, medical history, medications and allergies.

\* **Cardiac Arrest:**

Anyone trained in Basic Life Support and the use of an AED may assist in the care of an employee who is showing signs/symptoms of cardiac arrest. Remember, fast and hard

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

chest compressions are the best treatment along with the prompt use of an AED when one is available. Rescue breathing may be done every 6-8 seconds if person providing care is willing to provide.

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**ACCIDENT AND ILLNESS RESPONSE**

**PAGE 1 OF 2**

The Williams County Commissioners will provide an environment that will ensure maximum safety for all individuals. All employees will be constantly alert to conditions that may lead to an accident/injury, as well as ways that may lead to positive learning experiences to prevent accidents/injuries. Should an accident/injury or illness occur during work hours, the following procedures will be followed:

- A. In the event of need for first aid treatment, the approved treatments and techniques are to be used. Staff members shall maintain training for emergency management based on their position description and/or certification/registration. The county will provide suitable first aid equipment and supplies.
  - B. In case of illness, temperature shall be taken when possible. In case of high fever (over 100 degrees), vomiting and/or diarrhea, excessive pain, questionable abdominal pain, or any combination of these symptoms, the staff member will be sent home or should not come into work.
  - C. If emergency treatment beyond staff's abilities is necessary, the EMS shall be called immediately. The spouse or family shall be notified. The emergency medical form, allowing the hospital to provide emergency medical treatment in cases when spouse/family is unable to be contacted, shall be given to EMS upon their arrival at the site.
  - D. A staff member shall complete the accident and/or incident report form within 24 hours of occurrence and submit it to the appropriate department person.
  - E. First aid procedures shall be communicated to all employees. First aid and emergency procedures shall be reviewed and analyzed in writing by the commissioners and individual department heads annually.
  - F. Staff will receive yearly training in the use of universal precautions in dealing with accidents/injuries and illness involving body fluids.
- I. Management of Communicable Diseases
- A. Staff shall be trained to recognize the common signs of communicable disease or other illness.
  - B. The following precautions shall be taken for individuals suspected of having a communicable disease:

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1. An individual with any of the following signs or symptoms of illness shall immediately be sent home:
  - a. Diarrhea (more than two abnormally loose stools within a 24 hour period);
  - b. Vomiting;
  - c. Severe coughing, causing the individual to become red or blue in the face or to make a whooping sound;
  - d. Difficult or rapid breathing;
  - e. Yellowish skin or eyes;
  - f. Conjunctivitis (pink-eye);
  - g. Temperature of 100 degrees Fahrenheit;
  - h. Untreated infected skin patch(es);
  - i. Evidence of untreated lice, scabies or other parasitic infestation.
  - j. Unusual spots or rashes;
  - k. Sore throat with difficulty in swallowing

Departments shall follow the Ohio Department of Health “Communicable Disease Chart” for appropriate management of suspected illnesses.

Staff members with first aid training must be notified immediately when illnesses or accidents/injuries occur. Notification is also to be made to the office of the commissioners within 24 hours of an accident/injury.

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**FORMS**

**PAGE 1 OF 1**

Building Inspection Checklist

Fall Protection Hazard Assessment Form

First Aid Kit Inventory List

Incident/Accident/Injury Report

- Accident Investigation-Witness Statement
- Accident Investigation-Coordinator's Report

