



Risk Management Accident and Injury Prevention Plan

“Safety is a team effort – Let us all work together to keep this a safe and healthy workplace.”

CITY OF CORPUS CHRISTI
RISK MANAGEMENT DIVISION
LEGAL DEPARTMENT

Effective: July 2012

Record of Program Review and Revision

Review Date	Safety Coordinator Initials	Risk Manager	Change Description

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1 INTRODUCTION

1.1 Risk Management Mission

The City of Corpus Christi is firmly committed to maintaining a safe and healthy working environment for all employees. To achieve this goal, the Risk Management Division has developed and implemented a comprehensive Accident and Injury Prevention Program. The program is designed to prevent workplace motor vehicle accidents, injuries, and illnesses. A complete copy of the program is maintained in the Risk Manager's office and is also available for review on the City of Corpus Christi's website. The true measure of this program's success is the steady and measurable reduction of injuries and motor vehicle accidents.

1.2 Program Scope

The information in this document constitutes a written motor vehicle accident and injury prevention program.

The guidelines set forth within this program are established to reduce workplace injuries and illnesses through a systematic process that proactively addresses workplace safety and health hazards.

This program identifies key elements of an effective program: a program and policy auditing process, hazard recognition and identification, safety incident reporting and investigation, safety training, and employee engagement.

The Accident and Injury Prevention Program shall have:

- A. An identified person or persons responsible for implementing and maintaining the program.
- B. A process for documenting annual reviews and any revisions to this program.
- C. An inspection program or system to identify and evaluate workplace or worksite hazards on an ongoing basis.
- D. Established methods and procedures for correcting unsafe conditions and behaviors in a timely manner.
- E. A safety training program to ensure that employees are educated on basic hazards in all places of employment and specific training to cover hazards that are unique to each employee's job assignment.
- F. A system to communicate with employees about safety and health matters and to encourage feedback regarding their safety concerns.

- G. A system in place to encourage and recognize employee engagement and ownership in maintaining a safe workplace.

1.3 Program Objective

It is the goal of the City of Corpus Christi, Risk Management Division to:

- A. Establish guidelines and procedures for the maintenance of an on-going Accident and Injury Prevention Program in compliance with State and Federal laws as well as Municipal ordinances;
- B. Decrease the number of work related accidents, injuries, property damage and losses throughout the City.

The Risk Management Division recognizes that an effective Accident and Injury Prevention Program is the key to meeting these goals and that it is the responsibility of the City, Department Heads, supervisors, administrators and employees, to maintain a safe work environment that ensures the well-being of all personnel and controls economic losses.

2 PROGRAM ANALYSIS

2.1 Identification of Program Administrators

The Risk Manager and Safety Coordinators are responsible for implementing and reviewing the Accident and Injury Prevention Program for the City of Corpus Christi.

2.2 Program Revision

The contents of the Accident and Injury Prevention Program shall be reviewed at least once annually by all parties listed in section 2.1 of this document. The review will entail an evaluation of process effectiveness, law and policy compliance, and the applicability of each section.

Any revisions, including added or deleted sections and language modifications, that are made to this program must be approved by the City of Corpus Christi Risk Manager. Each program review shall be recorded at the front of this document. All program administrators must initial that they have reviewed the program, and note any changes. The Risk Manager's signature is required next to the approved program changes.

2.3 City-Wide Safety Policy Review

All City-Wide Safety Policies are reviewed on an annual basis. Each year, the Safety Policies are presented to the Safety Advisory Board for review and revision recommendations. The Risk Management team then evaluates all recommendations made by the Board. Once the revisions to City-Wide Safety Policies are complete, they are presented to the Department Directors and then to the City Manager for final approval. If there are no revisions to a Safety Policy, the policy will be submitted to the City Manager, with a status of "no change".

3 SAFETY AUDIT AND INSPECTIONS

3.1 City Owned and Inhabited Facility Inspections

Facility inspections shall be conducted once annually at minimum. The inspection process consists of a walk-through evaluation, conducted by a Safety Coordinator. Members of the Safety Advisory Board and Department managers may participate in the inspection.

The City Facility Inspection Form (Appendix A) shall serve as the uniform documentation of these evaluations. The form contents serve as a baseline for each inspection. Other criteria, hazards, and observations may be added during the inspection process.

Hazards identified as having imminent risk, refer to conditions or work practices that exist and could reasonably be expected to cause death or serious physical harm immediately. Any work processes or structural conditions classified as an imminent risk during a facility inspection, shall be corrected immediately and work will not continue until the hazard has been eliminated.

