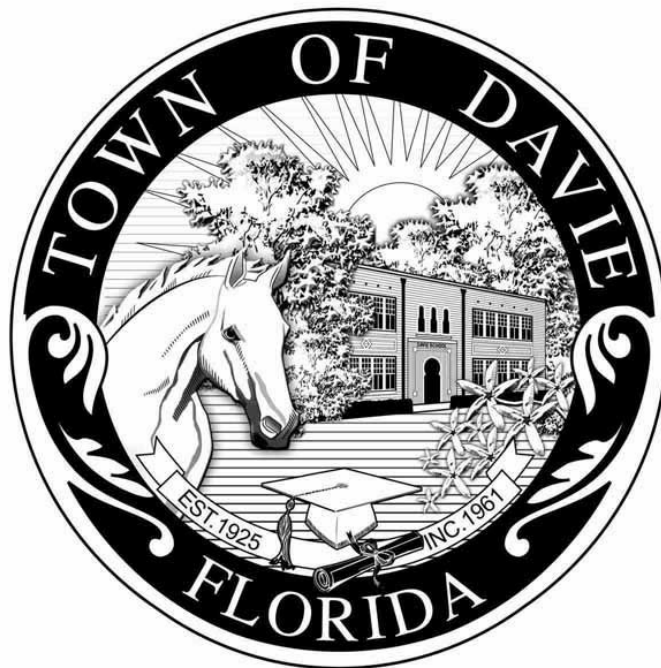


Town of Davie

SAFETY POLICY & PROCEDURES MANUAL



Be Smart, Use Safety From the Start!!

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INTRODUCTION

It is the express intent of the Town of Davie to comply with all laws, rules and regulations relating to the delivery of all Town services, including those pertaining to the health and safety of its employees and the public. It is the objective of the Town to promote and operate an overall safety program that will keep frequency and severity of employee injuries to an absolute minimum.

As a municipality, the Town of Davie is not subject to Occupational Safety and Health Administration (OSHA) jurisdiction. However, when making decisions relating to employee safety, the Town looks to OSHA standards as being best industry practice.

This Employee Safety Handbook is intended to be an easy-reference guide for employees, covering common key safety issues and is not intended to be an exhaustive reference document. Other safety policies and rules may be in place on a town-wide, departmental or division level. Safety policies or rules as stated in this manual should not be construed to supersede those. For example, if an employee's job involves a particular hazard such as exposure to asbestos, blood borne pathogens, confined space entry, or other such hazards, the employee's department/division should have specific policies/procedures covering those - employees should ask their supervisors if in doubt. However, this manual does apply and should be followed by employees in ALL departments on matters that affect general operations.

No safety manual can possibly be extensive enough to cover all contingencies, but a little forethought, care and common sense will do more to provide a safe work environment than all the rules in the world. Only you, the individual worker, can provide that. This safety manual is designed to give guidance and instructions to you, our employee, to help you protect yourself from injury or possible death.

I. STATEMENT OF POLICY

Policy Statement:

The Town's goal is to perform the tasks of government operation and public service without incidents/accidents. In order to furnish a safe working environment for its employees, it is the policy of the Town to maintain a comprehensive decentralized safety program, with each department responsible for carrying out its own safety program within the parameters of the town-wide safety mission.

Each Town employee is expected to take an active part in the safety program, not only by working in a safe, accident-free manner and following safety rules and guidelines as outlined by the employee's department and other Town safety policy and procedures including the Town of Davie Safety Policy and Procedures Manual, but also by offering suggestions on any matter concerning safety. Employees shall report ALL unsafe conditions, accidents, and injuries to their supervisors. The Town pledges that no such report will in and of itself result in retaliation, penalty, or other disincentive.