Lockout/Tagout Procedure

Lockout/Tagout Inspection Form

PERRP Log 300P

PERRP Log 300AP

PERRP Log 301P

PPE (Personal Protection Equipment) Hazard Assessment Form

Workplace Violence Incident Report

# WILLIAMS COUNTY BUILDING INSPECTION CHECKLIST

DEPARTMENT: \_\_\_\_\_  
INSPECTOR(S): \_\_\_\_\_  
DATE INSPECTED: \_\_\_\_\_

X=not okay; ✓=okay;  
N/A=doesn't apply

ITEMS and CONDITIONS	RESULT	CORRECTIVE ACTION	DATE CORRECTED
<b>A. FIRE PREVENTION/EMERGENCY PREPAREDNESS</b>			
1. Fire extinguisher(s) properly maintained, located & installed; not blocked			
2. Fire extinguisher(s) inspected monthly and recorded on the inspection tag			
3. Evacuation routs are up-to-date and clearly posted			
4. Exits are marked and exit lights and emergency lights working			
5. Excess paper and trash removed and/or recycled			
6. Sprinkler heads, if in place, are not obstructed, materials are stored 18" below sprinklers			
7. Last (annual) fire evacuation drill:			
8. Last (annual) tornado drill:			
9. Tornado signs posted at shelter areas			
10. Sample employees knowledgeable about evacuation plan			
11. 18" clearance in front of all alarm stations			
<b>B. EXIT--AISLES, FLOORS, STAIRWAYS, HALS &amp; RAMPS</b>			
1. Aisles and stairwells clear of obstacles and combustibles			
2. Tripping hazards removed from cubicles/good housekeeping			
3. Minimum 36" cubicle opening and unobstructed interior space			
4. Floor covering/stair treads are attached securely			
5. Exit doors unblocked from inside and outside and clearly marked			
6. Fire doors not wedged opened			
7. Handrails available - in good condition			
8. Ramps have non-slip surface in good condition			
9. Stairwells, isles, hall & other common areas well lit			
<b>C. ELECTRICAL</b>			
1. Extension cords/power strips - 3 pronged, no two wired zip cords			
2. Extension cords/power strips no coupled (piggy backed)			
3. Cheater plug adapters not in use			
4. Determine if power cords, insulation and prongs are good condition			
5. Plugs and wall outlets are good condition, have GFCI where needed and are working			
6. Circuits are not overloaded, all circuits labeled in breaker panels			
7. No wires or cords under carpets or other unapproved objects			
8. electrical heaters approved for tip over protection, plugged directly into outlet, grounded if made of metal			
9. Personal lamps, radios, etc. are in good condition and not modified			
10. 30" free space in front of electrical panel/circuit breaker boxes			
11. Extension cords not used for coffee makers, microwaves, refrigerators, heaters or vending machines			

<b>D. BOOK CASES-SHELVES-CABINETS</b>			
1. Shelves are not overloaded			
2. Heavy Storage Shelves & tall book cases stable			
3. Exposed sharp corners removed or have protector on			
4. Objects placed on shelves for safe & easy access - light on top heavy on bottom			
5. Safe access to tom shelves - safe step stool in use			
6. File cabinet drawers latch when closed			
7. File drawers do not open into traffic flow			
8. Spot check cabinets for overloaded drawers and balanced loading			
9. File drawers not left open when <b>not</b> in use			
<b>E. CUBICLES/OFFICE EQUIPMENT</b>			
1. Sample employees for ergonomic issues with their work stations; any complaints of wrist, shoulder, back or headaches?			
2. Chair base - 5 point design			
3. Personal fans guarded & secured from falling			
4. Paper cutters have a safety rod guard and a functioning blade latch			
5. Paper shredders guarded per manufacture's guidelines			
<b>F. GENERAL</b>			
1. PERRPs "Safety and Health Protection on the Job" posted			
2. Material Safety Data Sheets are up to date and available to all employees			
3. Containers of chemicals are labeled with name and hazards			
4. First Aid kits are adequately supplied and available to all employees			
5. Verification of PERRP 300AP summary posed February 1-April 30			
<b>G. SPECIALIZED INDUSTRIAL/MECHANICAL</b>			
1. Operating procedure for machines/equipment established and users trained			
2. Warning signs posted on or near equipment where danger exits			
3. Equipment/machines maintained as scheduled			
4. Operators trained in lockout/tagout for performing maintenance			
5. Personal Protective Equipment hazard assessments completed			
6. Personal Protective Equipment worn when necessary			
7. Machinery's moving parts are guarded properly			
<b>H. SECURITY</b>			
1. Access to public controlled by procedure and/or layout of offices			
2. Sample employees about knowledge about addressing threats by other employees or public			
3. Check-in/Check-out and other procedures developed for staff working out of the office			
4. Workplace Violence Policy exist and employees have been trained			
<b>I. OUTDOORS</b>			
1. Employee parking lot and walkway free of debris & trip hazards			
2. Public parking lot and walkway free of debris and trip hazards			
3. Safety/Security lights in working order			
<b>J. VEHICLES</b>			
1. Vehicle inspection policy/procedures in place			

## FALL PROTECTION HAZARD ASSESSMENT FORM APPENDIX A

Agency: \_\_\_\_\_ Location: \_\_\_\_\_  
 Job Site: \_\_\_\_\_ Type of Work performed: \_\_\_\_\_