Corrective Action-

Upon completion, the designated Department Safety Coordinator will prepare a summary of the findings during the facility inspection and recommend corrective action for identified hazards. Summaries will be sent directly to the Department Director, Assistant Director, Superintendent, and Risk Manager. All facilities requiring corrective action shall be reevaluated within 45 days of the initial inspection.

In compliance with State record retention guidelines, completed facility inspection forms, supporting documents, and photos shall be kept on file for 5 years. The most current facility inspection documentation is located in the Risk Management Property Insurance Specialist office. City-Wide Inspection completion and follow-up tracking shall be conducted by the Risk Management Intake Clerk.

3.2 Worksite Safety Evaluations

Worksite Safety evaluations are part of a fact-finding process and are essential to hazard control. This process emphasizes locating potential hazards and behaviors at jobsite locations that can adversely affect employee safety. Employees are observed while they work.

Periodically, unannounced inspections will be conducted by the City Safety Coordinators utilizing the Worksite Inspection Form (Appendix B-1 & B-2). Upon completion, the findings will be reviewed with the employees who were evaluated and the immediate

supervisor. Corrective action will be conveyed and implemented at the worksite by the evaluating Safety Coordinator. If the Safety Coordinator identifies a hazard or behavior as an imminent risk of severe injury to employees or civilians, the job shall be stopped. Work will not resume until the unsafe condition has been corrected. Department managers shall be notified immediately if a job has been stopped due to a safety hazard.

3.3 Departmental Safety Program and Policy Review

In addition to the Emergency Response Plan and Bloodborne Pathogen Control Plan, all Departments are required to develop written plans for any other safety procedure that is mandated by City Policy or is pertinent to Departmental operations. Written plans must be reviewed annually by the Director/Assistant Director and Safety Coordinator. Other key department individuals may participate in the review process as well.

3.4 Departmental Emergency Response Plan

Every City Department shall develop and maintain a written Emergency Response Plan. This plan outlines the processes to be followed in the event of natural disasters, facility evacuations, and any other potentially harmful circumstances. Emergency Response Plans ensure that there are processes in place to prevent employees and citizens from obtaining injuries during an unexpected event. Departments must review the plan a minimum of once per year, and make revisions as necessary. The review and any revisions are executed by a team of individuals including the Director/Assistant Director, Safety Coordinator, Safety Advisory Board member, and other key employees such as Superintendents and Work Coordinators. In addition, Departments should execute an emergency response or evacuation drill annually, to ensure the written plan is adequate and all necessary equipment is functioning properly.

3.5 Material Safety Data Sheets

The Texas Hazard Communication Act requires public employers to provide employees with specific information on the hazards of chemicals to which employees may be exposed in the workplace. This act stipulates that employees who may be exposed to hazardous chemicals must be informed of the exposure by the employer. The employer must also provide all affected employees with access to the most current Material Safety Data Sheets (MSDSs).

Accident and Injury Prevention Program

Copies of the Material Safety Data Sheets must be kept in a central location within each department. In addition, employees must receive annual training on how to locate first aid information and PPE requirements on an MSDS. The training shall also include Departmental protocol for a chemical emergency.

Per City Policy R 2.0, each City Department shall maintain a separate chemical list for hazardous chemicals that are normally present at a facility in quantities greater than 55 gallons or 500 pounds. This chemical inventory reference list must be reviewed and updated no less than annually. A copy of this chemical list shall be kept in the front of the Department's MSDS book, posted in the area where the chemical is stored, and forwarded to the City Fire Department for review.



4 SAFETY INCIDENT REPORTING AND INVESTIGATION

The primary goal of the incident investigation process is to prevent future accidents and injuries through the use of knowledge and corrective action plans derived from the investigation. Additionally, the investigations are used to prepare reports required by Federal and State laws, as well as the City's Workers' Compensation Third Party Administrator.

4.1 Motorized Vehicle Incident Reporting and Investigation

Per City Policy R 7.0, employees are required to report all safety accidents involving motorized City equipment. In addition, employees must also report accidents with personal vehicles that occur during the course of conducting business. Any vehicle accident that involves property damage or personal injury is reviewed by the Vehicle Accident Review Board (VARB) to determine preventability. If the majority of VARB members, determined by a vote, finds that the incident was preventable, the corrective action specified below must be followed.

- A) The operator and any passengers, such as spotters, that contributed to the accident must attend Remedial Driver Training. This class is taught by the Department of Public Services.
- B) All parties must meet with their respective Department Head or designee to discuss the accident and any internal corrective action plans, such as job-specific driver training.
- C) The employee must undergo a driver evaluation (appendix C) to ensure that all safety and mandated driving rules are followed.