II. SAFETY PROCEDURES

Section 1: Safety Program and Monitoring

- A. A safety program is designed to accomplish one primary purpose and that is to prevent accidents. It must provide safety for its employees and also protect the public by preventing unsafe acts or conditions from being created by the Town.
- B. The safety program must have the continuous and active support of all employees and particularly of those in a supervisory position.
- C. The Town provides for the continuous monitoring of the working conditions and equipment of its employees for safety requirements.

Section 2: Safety Rules and Regulations

- A. Employees will observe all safety rules and regulations established through departmental policies and procedures and otherwise provided within the Town's Personnel and Safety Manuals, in addition to the guidelines set forth in the Town of Davie Safety Policy and Procedures Manual. Employees will report all unsafe conditions or practices to their immediate supervisor. Employees are responsible for reporting all injuries, no matter how minor, to their immediate supervisor as soon as possible. Employees must complete the proper workers' compensation forms with their department.

B. Elements of a Safety Program:

- 1) The individual responsibility of each employee to act in a safe and prudent manner thereby avoiding injury to him/herself and others and damage to equipment and supplies;
- 2) The assignment of responsibilities to persons for safety activities, designating one person in each department as a safety liaison;
- 3) Assurance that equipment, work areas and working methods are safe;
- 4) Assignment of personnel to jobs for which they are physically qualified to perform safely;
- 5) Examination of the work place for hazards and their immediate elimination;
- 6) Development and maintenance of good and safe work habits, including job awareness;
- 7) Provision of proper protective equipment and mandatory requirement its use;
- 8) Educate and train employees as to the specific hazards of their jobs.
- 9) Review of accidents to determine cause and to prevent a repeat performance;
- 10) Preparation and maintenance of complete incident/accident records;
- 11) Adherence to all safety guidelines as specified in the standard operating procedures (SOPs) of each department.

Section 3: Accident reporting procedures

A. Personal injuries or illness

Employees who are injured or become ill while at work and suspect that the injury or illness is work related must verbally notify their supervisor *IMMEDIATELY* of the occurrence. The employee must then complete and sign a **written "FLORIDA FIRST REPORT OF INJURY" (DFS-F2-DWC-1)** form located on the Town's intranet and/or website and forward the signed report to the Human Resources Risk Management Division with a copy to the department director (Appendix C). This written report must be completed before the employee leaves work on the day of the injury, or if the employee is incapacitated, by their supervisor. If incapacitated, the injured employee shall complete and sign the "Florida First Report of Injury" as soon as possible thereafter. "The Florida First Report of Injury" must be completed for all work related injuries/illnesses even if medical treatment is not required.

Failure to report an injury when it occurs may result in denial of workers' compensation benefits if the employee cannot show at the later reported time that the injury arose out of and in the course and scope of employment. In addition, failure to promptly and properly report an injury may result in disciplinary action.

B. Vehicle or equipment accident:

In any vehicular accident, no matter how small it may seem, involving town equipment, the operator of the equipment will immediately contact the police department and request an investigation of the accident. This is for the protection of the employee as well as for the Town. As soon as possible after the accident, the operator of the equipment will complete a Town of Davie "Accident Incident Report" form (Appendix E located on the Town's intranet and/or website and forward the signed report to the Human Resources Risk Management Division with a copy to the department director.

Section 4: Safety Equipment

- A. The Town will provide, at its expense, certain items of safety equipment (i.e. safety glasses, back belts, hard hats, etc.), that must be worn by the employees when necessary to perform their job function.
- B. The individual Standards of Practice (SOP's) of the departments will identify what safety equipment is necessary for the job duties performed.
- C. Failure of an employee to use issued safety equipment may result in a reduction of the worker's compensation benefits in the event of an injury.
- D. Failure of an employee to use issued safety equipment and/or failure of an employee to file a written report of injury sustained on the job, may result in disciplinary action up to and including termination.