**Type of Area/Activity:**

Unprotected sides or edges			Precast concrete erection	
Leading edge(s)			Dangerous equipment	
Ramp, runways & other walkways			Holes	
Hoist areas			Roofing work on steep roofs	
Formwork or reinforcing steel			Overhead bricklaying	
Residential construction activities			Excavations	
Wall opening(s)			Other Walking/Working surfaces	

How frequently is the work performed (i.e. daily weekly)? \_\_\_\_\_

Does the job/activity require vertical and/or horizontal movement? Yes or No  
 If yes describe: \_\_\_\_\_

Number of workers exposed to a fall hazard: \_\_\_\_\_

Type of surface (i.e. flat/sloping roof) \_\_\_\_\_

Approximate distance from the surface to lower levels: \_\_\_\_\_

Is the edge of the building or walking/working surface currently protected by a guardrail system or parapet wall? Yes or No  
 If yes, is the guardrail system/parapet wall adequate? Yes or No  
 If no, describe: \_\_\_\_\_

Can the fall hazard(s) be eliminated by alternative work methods or engineering controls? Yes or No

If yes, explain: \_\_\_\_\_

If the fall hazard(s) cannot be eliminated, what type of fall protection system is Required/Recommended? \_\_\_\_\_ Yes or No

Is there a need for anchorage points? \_\_\_\_\_  
 If yes, how many points are needed? \_\_\_\_\_

In addition to fall hazards could workers be exposed to any of the following hazards? (Check all hazards that apply and provide detail)

Hot objects/sparks		Electrical hazards	
Chemical hazards		Slippery/Oily surfaces	
Uneven surfaces		Adverse weather conditions	
Moving equipment		Abrasive surfaces	

Could any of the above hazards affect the selection/use of fall protection systems? Yes or No  
 If yes, describe: \_\_\_\_\_

What safety precautions should be taken to protect workers from these additional hazards? \_\_\_\_\_

**Assessed by:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_

### 6.2.3 Dimensional Requirements for Unit Packages

Standard size unit packages shall meet the outside dimensions specified in Table 6-2.

Table 6-2 Dimensions of Unit Packages ( $\pm 1/8$  in.;  $\pm 0.32$  cm)

Unit Size	Length		Width		Depth	
	in.	cm	in.	cm	in.	cm
1	.4	10.2	2-1/4	5.7	11/16	1.8
2	4	10.2	2-1/4	5.7	1-3/8	3.5

Note: Dimensional requirements for unit size packages greater than 2 are determined by increasing the thickness dimension by 11/16 in. for each additional unit size increase. All dimensional tolerances are applied to the overall package dimension.

### 6.2.4 Packaging Requirements for Individual Basic Units

Where a minimum individual first aid item is packaged for a unit first aid kit, it shall meet the specifications in Table 6-3 and the applicable performance requirement in Section 5.2.

Table 6-3 Minimum Quantity Requirements for Basic Unit Packages

Unit first aid item	Minimum Size or Volume (metric)	Minimum Size or Volume (US)	Item quantity per unit package	Unit package size
Absorbent Compress	60 sq. cm	24 sq. in.	1	1
Adhesive Bandage	2.5 x 7.5 cm	1 x 3 in.	16	1
Adhesive Tape	457.2 cm	5 yd (total)	1 or 2	1 or 2
Antiseptic Swab	0.5 g	0.14 fl. oz.	10	1
Antiseptic Wipe	2.5 x 2.5 cm	1 x 1 in.	10	1
Antiseptic Towelette	60 sq. cm	24 sq. in.	10	1
Bandage Compress (2 in.)	5 x 91 cm	2 x 36 in.	4	1
Bandage Compress (3 in.)	7.5 x 152 cm	3 x 60 in.	2	1
Bandage Compress (4 in.)	10 x 183 cm	4 x 72 in.	1	1
Burn Treatment	0.5 g	0.14 fl. oz.	6	1
Cold Pack	10 x 12.5 cm	4 x 5 in.	1	2
Eye Covering, with means of attachment			1	1
Eye Wash	30 ml	1 fl. oz. total	1	2
Eye Wash & Covering, with means of attachment			1	2
Gloves			2 pair	1
Roller Bandage (4 in.)	10 x 550 cm	4 in. x 6 yd.	1	1
Roller Bandage (2 in.)	5 x 550 cm	2 in. x 6 yd.	2	1
Sterile pad	7.5 x 7.5 cm	3 x 3 in.	4	1
Triangular Bandage	101 x 101 x 142 cm	40 x 40 x 56 in.	1	1