These steps are taken to ensure that the driver is aware of and adheres to driving rules and regulations. This process also ensures that the employee is competent and capable of operating the vehicle. Understanding the importance of driver safety will prevent future accidents and provide the employee with knowledge that can be shared with coworkers.

4.2 Employee Injury Reporting and Investigation

When an employee is injured at work, the immediate supervisor is responsible for taking emergency action to have first aid administered, to obtain professional medical attention as soon as possible, and to protect other employees and equipment. The supervisor must then begin the reporting process to ensure that

Risk Management can launch an investigation of the circumstances surrounding the incident. This includes completing the First Report of Injury or Illness Data Sheet, obtaining employee and witness statements, and notifying the Safety Coordinator of the injury.

The Department's Safety Coordinator will conduct an injury investigation (appendix D) with the affected employee as soon after the incident as feasible. The investigation is used to determine the root cause of the injury, as well as identify any contributing factors.

Based upon the completed investigation, the affected employee, immediate supervisor, and Department Safety Coordinator will collaboratively develop and execute corrective action plans. These plans may include but are not limited to retraining, equipment modification or safeguarding, new PPE requirements, or a revision of job procedures. The corrective action plans are carried out to ensure that the affected employee and/or coworkers do not sustain an injury due to similar circumstances. It also ensures steps are taken to create a safer work environment.

4.3 Root Cause Analysis (RCA)

Root cause analysis (RCA) is a process designed for use in investigating and categorizing the root causes of events with safety and health impacts. Simply stated, RCA is a tool designed to help identify not only *what* and *how* an event occurred, but also *why* it happened. Understanding why an event occurred is the key to developing effective recommendations.

The process involves data collection, cause charting, root cause identification and recommendation generation and implementation. This in-depth process identifies all contributing factors and underlying causes of a safety incident. Insights during RCA make it useful as a pro-active tool. As such, RCA is used to forecast or predict probable events before they occur.

A Root Cause Analysis shall be conducted in event of a catastrophic loss to the City. This includes, but is not limited to, events such as broken bones, loss of a limb, death of a City employee or citizen caused by a City employee, severe head injuries, severe lacerations, vehicle rollovers, explosions involving City utilities, and severe damage/disruption of City property.

4.4 Repeat Workers' Compensation Claimants

Risk Management has developed a mentorship plan for employees who have had multiple safety incidents resulting in an injury. Employees are subject to an injury prevention meeting when the work-related injuries have required medical evaluation or treatment. Risk Management will review worker's compensation data quarterly and any employee with a record of two or more injury events during his/her tenure with the City will participate in an injury prevention meeting with a member of the Risk Management staff.

The injury prevention meeting will take place between the employee, an assigned Safety Coordinator, and in some cases, the employee's supervisor. The intent of the meeting is to develop a course of action that will prevent the employee from obtaining any additional injuries. Corrective action may include but is not limited to new or additional PPE, equipment modification, and additional training. Although this meeting does not involve disciplinary action, the employee's Department may administer accountability for any Safety Policies that were violated at the time of the injury.

5 EMPLOYEE SAFETY TRAINING

5.1 Training Program and Curriculum Development

City-wide training topics and materials are developed utilizing industry and job-specific criteria relating to identified and potential hazards, as well as accident and incident data analysis. City employees receive Safety training based upon data and trends in Workers' Compensation and property loss liability claims specific to their work environment. Training curriculum and methodology will evolve as trends and information change.

5.2 City-Wide Training Curriculum

The Risk Management staff has developed a training course catalogue consisting of safety topics utilized to educate City employees and prevent injuries and illnesses. Departmental and special request training topics can be selected from our City-wide course offerings. This master list is registered with the Human Resource Department at City Hall. The full course catalogue, with descriptions, is located in the Risk Management office, Human Resources Department, and on the Risk Management webpage.

5.3 New Employee Orientation

Orientation training will be administered to all new employees prior to reporting to their permanent work assignments. The orientation consists of training on key safety topics listed in appendix E. During the training, all new employees will be given the opportunity to ask questions about the subject material and provide feedback to the instructor.

New Employee Orientation consists of initial on-boarding that may last for up to two days. During the first day, the Human Resource Department staff will review City Policies and procedures. When this portion of orientation is complete, Risk Management staff will begin the safety portion of the training. Training will continue on the second day of orientation and conclude with learning assessments of the topics covered. Upon satisfactory completion of the learning assessments, employees will be released to their designated departments.