Section 5: Operation of Town Vehicles

- A. Driver's License Requirements - All employees operating Town vehicles must possess and maintain the appropriate/necessary Florida Driver's License, as required by his/her job in performing the essential functions.
- B. Operation of Vehicles - Town vehicles shall be operated in strict compliance with all laws which apply to motor vehicles in the State of Florida. This includes the Florida Seat Belt Law - Violators will be responsible for any/all fines incurred and subject to disciplinary action for failing to comply with said laws.
- C. Accidents involving Town Vehicles - All vehicle accidents and all operational accidents or incidents resulting in damage to or loss of Town property must be reported to the Human Resources Risk Management Division using the Town of Davie "Accident Incident Report" form (Appendix E) located on the Town's intranet and/or website.

Section 6: Safety Committee

- A. The Town of Davie Safety Committee was formed to maintain and coordinate the safety program for the Town. The Safety Committee meets monthly to discuss safety issues and training and quarterly to review accident trends.
- B. Each department shall designate one safety committee member to participate in the safety program and act as the department safety representative. Department representatives are appointed to the safety committee by the appropriate department directors. The representatives from each department serve for a two-year term, but can choose to serve for multiple terms.

- C. Safety committees may be created in the individual departments to review safety incidents and trends and to inform the department employees of council decisions related to safety.

III. RESPONSIBILITIES FOR SAFETY

Section 1: Responsibilities of the Employee

- A. Accept the obligation you have to the Town of Davie to obey all safety rules and guidelines outlined in this manual and to also obey specialized rules developed for your position or work site.
- B. Recognize the fact that you have a major responsibility in developing and maintaining a safety program. No amount of training, rules and regulations, or personal protective equipment will keep you safe if your attitude is negative or indifferent.
- C. Recognize that the most important responsibility is to you! The arm, the leg, even the life you save may be your own.
- D. You must notify your supervisor immediately if any medications, whether prescribed or over-the-counter, might impair your abilities in any way.
- E. If you suffer a work-related injury or illness, report it immediately to your supervisor/department director and complete a "Florida First Report of Injury" (DFS-F2-DWC-1) form (Appendix C). All work-related injuries and illnesses must be reported on this form within 24 hours of the injury or illness.

Section 2: Responsibilities of the Department Director

- A. Consider safety an integral part of management responsibilities.
- B. Assure that vehicles, equipment, tools and material used are adequate for the intended purpose and equipped with appropriate safeguards.
- C. Take necessary action to ensure all employees under your direction are properly trained to safely perform assigned tasks.
- D. Conduct periodic work area safety inspections and require the department safety representative to make regular inspections.
- E. Be aware of the frequency, severity, cause and cost of accidents occurring within your area of responsibility.
- F. Initiate direction for corrective action for any safety hazard and assure follow-up so that corrective action is completed.
- G. Ensure that supervisors and foremen effectively communicate and monitor safe work methods and practices to departmental employees.

Section 3: Responsibilities of the Supervisor

- A. As a foreperson or supervisor you have great responsibilities in promoting safety. You are experienced! You know the job! You are expected to provide guidance and leadership. Because of your experience, the employees look to you as an example to determine what you expect of them.
- B. A supervisor or foreperson must:
 - 1. Assume responsibility for the safety of the employees in your crew.
 - 2. Train and retrain your crew, experienced or long-term employees as well as new ones, in the safe and correct way to do the job. Point out the hazards and present employees with safety instructions, policies, and manuals.
 - 3. Create safety awareness and encourage positive safety attitude by your own good example.
 - 4. Be sure the necessary safety equipment or devices are available and properly used on each job. Understand the intended purpose of protective equipment and explain the need for the equipment to the crew.
 - 5. Take necessary corrective action whenever you observe unsafe conditions or procedures.
 - 6. Make sure that all accidents are reported within 24 hours, even if the injury or damage is minor.
 - 7. Investigate every accident involving your crew and take corrective action to avoid a repeat of that type of accident.
 - 8. Ensure that a review of the nature of the circumstances surrounding the injury and any corrective action necessary to prevent future similar occurrences are completed and review this information with the department director.
 - 9. Conduct frequent safety inspections in the work area to check on housekeeping or unsafe working conditions and promote safe work habits. Be sure that the Department Safety Representative completes monthly safety inspection sheets and reports unsafe conditions or safety issues to the Safety Committee for review.