WILLIAMS COUNTY  
WORK RELATED INJURY MANUAL

**INCIDENT/ACCIDENT/INJURY REPORT**

**PAGE 1 OF 3**

Date of Incident/Accident/Injury: \_\_\_\_\_ Time: \_\_\_\_\_AM/PM

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

---

---

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_AM/PM

Reported to (Name and Title/Position): \_\_\_\_\_

Name and Address of Individuals Involved: \_\_\_\_\_

Witness Name & Phone Number: \_\_\_\_\_

Location: \_\_\_\_\_

Please circle the type of Incident/Accident/Injury: **INJURY** **PROPERTY DAMAGE** **OTHER**

Description of Incident/Accident/Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WILLIAMS COUNTY  
WORK RELATED INJURY MANUAL

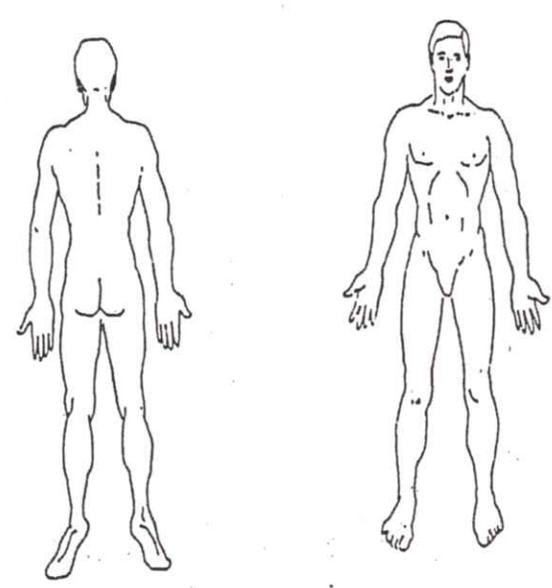
INCIDENT/ACCIDENT/INJURY REPORT

PAGE 2 OF 3

Part of Body Injured (BE SPECIFIC i.e. right elbow, left knee): \_\_\_\_\_

Type of Injury (BE SPECIFIC i.e. bruise, scrape, cut): \_\_\_\_\_

Was medical treatment sought? YES or NO Previous injury to same body part? YES or NO

<p><i>Circle on the diagram location of injury</i></p> 	<p>Type of Injury (circle)</p> <ol style="list-style-type: none"><li>1. Strain/Sprain</li><li>2. Pain/Soreness</li><li>3. Laceration</li><li>4. Bruise</li><li>5. Pulled Muscle</li><li>6. Scratch/Abrasion</li><li>7. Burn</li><li>8. Swelling</li><li>9. Bite</li><li>10. Irritation</li><li>11. None apparent</li><li>12. Fracture</li><li>13. Other _____</li></ol>
---	---

Was an investigation completed concerning the circumstances? YES or NO

Has the employee missed any work previously due to similar conditions? YES or NO

Any Lost Work? YES or NO If yes, how many days? \_\_\_\_\_ Date Back to Work? \_\_\_\_\_

Was a drug/alcohol test preformed? YES or NO

Contributing Factors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WILLIAMS COUNTY  
WORK RELATED INJURY MANUAL

INCIDENT/ACCIDENT/INJURY REPORT

PAGE 3 OF 3

Recommendations to Prevent Recurrence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the employee submitted medical documentation for the injury? YES or NO

\_\_\_\_\_  
Date Received by County Safety Coordinator: \_\_\_\_\_ PERRP Recordable: \_\_\_\_\_

Corrective action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claim Number: \_\_\_\_\_ Claim Closed Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Injured

\_\_\_\_\_  
Signature of Injured Date

\_\_\_\_\_  
Signature of Appointing Authority Date

\_\_\_\_\_  
County Safety Coordinator Signature Date

**WILLIAMS COUNTY  
WORK RELATED INJURY MANUAL**

**ACCIDENT INVESTIGATION-WITNESS STATEMENT**

**PAGE 1 OF 1**

Name of Injured Worker: \_\_\_\_\_

Date of Incident/Accident/Injury: \_\_\_\_\_

Time: \_\_\_\_\_AM/PM

Location: \_\_\_\_\_

What was the Injured Worker's Complaints/Body Part Injured? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe, in detail, the Incident/Accident/Injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