Training sessions are led by an authorized safety trainer from the City's Risk Management Division. New employees will not be released to their departments until it has been determined, by the session trainer, that the minimum acceptable elements of the material has been retained. The employee must be able to recognize hazards and safely perform his or her assigned duties.

New employees who have attended the safety training during orientation are not excused from any future training sessions within their department.

The health and safety portion of the New Employee Orientation consists of interactive training sessions. These sessions contain courses that are registered with the Human Resource Department Training Division. Upon successful completion of the learning assessments, employees will receive credit for each course in their personnel file at City Hall.

5.4 Ongoing Employee Training

All managers, supervisors, and employees are required to participate in the regularly scheduled safety training sessions within their respective departments. The scheduled training sessions consist of subject material from the City-wide Master Safety Course List. Key topics and City Policies will be presented at least annually as a proactive measure to prevent injuries and accidents.

Training sessions will be led by an authorized safety trainer from the City's Risk Management Division, as well as well as professional speakers who are industry experts. The departmental training calendar is established through collaboration between the assigned Safety Coordinator and the Department Director or Assistant Director.

Tailgate safety meetings will be conducted with individual work groups to reinforce the material covered in the departmental training sessions, review injuries and accidents, review worksite safety inspections, and otherwise convey pertinent occupational health and safety material. Tailgate safety meetings are brief and scheduled with the assigned safety coordinator and work crew supervisors.

5.5 Training Documentation

Documentation of general awareness safety and health training classes for each employee, including the employee's name, training dates, location, and training providers, are recorded on a City Training Sign-in form (appendix F). These records are entered into the Human Resource database and kept in the employee's City employment record.

Records for safety tailgate meetings, skill-based pay competencies, and other department-specific training are kept in the employee personnel file within the Department.

5.6 Safety Personnel Continuing Education

The City of Corpus Christi strives for a steady reduction in vehicle accidents and injuries, which implies the necessity of continuous improvement in safety processes and programs. Achieving successes in these areas not only requires a safety professional to continually upgrade and refine technical skills surrounding the nature of accidents and risk, but also requires them to maintain a broad base of skills. Experienced safety practitioners must continually build upon their skills. Integrating the strength of experience with new knowledge and skills will enable our staff to achieve organizational goals.

Safety Coordinators will attend training for professional development. These sessions focus on training of emerging safety trends and updated material, new safety processes, new safety equipment, and changes to mandated regulations. In addition, these sessions will foster the growth and fine tuning of technological capabilities, communication skills, teaching methods, and leadership capabilities. Industry experts, professional instructors, and organizational leaders are brought in to facilitate the professional development sessions.

6 EMPLOYEE ENGAGEMENT

True safety excellence requires engagement from personnel throughout the organization. Such engagement in safety benefits the employees as well as the organization as a whole. In fact, studies show that by cultivating a culture of involvement and participation, zero injuries is achievable. However, safety must become a cooperative process where everyone participates to make the workplace safer. Every employee has something meaningful to contribute.

6.1 Departmental Safety Meetings

Safety meetings are a venue for educating a departmental group. In addition to training on planned safety topics, these meetings provide the opportunity for employee interaction with Departmental managers and the Safety Coordinator. This fosters interactive group learning through sharing experiences and ideas, as well as raising concerns.

6.2 Reporting Hazards and Unsafe Conditions

All employees within the organization are responsible for their own personal safety. This entails making appropriate behavioral choices and maintaining a safe work environment. A successful safety program requires proactive input from staff at all levels of the organization. To this end, the Risk Management Division has established a process for employees to not only report hazards and unsafe conditions before an injury occurs, but also recommend solutions.

Any City employee may fill out and submit a City Hazard Identification form (appendix G). This form compiles details regarding mechanical, behavioral, and environmental hazards in the work area. It also serves as a tool for corrective action development and improvement suggestion form. Employees must provide explicit details regarding location and circumstances. Under no condition will there be recourse against an employee for identifying a hazard. However, an employee may choose to remain anonymous if they wish.

Hazard Identification forms are submitted to the Department Safety Advisory Board member or Safety Coordinator for review and corrective action development. Upon completion, a hazard identification and correction summary will be posted within the department and may be shared with other departments for general awareness training purposes.

6.3 Safety Advisory Board

The purpose of the Safety Advisory Board (SAB) is to assist in the development, implementation and recommendation of safety-related activities. SAB members take a proactive role in promoting workplace safety. The Board reviews significant injuries and accidents. In addition, incident trends are identified so that corrective measures can be taken to prevent recurrences.