Section 4: Responsibilities of the Department Safety Representative

- A. Assume the responsibility of communicating safety problems, issues or special circumstances with the department director and, if not resolved, to the Safety Committee for recommendations and follow-up. Report back to the department director, supervisors and employees regarding information or reports provided by the Safety Committee or received during the safety committee meeting.
- B. Conduct monthly surveys of work areas by completing a Department Safety Checklist to ensure that safe working conditions exist. For departments with more than one work area, the inspection checklist can be completed by an individual assigned to that work area who will then provide it to the Department Safety Representative to be included in his/her overall department inspection. Any unsafe or hazardous condition that may lead to an accident shall

be noted on the checklist and a Safety Work Order Memorandum shall be drafted for the purpose of describing the situation and prescribing corrective action. This memorandum shall be submitted to the Safety Committee for further resolution.

- C. Maintain department safety training schedules and submit safety training requests to the Safety Committee for review and implementation. Once a year each Department Safety Representative will submit an updated list of the department's current safety training requirements. These lists will be incorporated into the Town of Davie Comprehensive Training Calendar by the Safety Committee Training Coordinator. Any new requests for safety training will be submitted by the Department Safety Representative to the Safety Committee for consideration. The Safety Committee will be responsible for coordinating safety training on a Town-wide basis and ensuring the most cost effective and efficient safety training programs are implemented. Training implemented by the Safety Committee does not replace departmental safety training requirements as set by the department director, but, rather, acts as a supplement to departmental training.

Section 5: Responsibilities of the Safety Committee

- A. A Safety Committee has been established to recommend improvements or modifications to our workplace safety and health and wellness programs and to identify corrective measures or training needed to eliminate or control recognized safety and health hazards.

The Risk Manager has the primary responsibility for the coordination, implementation, and maintenance of our workplace safety program including the management of the Safety Committee. The Safety Committee consists of both supervisory and non-supervisory employees of the Town and/or other designated members. Members shall be appointed by department directors from their respective department in the Town. The Members shall be appointed for a two-year term, but can choose to serve for multiple terms.

- B. The Safety Committee maintains responsibility for the following:
 - 1. The Safety Committee shall meet monthly to evaluate the effectiveness of control and preventive measures used to protect employees from safety and health hazards in the workplace. Monthly checklists of work environment safety conditions submitted by Department Safety Representatives will be reviewed by the Committee for corrective action and maintained for future reference regarding actions taken.
 - 2. While the primary responsibility for training lies with the individual departments, the Safety Committee will be responsible for assisting department directors and supervisors in monitoring workplace safety education and training to ensure that it is in place, that it is effective, that it is administered on a continuous basis, and that it is documented. The Committee will maintain and update, on a yearly basis, the Town of Davie Comprehensive Training Calendar. In addition, the Committee will work with department directors to identify, review, and implement new safety training needs.
 - 3. The Safety Committee will be responsible for assisting department directors and supervisors in updating the workplace safety program by providing recommendations based on evaluations of employee injury and accident reports. By analyzing employee injury and accident trends and work site inspection findings, the Safety Committee will formulate and recommend corrective measures to prevent recurrence.

4. The Safety Committee will investigate all employee reports of unsafe conditions or work practices using the guidelines set forth in this manual. While reports reviewed by the committee will be in summary and trend form, any confidential employee information discussed by the committee will be kept within the confines of the Safety Committee meetings.
5. The Safety Committee will make the minutes of all Safety Committee meetings available to all employees for review. The minutes will be available for review in the Town Clerk's Office during regular office hours.