WILLIAMS COUNTY  
WORK RELATED INJURY MANUAL

ACCIDENT INVESTIGATION-COORDINATOR'S REPORT

PAGE 1 OF 2

Name: \_\_\_\_\_

Date of Incident/Accident/Injury: \_\_\_\_\_ Time: \_\_\_\_\_AM/PM

Type of Incident/Accident/Injury:     INJURY     NEAR MISS     FACILITY DAMAGE

Witness Name, Address & Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Was Injured Worker performing regular job duties at the time of the Incident/Accident/Injury?  
YES or NO

Was the Injured Worker following proper safety procedure(s) and using proper safety equipment?  
YES or NO

Description of Incident/Accident/Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were there hazards or other housekeeping issues in the work area? YES or NO Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was any equipment being used at the time of the Incident/Accident/Injury? YES or NO

Did the Injured Worker receive specific training/instruction on the job duties being performed?  
YES or NO

WILLIAMS COUNTY  
WORK RELATED INJURY MANUAL

Training provided by? \_\_\_\_\_ Date of training \_\_\_\_\_

Contributing Factors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations to Prevent Recurrence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Building Accident Analysis Coordinator/Alternate Date

\_\_\_\_\_  
Signature of Appointing Authority Date

\_\_\_\_\_  
County Safety Coordinator Signature Date

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**LOCKOUT/TAGOUT PROCEDURE**

**PAGE 1 OF 3**

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

Revision: \_\_\_\_\_

Machine/Equipment: \_\_\_\_\_

**Steps to Shutdown and lockout equipment:**

1. Be familiar with the sources of hazardous energy for the machine or equipment that will be serviced.

<b>Energy Type</b>	<b>Magnitude</b>	<b>Location</b>	<b>Diagram Marker</b>
ELECTRICAL			
HYDRAULIC			
PNEUMATIC			
ENGINE			
COUNTER WEIGHT			
FLYWHEEL			
SPRING			
CHEMICAL			
THERMAL			
OTHER (list here)			

2. Notify affected employees that the machine is about to be shut down and locked out.

Specific

Instructions: \_\_\_\_\_

3. Shut down the machine using normal stopping procedures.

Specific

Instructions: \_\_\_\_\_

4. Isolate all energy sources listed above.

Specific

Instructions: \_\_\_\_\_

- 5.a. Apply locks to all isolation devices operated in step four.

Specific

Instructions: \_\_\_\_\_

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**LOCKOUT/TAGOUT PROCEDURE**

**PAGE 2 OF 3**

5.b. If a tag is used in lieu of a lock when the energy isolating device is incapable of lockout, the following additional safety precaution(s) shall be taken:

Specific

Instructions: \_\_\_\_\_

6. Block or dissipate all stored energy in rams, flywheels, springs, pneumatic or hydraulic systems, etc.

Specific

Instructions: \_\_\_\_\_

7. Verify that the machine is locked out by testing the machine operating controls. Return ALL CONTROLS to the **“NEUTRAL” OR “OFF” POSITION AFTER TESTING**

Specific

Instructions: \_\_\_\_\_

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**Steps to Remove Locks/Tags:**

1. Check the machine to be sure it is operationally intact, tools have been removed, and guards have been replaced.

Specific  
Instructions:

\_\_\_\_\_

2. Check to be sure all employees are safely positioned.

Specific  
Instructions:

\_\_\_\_\_

3. Notify all affected employees that locks / tags are going to be removed and the machine is ready for operation.

Specific  
Instructions:

\_\_\_\_\_

4. Remove all locks, blocks, or other energy restraints.

Specific  
Instructions:

\_\_\_\_\_

5. Restore all energy to the machine.

Specific  
Instructions:

\_\_\_\_\_

OTHER COMMENTS : \_\_\_\_\_

(insert Photographs on energy isolating devices here)

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**LOCKOUT/TAGOUT INSPECTION FORM**

**PAGE 1 OF 2**

Use this form to document an inspection of a written lockout or tagout procedure.