Safety Advisory Board meetings provide an opportunity for departments to brainstorm ideas, raise safety concerns, share best practices, and network. During the monthly meeting, members participate in activities including the annual City-wide Safety Policy review, Departmental safety procedure reviews, safety audits, incentive program implementation, training events, and injury corrective action plans. The Safety Advisory Board consists of members from departments across the city. Elected members serve a two-year term.

6.4 Vehicle Accident Review Board

The Vehicle Accident Review Board (VARB) investigates all motor vehicle and drivable equipment incidents that occur during the course of conducting business, and result in property damage or injury. Incidents are reviewed to determine the degree of preventability and administer the appropriate accountability.

VARB consists of one employee per Department, who is recommended by his or her Director, and is ultimately appointed by the City Manager. The Department Director then selects and appoints the alternate.

A member is responsible for presenting accident cases from his or her Department and reviewing all details of the incident. The member must then make a recommendation of accountability, which is approved or declined by the Board through the voting process.

7 COMMUNICATION

7.1 Safety Alerts

Safety Alerts are part of the City's hazard recognition safety process. The information is used as general awareness training to communicate potential hazards and the consequences of failing to follow safety procedures. The information is posted within City facilities and discussed during departmental and tailgate safety meetings.

Safety Alerts are informational notices that are broadcasted from the Safety Coordinators to the City Departments. These alerts may include details of a catastrophic event such as dismemberment, permanent disability, or fatality that resulted from an occupational safety incident. These incidents can occur within any industry and at any worldwide location. They are not limited to City employee injuries.

7.2 Risk Management Webpage

The Risk Management webpage is accessed through a link on the City's internal website: CityNet.cc. This page is used to provide employees with information regarding City Safety policies, training events and materials, and emergency procedures. Employees may also obtain contact information for any Risk Management staff member. In addition to the safety information, sections of the Risk Management webpage include: Liability, Insurance, Workers' Compensation, and City-wide forms used by the Risk Management Division.

7.3 Training and Events Calendar

The city-wide safety training and events calendar is published on the Risk Management webpage, and is accessible to all City employees. The calendar contains details regarding scheduled safety training classes and events that are open to all employees. Employees may attend any meeting on the calendar, with supervisor permission, to make up for a missed training session within their own department.

7.4 Safety Advisory Bulletin

The Safety Advisory Bulletin is a newsletter that is published as a follow-up to the Safety Advisory Board meeting each month. The Bulletin highlights significant events, activities, and training

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sessions from the previous month. It is utilized to recognize City employees for demonstrating leadership with safety initiatives.

The Bulletin is broadcasted to City Departments via email and posted within City facilities. In addition, the Safety Advisory Bulletin is available on the Risk Management webpage.

8 INCENTIVES, REWARDS AND RECOGNITION

8.1 Risk Management Workshop and Awards Luncheon

The Risk Management workshop is an annual event held for City employees. During this event, industry experts provide dynamic training, on various safety topics, for participants and award recipients. In addition to the training sessions, City employees are recognized for their commitment to safety and leadership in implementing new programs and creating a safe work environment.

During the luncheon, Risk Management issues awards in two categories: Safe Worker Recognition and Safety Program Achievement. A total of five Safe Worker Recognition awards are issued to City employees. Nominees must be full time employees and have worked the past three consecutive years without any record of injury, preventable vehicle accident, or moving violation while on the job. Employees are nominated for this award by their Department Director. Only one nominee will be accepted per department.

The Safety Program Achievement award recognizes a City Department that has developed a unique program or initiative which resulted in a safer work environment for employees. The two recipients of this award must clearly demonstrate the intended objective of their program, as well as measures of its effectiveness and positive results. Any City employee can nominate their Department for this award. However, only one nomination will be accepted per Department and the nomination must be signed by the Director.

8.2 Insta Bucks

The Insta Bucks program is a monetary form of recognition that is awarded in dollar increments of \$25. This recognition may be issued by Department Directors to an employee who demonstrates exceptional achievement or exemplary leadership in project initiatives and safety processes. The Risk Management Division can nominate employees who meet these criteria to the Department Head of their home department.

8.3 Intra-Departmental Recognition

Departments may choose to initiate their own internal recognition events and incentives for employees. These incentives may be in the form of hazard recognition safety challenges for work crews or the entire department. In addition, a department may choose to recognize employees who hold an outstanding employment record without injuries or preventable vehicle accidents. Intra-Departmental recognition is approved by the Director/Assistant

Director and organized by department administrators and the Safety Coordinator.