Section 6: Responsibilities of the Human Resources Risk Management Division

1. The Human Resources Risk Management Division will be responsible for the development, evaluation, maintenance, and implementation of all safety and accident reporting policies, procedures, and forms. In addition, the Human Resources Risk Management Division will evaluate Town-wide policies, practices, and procedures with regard to loss control initiatives.
2. The Risk Manager will act as the technical advisor to the Town Safety Committee and may act as the Safety Committee Chairperson. As part of the technical advisor function, the Risk Manager will provide meaningful reports, including historical loss statistics, to Town Administration, Departments, and the Safety Committee that assist in implementing employee supervision, training, and/or department programs aimed at reducing the frequency and severity of accidental loss.
3. The Human Resources Risk Management Division will work in conjunction with the Safety Committee to provide on-site safety and loss-control training designed for the specific work activities and/or as a result of specific types of accidents and losses. Using Town and department loss statistics and trends for auto accidents, employee injuries, and operational incidents, the Human Resources Risk Management Division and the Safety Committee will develop programs aimed at reducing the frequency and severity of accidental loss.
4. Maintenance of ALL safety and accident prevention program records and files will be handled by The Human Resources Risk Management Division. Loss records will be kept by department under the following three categories; General Liability, Auto Liability, and Worker's Compensation.
5. When necessary, the Human Resources Risk Management Division will assist in the evaluation of motor vehicle accidents involving Town vehicles to determine "preventability" on the part of the Town driver. Whether an accident is deemed "Preventable" or "Not-Preventable" shall be determined using the "National Safety Council Guidelines for Determining Preventability" as outlined in this manual. "Preventable" or "not-preventable" determinations should not be confused with the law enforcement terms of "chargeable" or "not-chargeable" with a traffic violation. In other words, a driver/operator does not have to cause a crash to have had a preventable vehicle accident.

IV: SAFETY AND HEALTH TRAINING

Workplace safety and health orientation begins on the first day of employment or job transfer. Each employee has access to a copy of this safety and health manual for review and future reference, and will be given a personal copy of departmental job-related safety rules, policies, and procedures. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge

and understanding of safety rules, policies, and job-related procedures described in our workplace safety program manual. All employees will receive instructions from their supervisor that compliance with the safety rules described in this workplace safety manual is required.

All employees will be retrained periodically on safety rules, policies, and procedures and when changes are made to the workplace safety manual. Individual employees will be retrained after a work related injury caused by an unsafe act or work practice occurs, and/or when a supervisor observes employees displaying unsafe acts, practices, or behaviors.

Supervisors will initially train employees on how to perform assigned job tasks safely. In addition, they will carefully review with each employee, and give specific directions on the applicable, specific safety rules, policies, and procedures that are described in the workplace safety manual. Supervisors will observe employees performing the work. If necessary, he/she will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before employees are permitted to do the work without supervision. All employees will receive safe operating instructions on seldom-used or new equipment/apparatus before using the equipment/apparatus. Before permitting new, non-routine, or specialized procedures to be performed, supervisors will review safe work practices with employees.

V: REPORTING SAFETY ISSUES

All employees are encouraged to report safety concerns to any member of the Town Safety Committee. Safety issues may also be reported to the Human Resources Risk Management Division or your immediate supervisor.

When a safety issue or concern comes before the Safety Committee or is reported to a department safety representative, a Safety Work Order Memorandum will be created to describe the unsafe condition and prescribe potential solutions for fixing the situation. Depending on the type of safety concern and the location of the safety concern, the appropriate Safety Committee Representative shall discuss the safety concern with the department director(s) affected by the condition.

It is the responsibility of the Safety Committee Representative to communicate the progress of the situation to all affected parties. In addition, this person is responsible for completing and submitting the Safety Work Order Memorandum to the Safety Committee Chairperson when the matter is resolved.

The Safety Committee will discuss the findings and potential safeguards for similar future situations at the next safety meeting.