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

Equipment type and serial number: \_\_\_\_\_

Inspection conducted by: \_\_\_\_\_

Equipment location: \_\_\_\_\_

Inspection date: \_\_\_\_\_

\_\_\_\_\_  
List authorized employees using this procedure. Has the employee been trained in the procedure?  
\_\_\_\_\_

Employee Name: \_\_\_\_\_  yes  no

Employee Name: \_\_\_\_\_  yes  no

Employee Name: \_\_\_\_\_  yes  no

\_\_\_\_\_  
Do authorized employees know the location of the procedure?  yes  no

Do authorized employees have access to the written procedure?  yes  no

Are affected employee notified when the procedure is being used?  yes  no

Can energy –isolating devices be locked out?  yes  no

Did each authorized employee lock out all energy sources?  yes  no

Does this procedure involve group lockout/tagout?  yes  no

Did the authorized employees verify that the equipment was de-energized?  yes  no

Did the authorized employees follow this lockout/tagout procedure?  yes  no

Does this lockout/tagout procedure adequately protect employees?  yes  no

List and describe the deficiencies requiring corrective action.

**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**LOCKOUT/TAGOUT INSPECTION FORM**

**PAGE 2 OF 2**

The inspector has reviewed with all authorized employees their responsibilities under the procedure. A review can be accomplished by meeting with employees individually or in a group.

Date: \_\_\_\_\_ Inspector signature \_\_\_\_\_

Safety Committee Approval: 03/02/10  
Commissioner Approval \_\_\_/\_\_\_/\_\_\_



# State of Ohio - Public Employment Risk Reduction Program - Form 300AP (Rev. 07/2007)

## Summary of Work-Related Injuries and Illnesses



All establishments covered by Ohio Administrative Code (OAC) 4167 must complete this Summary even if no work-related injuries or illnesses occurred during the year. Remember to review the *Log of Work-Related Injuries and Illnesses* (300P) to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0". If you are using the electronic form, verify that the correct values have imported.

Employees, former employees, and their representatives have the right to review the Log in its entirety. They also have limited access to the PERRP Form 301P or its equivalent. See OAC 4167-6-08, in the PERRP recordkeeping rule, for further details on the access provisions for these forms. You must keep this form on file for five years following the year to which it pertains. (OAC 4167-6-07)

### Number of cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (H)	0 (I)	0 (J)

### Number of days

Total number of days away from work	Total number of days of job transfer or restriction
0 (K)	0 (L)

### Injury and illness types

Total number of...	(1) Injury	(4) Poisoning
0 (M)	0	0
(2) Skin disorder	0	0
(3) Respiratory condition	0	0
(5) Hearing loss		
(6) All other illnesses		

Post this 300AP/Summary from February 1 to April 30 of the year following the year covered by the form. It must be posted in a location accessible to public employees and/or public employee representatives, but need not be posted in areas accessible to the public or non-employees.

This Summary must be submitted to PERRP no later than February 1 of the year following the year covered by the form. The required information may be submitted by mail, fax, or electronically on BWC's Web site, [ohioabc.com](http://ohioabc.com).



### Establishment information

Your establishment name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State Ohio Zip code \_\_\_\_\_  
 County \_\_\_\_\_ Entity code (select from Select code) \_\_\_\_\_  
 Establishment description (e.g., elementary school, maintenance garage, wastewater treatment plant, administration building, MRDD workshop, library, hospital, extended care facility, etc.) \_\_\_\_\_

Ohio Bureau of Workers' Compensation Risk (Policy) Number (e.g., 12345678-000) \_\_\_\_\_

### Employment information

**For State Agencies, Special Districts, Counties, Cities, Villages and Townships.**

By your definition, enter the number of full time and part time employees which includes seasonal. Enter police, fire, EMT and paramedics separately below.  
 Full Time: \_\_\_\_\_  
 Part Time: \_\_\_\_\_  
 Police/Fire/EMT: \_\_\_\_\_

**For Educational Institutions (Universities, Colleges, Technical Schools, School Districts).**

Enter the number of employees that fit in the classification below. Total number of full time and part time. Do not include substitutes or volunteers in your employee count.  
 Teachers/Instructors: \_\_\_\_\_  
 Support Staff (All Others) i.e., Administration, Bus drivers, Custodial, Coaches, etc. \_\_\_\_\_

### Sign here

**Knowingly falsifying this document may result in a fine.**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Administrator name (Print) \_\_\_\_\_ Title \_\_\_\_\_  
 Administrator name (Signature) \_\_\_\_\_ Date \_\_\_\_\_  
 Phone \_\_\_\_\_ Email address \_\_\_\_\_

# PERRP Form 301P

## Injury and Illness Incident Report (Rev. 07/2007)

Attention: This form (or an equivalent) must be completed by all OHIO PUBLIC EMPLOYERS, which means: The State of Ohio and its institutions, and any political subdivision, including any county, county or state hospital, municipal corporation, city, village, township, park district, school district, state institution of higher learning, public or special district, state agency, authority, commission, or board as defined in ORC 4167.01.