Facility Inspection Form

Facility: _____

Date: _____

Facility Address: _____

Inspector: _____

Accompanied by: _____

Emergency Exits / Exit Corridors / Stairwells

	<u>Yes</u>	<u>No</u>	<u>NA</u>
1. Emergency Exit Maps Posted	___	___	___
2. Emergency Exit Signs Present and Illuminated	___	___	___
3. All Exits Unobstructed	___	___	___
4. All Pull Stations Clearly Marked and Unobstructed	___	___	___
5. All Aisles/Corridors Unobstructed to Allow Evacuation	___	___	___
6. Are Stairs Free of Litter or Spills	___	___	___
7. Is Stairwell Adequately Lit	___	___	___
8. Signs in Stairwell Posted and Legible	___	___	___

Comments: _____

Fire Extinguishers

	<u>Yes</u>	<u>No</u>	<u>NA</u>
1. Fire Extinguishers Clearly Marked and Unobstructed	___	___	___
2. Fire Extinguishers Charged, Inspected & Tagged	___	___	___

Comments: _____

Walking Surfaces

	<u>Yes</u>	<u>No</u>	<u>NA</u>
1. Is Carpet Maintained and Free of Trip Hazards	___	___	___
2. Interior Walkways Free of Trip Hazards	___	___	___
3. Exterior Walkways Free of Trip Hazards	___	___	___
4. Handrails, Treads and Risers in Good Condition	___	___	___
5. Signs Posted to "Use Handrails" or "Watch Your Step"	___	___	___

Comments: _____

Electrical Hazards

	<u>Yes</u>	<u>No</u>	<u>NA</u>
1. Grounds in Place on All Electrical Equipment	___	___	___
2. All Breakers Marked	___	___	___
3. Breakers Boxes Accessible	___	___	___
4. Covers on Breaker Boxes	___	___	___
5. J-Box's Covered with Plate	___	___	___
6. Electrical Cords in Good Condition	___	___	___
7. Signs Posted for Electrical Hazards	___	___	___

Comments: _____

Chemical / Fire Hazards

	<u>Yes</u>	<u>No</u>	<u>NA</u>
1. All Chemical Containers Labeled	___	___	___
2. MSDS Available for All Employees	___	___	___
3. Flammables Stored Away from Ignition Sources	___	___	___
4. Eye Station in Working Condition	___	___	___
5. First Aid Kit Available on Premises	___	___	___
6. Compressed Gas Cylinders Restrained Outside	___	___	___
7. Signs Posted for Chemical or Fire Hazards	___	___	___
8. Are Employees trained annually in Haz/Com	___	___	___

Comments: _____

Hand Tools and Powered Equipment

	<u>Yes</u>	<u>No</u>	<u>NA</u>
1. All Hand Tools in Good Condition	___	___	___
2. All Power Tools in Good Condition	___	___	___
3. All Guards Present on Powered Equipment	___	___	___
4. Signs Posted Reminding Employees to Use PPE	___	___	___

Comments: _____

City of Corpus Christi

Location Address: _____ Date: _____ Time: _____

Crew#: _____ Foreman: _____ Present: YES NO

No. Employees Present: _____

Site Inspector/ Safety Coordinator: _____

Nature of work being done:

Yes No

PPE

3. Hard hats worn by all employees		
4. Hearing protection is worn by all workers exposed to potential hearing injury		
5. Eye protection is worn by all workers exposed to potential eye or face injury		
6. Steel toe foot ware is being worn by all employees		
7. High visibility vest is being worn by all employees when working in and around traffic areas		
8. Gloves or hand PPE is being worn by employees when needed or required for safety		

WELDING PPE

11. Gloves and shirt or apron by welder		
12. Helmet and eye protection is worn by welder		
13. Fire extinguisher(current certification) and fire blanket is present		

TRENCHING EXCAVATING

1) Competent person present		
2) Soil tools and materials are at least 2' from trench		
3) Ladder within 25' of anyone in trenches 4' or deeper		
4) If trenching is 5' or deeper is there proper benching or shoring		
5) Is any employee working under a load or bucket		

JOB SITES SAFETY INSPECTION FORM

FORKLIFT, HEAVY EQUIPMENT AND MOTOR VEHICLE OPERATION

FORKLIFT

	Yes	No
1) Operator was wearing a seat belt and hard hat	<input type="checkbox"/>	<input type="checkbox"/>
2) Are forks 2-4" from ground when driving	<input type="checkbox"/>	<input type="checkbox"/>
3) Is forklift being operated at a safe speed for conditions	<input type="checkbox"/>	<input type="checkbox"/>