The Safety Committee Representative from the Administration Department will oversee the Safety Log Book, which will contain a log of all the safety issues, recommendations, and resolutions.

VI: ACCIDENT INVESTIGATIONS AND REPORTING VEHICLE CRASHES

Regardless of the employee classification and whether or not an employee drives a Town owned vehicle eight hours a day or just occasionally, employees are responsible for the proper care and operation of that vehicle. Every employee who operates a Town owned vehicle is responsible for obeying all traffic laws (state, county, and local), complying with Town rules and following all defensive driving practices at all times.

Definition of a Crash: Whenever a powered vehicle, whether owned, leased or rented, and whether registered or exempt from registration, comes into contact with, or is alleged to have come into contact

with any person, animal, other vehicle or other inanimate object, in a manner which results in death, injury, property damage, regardless of owner and cost of damage, vandalism, or is stolen, a crash will be considered to have occurred.

Definition of Equipment Incident: When any incident involving powered tools, powered equipment or motorized self-propelled equipment results in damage to property, equipment or personal injury an equipment incident shall have occurred.

Section 1: Reporting Requirements and Responsibility

- A. All incidents or alleged incidents must be reported by the driver/operator or person finding the damage or the person assigned to the vehicle or equipment; first verbally to their immediate supervisor as soon as practical after the crash or alleged incident occurs and then in writing before the driver/operators shift ends or if incapacitated as soon as capable of completing the written report.
- B. The driver of a registered (licensed) motor vehicle operated by the Town that is involved in a crash that results in personal injury or property damage in any amount must immediately call the police department having jurisdiction over the accident and request that a written Police Crash Report be completed.
- C. A supervisor or any other person receiving notification of crash involvement from a driver/operator must gather location and nature of involvement information from the driver and insure that the Police Department has been notified.
- D. Department directors learning of a crash involving a Town of Davie driver/operator shall, whenever possible, arrange to immediately go to the scene or assign a supervisor to go to the scene to assist the driver and obtain more detailed information and photos.
 1. The Department shall notify the Human Resources Risk Management Division of the accident by noon of the next work day, providing basic information concerning the accident and severity of the accident.
 2. The Department shall require the driver/operator to complete a detailed written "Accident/Incident Report" form (Appendix E) located on the Town's website or intranet or obtained from the Human Resources Risk Management Division of the accident at the earliest opportunity and shall promptly forward the completed form and all supporting documents and photos to the Risk Management Division.
 3. The police officer investigating the crash shall ensure that descriptive photos are taken of the accident scene and all Town equipment involved in, or alleged to have been involved in, a crash/incident.
 4. The Police Department shall ensure that a copy of all police crash reports involving Town vehicles/equipment is promptly forwarded to the Human Resources Risk Management Division.

Section 2: Driver/Operator Reports

- A. Drivers/Operators involved in, or alleged to have been involved in, a vehicle crash must obtain detailed information at the scene of the crash or alleged crash and prepare written reports using the "Accident/Incident Report" form (Appendix E).
- B. A driver/operator involved in a vehicle crash automatically changes duty assignment from that of driver/operator to that of town representative at the scene of the crash. Drivers automatically become responsible for gathering information needed by the Town to either present a defense to a claim, or properly evaluate and pay a claim, and to protect the Town's interest at the scene of the accident.
- C. The person who had care, custody and control of the Town equipment at the time of the crash or alleged crash must complete and submit a Town "Accident/Incident Report" form (Appendix E), even if they were not operating the unit at the time of the crash. Drivers are required to be prepared for the possibility of being involved in a crash or alleged crash.
- D. When a vehicle crash occurs a driver/operator shall:
 1. Call 9-1-1 if necessary.
 2. Protect the scene by setting out available warning devices.
 3. Be unfailingly courteous to all involved - police, witnesses, bystanders, other parties, etc.
 4. Record the names and phone numbers of any witnesses.
 5. Whenever possible, take photos of the crash scene, all vehicles and all involved persons.
 - (a) Crash scene photos should show the nature of the area of the accident and the final location of vehicles involved.
 - (b) Photos should identify vehicles and show any damage.
 - (c) Photos of other persons should not be posed and should be taken only for later identification purposes.
 6. Check for injuries in all vehicles and send for medical help if necessary.
 - (a) DO NOT move any injured person unless there is a chance of fire. Record the name of any ambulance or other medical emergency vehicle company that arrives at the scene of the accident.
 - (b) Administer first aid only if qualified to do so.
 7. Notify the Town of Davie Police Department or the law enforcement agency having jurisdiction over the area of the accident.
 - (a) Record the names of all law enforcement officers and departments arriving at the scene of the accident.
 - (b) Record the police report number and name and telephone number of the reporting police agency.