Attention: This form contains information relating to occupational safety and health purposes. It is intended to protect the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

**Ohio Bureau of Workers' Compensation**  
Division of Safety and Hygiene, PERRP  
13430 Yarmouth Drive  
Pickerington, Ohio 43147

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* (300P Log) and the accompanying Summary (300AP), these forms help the employer and the Public Employment Risk Reduction Program (PERRP) develop a picture of the extent and severity of work-related incidents. According to the PERRP recordkeeping rule, within six (6) calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. (OAC 4167-6-02)

The Ohio Bureau of Workers' Compensation *First Report of an Injury, Occupational Disease or Death* (FROI) is an acceptable substitute. To be considered an equivalent form, any other substitute must contain all of the information asked for on this form. (OAC 4167-6-03) You must keep this form on file for five (5) years following the year to which it pertains. (OAC 4167-6-07)

If you need additional copies of this form, you may photocopy (or print) and use as many as you need.



Completed by _____
Title _____
Phone _____ Date _____

### Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- 3) City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
- 4) Date of birth \_\_\_\_\_
- 5) Date hired \_\_\_\_\_
- 6) Job title \_\_\_\_\_
- 7)  Male  Female

### Information about the physician or other health care professional

- 7) Name of physician, other health care professional, or first aid provider \_\_\_\_\_

- 8) If treatment was given away from the worksite, where was it given? \_\_\_\_\_

Facility _____
Street _____
City _____ State _____ Zip code _____

- 9) Was employee treated in an emergency room?  
 Yes  No

- 10) Was employee hospitalized overnight as an in-patient?  
 Yes  No

- 11) Did the employee receive treatment at the worksite or hospital that is classified as first aid?  
 Yes  No

### Information about the case

- 12) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 13) Date of injury or illness \_\_\_\_\_
- 14) Time employee began work \_\_\_\_\_ (AM/PM)
- 15) Time of event \_\_\_\_\_ (AM/PM)  Check if time cannot be determined.
- 16) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials", "spraying chlorine from hand sprayer", "daily computer key-entry."

- 17) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet", "Worker was sprayed with chlorine when gasket broke during replacement", "Worker developed soreness in wrist over time."

- 18) What was the injury or illness? Tell us the part of the body that was affected and how it was affected, be more specific than "hurt", "pain", or "sore." Examples: "strained lower back", "chemical burn, right hand", "carpal tunnel syndrome, left wrist."

- 19) What object or substance directly harmed the employee? Examples: "concrete floor", "chlorine", "radial arm saw." If this question does not apply to the incident, leave it blank.

- 20) If the employee died, when did death occur? Date of death \_\_\_\_\_

# PPE Hazard Assessment Certification Form

Name of work place: \_\_\_\_\_ Assessment conducted by: \_\_\_\_\_  
 Work place address: \_\_\_\_\_ Date of assessment: \_\_\_\_\_  
 Work area(s): \_\_\_\_\_ PPE Selected By: \_\_\_\_\_  
 Job/Task(s): \_\_\_\_\_ Effective Date: \_\_\_\_\_

**EYES/FACE**  Negligible Hazard Can hazard be eliminated without the use of PPE? Yes  No

Work-related exposure to: <input type="checkbox"/> airborne dust <input type="checkbox"/> flying particles <input type="checkbox"/> hazardous liquids/chemicals <input type="checkbox"/> intense light <input type="checkbox"/> blood splashes <input type="checkbox"/> other: _____	PPE required to manage hazard: <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Shading/Filter (# _____) <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____	Comments:
--	---	-----------

**HEAD**  Negligible Hazard Can hazard be eliminated without the use of PPE? Yes  No

Work-related exposure to: <input type="checkbox"/> beams <input type="checkbox"/> pipes <input type="checkbox"/> falling objects <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> machine parts <input type="checkbox"/> other: _____	PPE required to manage hazard: <input type="checkbox"/> Protective Helmet <input type="checkbox"/> Type A (low voltage) <input type="checkbox"/> Type B (high voltage) <input type="checkbox"/> Type C <input type="checkbox"/> Hair net or soft cap <input type="checkbox"/> Other: _____	Comments:
--	--	-----------