Heavy Equipment

1) Operator was wearing seat belt and hard hat	<input type="checkbox"/>	<input type="checkbox"/>
2) Using a spotter if feasible	<input type="checkbox"/>	<input type="checkbox"/>
3) Unattended equipment buckets and boxes lowered to the ground	<input type="checkbox"/>	<input type="checkbox"/>
4) Exhaust gases are directed away from workers	<input type="checkbox"/>	<input type="checkbox"/>
5) Operation was clear of electrical power lines	<input type="checkbox"/>	<input type="checkbox"/>

Motor Vehicle

1) Operator and passengers wearing seat belts	<input type="checkbox"/>	<input type="checkbox"/>
2) Vehicle was off when unattended	<input type="checkbox"/>	<input type="checkbox"/>
3) Vehicle was operated in a safe manner and speed	<input type="checkbox"/>	<input type="checkbox"/>
4) Cones placed at rear of parked vehicle	<input type="checkbox"/>	<input type="checkbox"/>

Traffic Control

1. While working in traffic : cones, signs, flags and traffic control devices were in place	<input type="checkbox"/>	<input type="checkbox"/>
2. Flaggers were in use appropriately	<input type="checkbox"/>	<input type="checkbox"/>
3. Flaggers and workers wore appropriate traffic PPE	<input type="checkbox"/>	<input type="checkbox"/>
4. " SLOW" and "STOP" paddles were used as needed	<input type="checkbox"/>	<input type="checkbox"/>

Safety Equipment

1. Fire Extinguisher on site	<input type="checkbox"/>	<input type="checkbox"/>
2. First Aid kit on site	<input type="checkbox"/>	<input type="checkbox"/>
3. Water available	<input type="checkbox"/>	<input type="checkbox"/>

Other Hazards Present:



WORKSITE SAFETY OBSERVATION CHECKLIST

Department: _____

Site Observation Location: _____

Date: _____

This generalized checklist is intended to observe employees in their work environment, in order to identify safe work practices, unsafe conditions, and/or to determine if employees are performing their jobs safely.

- | | Yes | No | N/A |
|--|-----|-----|-----|
| 1. Are employee(s) following established safety policies and procedures?
If no explain; _____ | ___ | ___ | ___ |
| 2. Are employee(s) maintaining proper housekeeping procedures in worksite?
If no explain; _____ | ___ | ___ | ___ |
| 3. Are employee(s) maintaining proper body mechanics in the performance of job duty?
If no explain; _____ | ___ | ___ | ___ |
| 4. Are employee(s) utilizing required personal protective equipment?
If no explain; _____ | ___ | ___ | ___ |
| 5. Are employee(s) performing major job tasks in a safe manner?
If no explain; _____ | ___ | ___ | ___ |
| 6. Are employee(s) operating vehicles and/or equipment in a safe manner?
If no explain; _____ | ___ | ___ | ___ |
| 7. Is equipment properly maintained?
If no explain; _____ | ___ | ___ | ___ |
| 8. Are employee(s) following proper fire safety procedures?
If no explain; _____ | ___ | ___ | ___ |
| 9. Have employee(s) had yearly mandated hazard communication training program? | ___ | ___ | ___ |

What are the employees' potential hazards at this worksite? _____

Completed by: _____

Date: _____

**City of Corpus Christi
Driver Evaluation Checklist**

Driver's Name: _____ Emp. ID _____

Evaluation Date: _____ Observer Name: _____

Vehicle Type: _____ Weather Conditions: _____

	Yes	No	NA
BEFORE DRIVING			
Inspects Vehicle Before Entering/Starting			
Adjusts Seats			
Adjusts Mirrors			
Wears Safety Belt			
WHILE DRIVING			
Accelerates Smoothly			
Stops Smoothly			
Maintains Legal Speeds			
Adjusts Speed to Conditions			
Uses Turn Signals Appropriately			
Stops Completely at Stop Signs and Red Lights			
Leaves Sufficient Space when Stopping in Traffic			
Obeys All Traffic Laws			
Backs Safely			
HAZARDS			
Scans Ahead			
Checks for Cross Traffic at Intersections			
Maintains Safe Distance from Other Vehicles			
Merges Smoothly Into Traffic			
Changes Lanes in Controlled Manner			
Avoids Following Oversized Vehicles			
Avoids Driving in Other Driver's Blind Spots			
Shows Awareness of Pedestrians and Cyclists			
Reacts Early Enough to Respond to Potential Hazards			
Avoids Distractions (Cell Phones/Eating/Conversations)			

For any item scored "No" provide additionally information below. Use the back of this sheet if you need more space. _____

Signatures:

Driver: _____ Observer: _____



Injury Investigation Form

- Instructions:**
- To be completed with all First Report of Injury or Illness Forms.
 - Must be completed by a Supervisor or Safety Representative only.
 - A copy of this form must be placed in the injured employee's departmental file.
 - A copy of this form must be sent to Risk Management.