**HANDS/ARMS**  Negligible Hazard Can hazard be eliminated without the use of PPE? Yes  No

Work-related exposure to: <input type="checkbox"/> hazardous liquids/chemicals <input type="checkbox"/> scrapes, bruise, or cut <input type="checkbox"/> injuries from tools <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> blood (OPIM) <input type="checkbox"/> other: _____	PPE required to manage hazard: <input type="checkbox"/> Gloves <input type="checkbox"/> Chemical resistance <input type="checkbox"/> Temperature resistance <input type="checkbox"/> Gauntlet or long necked <input type="checkbox"/> Chemical Protective sleeves <input type="checkbox"/> Long sleeves <input type="checkbox"/> Other: _____ <div style="float: right; margin-top: 10px;"> <input type="checkbox"/> Liquid/leak resistance  <input type="checkbox"/> Cut resistance  <input type="checkbox"/> Work Gloves                 </div>	Comments:
---	--	-----------

**FEET/LEGS**  Negligible Hazard Can hazard be eliminated without the use of PPE? Yes  No

Work-related exposure to: <input type="checkbox"/> hazardous liquids/chemicals <input type="checkbox"/> heavy falling/rolling objects <input type="checkbox"/> heavy equipment <input type="checkbox"/> exposed electrical wiring or components <input type="checkbox"/> slippery surfaces <input type="checkbox"/> explosive atmospheres <input type="checkbox"/> tools <input type="checkbox"/> other: _____	PPE required to manage hazard: <input type="checkbox"/> closed shoes (e.g. no opened toes or sandals) <input type="checkbox"/> long pants <input type="checkbox"/> Safety shoes or boots <input type="checkbox"/> Toe protection <input type="checkbox"/> Electrical protection <input type="checkbox"/> Anti-slip soles <input type="checkbox"/> Leggings or chaps <input type="checkbox"/> Foot-Leg guards <input type="checkbox"/> Other: _____ <div style="float: right; margin-top: 10px;"> <input type="checkbox"/> Metatarsal protection  <input type="checkbox"/> Heat/cold protection  <input type="checkbox"/> Chemical resistance                 </div>	Comments:
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**BODY/SKIN**  Negligible Hazard Can hazard be eliminated without the use of PPE? Yes  No

Work-related exposure to: <input type="checkbox"/> hazardous liquids/chemicals <input type="checkbox"/> sharp or rough edges <input type="checkbox"/> extreme heat/cold <input type="checkbox"/> other: _____	PPE required to manage hazard: <input type="checkbox"/> Lab Coat <input type="checkbox"/> Coveralls, Body suit <input type="checkbox"/> Welding leathers <input type="checkbox"/> Other: _____ <div style="float: right; margin-top: 10px;"> <input type="checkbox"/> Raingear  <input type="checkbox"/> Apron  <input type="checkbox"/> Abrasion/cut resistance                 </div>	Comments:
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**BODY/WHOLE**  Negligible Hazard Can hazard be eliminated without the use of PPE? Yes  No

Work-related exposure to: <input type="checkbox"/> working from heights of 10 feet or more <input type="checkbox"/> working near water <input type="checkbox"/> other: _____	PPE required to manage hazard: <input type="checkbox"/> Fall Arrest/Restraint: Type: _____ <input type="checkbox"/> PFD: Type: _____ <input type="checkbox"/> Other: _____	Comments:
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**LUNGS/EARS**  Negligible Hazard Can hazard be eliminated without the use of PPE? Yes  No

Work-related exposure to: <input type="checkbox"/> irritating dust or particulate <input type="checkbox"/> irritating or toxic gas/vapor <input type="checkbox"/> loud work environment <input type="checkbox"/> noisy machines/tools <input type="checkbox"/> other: _____	PPE required to manage hazard: <input type="checkbox"/> Respirator (Cartridge type: _____) <input type="checkbox"/> Particulate Mask <input type="checkbox"/> Hearing Protection	Comments:
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**WILLIAMS COUNTY COMMISSIONERS'  
SAFETY MANUAL**

**WORKPLACE VIOLENCE INCIDENT REPORT**

**PAGE 1 OF 1**

**Date of Incident:** \_\_\_\_\_

**Facts of Incident:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement(s) of Witness**

1. \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

2. \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

3. \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

4. \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

5. \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

**Proposed Action to Prevent Situation from Occurring Again:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Supervisor or Department Head:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Safety Committee Approval: 07/06/10

Commissioner Approval: \_\_\_/\_\_\_/\_\_\_