Employee ID#: _____		Dept/Division: _____	
Employee Name: _____		Job Position: _____	
Date of Accident: _____	Time of Accident: _____	Location: _____	
Type of Injury: _____		Part of Body Injured: _____	
Employee's Supervisor: _____		Eye Witness: _____	
Detail Description of Accident: _____ _____ _____ _____ _____			
Environmental Conditions that may have contributed to the accident (weather, housekeeping, noise, light, etc.): _____ _____ _____			
Underlying factors contributing to accident (not wearing PPE, faulty equipment, lack of training, non-attentive, etc.): _____ _____ _____ _____			
Corrective Actions to be taken (provide(d) training/tools, repair/replace, job procedures, work order, etc.): _____ _____ _____ _____ _____			
Investigator's Name: _____		Date: _____	
Safety Coordinator/Safety Designee: _____ <small style="text-align: center;">Signature</small>		Date: _____	
Director/Asst. Director: _____ <small style="text-align: center;">Signature</small>		Date: _____	

Revised: 11/2010

Appendix D

NEO Training Agenda			
Day 1: 3pm-5pm			
<u>Day 1</u>			
Course	Course ID	Time Estimate	Materials
Intro/Overview of Risk Management/ General Safety	Safety Policy	30 Minutes	<ul style="list-style-type: none"> • R 1.0 Policy
Accident/Injury Reporting and Investigations/ Reporting OTJ Injuries	SAF033	30 Minutes	<ul style="list-style-type: none"> • PowerPoint • R 3.0 Policy • Quiz
Hazard Communication/ MSDS	SAF072	30 Minutes	<ul style="list-style-type: none"> • Video • Hand Outs • Quiz
Break		15 Minutes	
Slips, Trips, and Falls	SAF014	30 Minutes	<ul style="list-style-type: none"> • PowerPoint • Quiz
BloodBorne Pathogens	SAF043	30 Minutes	<ul style="list-style-type: none"> • Video • Quiz
Ergonomics	SAF047	30 Minutes	<ul style="list-style-type: none"> • Hand Outs
Back Safety & Proper Lifting	SAF040	45 Minutes	<ul style="list-style-type: none"> • Video • Quiz
Questions/Feedback		OPEN	

NEO Training Agenda

Day 2: 8am-12pm

Day 2

Course	Course ID	Time Estimate	Materials
Driving Rules & Regulations/ Driver Safety/ Three Point Contact/V.A.R.B.	SAF002 & SAF171	45 Minutes	<ul style="list-style-type: none"> • R 8.0 Policy • Video • R 7.0 Policy • Quiz
Ladder Safety/ 3 Point Contact	SAF022 & SAF171	30 Minutes	<ul style="list-style-type: none"> • PowerPoint • Video • Quiz
Break		15 Minutes	
Personal Protective Equipment/ Safety Shoes & Glasses	SAF007	40 Minutes	<ul style="list-style-type: none"> • Handouts • PowerPoint Game • R 5.0 Policy
Hearing Conservation	SAF129	30 Minutes	<ul style="list-style-type: none"> • PowerPoint • Quiz
Heat Stress	SAF013	30 Minutes	<ul style="list-style-type: none"> • Video • Quiz
Fire Prevention & Extinguishers	SAF087	30 Minutes	<ul style="list-style-type: none"> • Video • Hand Outs
Questions/Feedback		OPEN	

City Hazard Identification Form

Department: _____

Observation Location: _____

This document is intended to identify unsafe work practices and conditions. The information listed below will be investigated by the Department Safety Coordinator and Department Safety Advisory Board Member. Corrective action will be taken based upon the findings of the investigation.

1. Work process/Task/Activity in progress? _____

2. Identify the hazard as mechanical, behavioral, or mechanical? _____

3. Describe the hazard (use as much detail as possible) _____

4. Who are the people at risk (employee, civilian, etc)? _____

5. Are there any current hazard controls in place to prevent injury? If so, what are they?

6. What actions can we take to correct the hazardous situation? _____

Date: _____ (Optional) Completed By _____

Completed by Risk Management

Investigation Findings: _____

Corrective Action Taken: _____

Safety Advisory Board Member

Date

Safety Coordinator

Date

Appendix G