- (c) Record the names and phone numbers of any tow truck companies and which specific vehicles they tow.
- (d) Record the names of all other drivers and vehicle occupants, the names of the owners of all other vehicles, the year, make and license number of all other vehicles and insurance information for each vehicle

The Town understands that our drivers/operators will not always be able to get this information and, that if the accident is being investigated by a police agency, the information required may be available at a later time on the police department crash report. The driver should still attempt to get this information at the scene either from other involved persons or the police.

- E. The drivers/operators involved in a vehicle crash should not make statements to other parties at the scene of the crash but may only give statistical identifying information. Drivers should cooperate with law enforcement officers investigating the crash and answer all questions they might pose.
- F. The drivers/operators involved in a vehicle crash may not speak with other investigators, adjusters, attorneys or representatives of claimants without express authorization from Human Resources Risk Management Division. Drivers/operators contacted by persons requesting to speak with them should simply obtain their name and phone number and pass that information on to Human Resources Risk Management Division.

Section 3: Unreported Vehicle Damage

- A. All employees assigned to operate registered vehicles or motorized equipment are required to conduct a daily check of their unit for damage and operation of lights, directional signals, brakes and brake fluid, motor oil, windshield wipers and washers, tires, power steering, hydraulic systems, clutch, seat belts, etc. and to report any defects they have not previously reported.
- B. A driver/operator finding prior unreported damage to Town equipment during a daily inspection shall complete an "Accident/Incident Report" form (Appendix E) showing the driver as unknown and shall sign and submit the report to their supervisor.

When prior unreported crash damage is found, the supervisor or the department director shall determine who the last driver/operator was and shall interview him/her to determine what that driver/operator knows about the damage and how it may have occurred.

The department director shall attempt to determine which driver was operating the unit when the damage occurred and when appropriate, shall require that driver to complete an "Accident/Incident Report" form (Appendix E).

Section 4: Crash Review Board

The "NATIONAL SAFETY COUNCIL GUIDELINES for DETERMINING PREVENTABLE and NON-PREVENTABLE CRASHES" shall be adhered to whenever the Crash Review Board or assigned person is reviewing a vehicle crash.

- A. A NON-PREVENTABLE crash is one in which the driver drove in such a way that he/she committed no errors, and so controlled his/her vehicle as to make due allowance for conditions of road, weather, and traffic, while assuring that mistakes of other drivers did not involve him/her in a crash and the driver took every reasonable precaution to prevent a crash.
- B. A PREVENTABLE crash is any occurrence involving an owned or operated registered vehicle which results in property damage and/or personal injury, regardless of who was injured, what property was damaged, to what extent, or where it occurred, and regardless of which driver(s) may or may not have received a traffic citation for a violation of traffic law(s) where-in the town driver in question failed to do everything he/she reasonably could have done to prevent the crash and/or reduce the extent of damage.
 - 1. The driver's manner of operation prior to and leading up to the crash can create a crash situation and/or contribute to the crash itself.
 - 2. Preventability is not determined solely by who did or did not receive a traffic law violation citation nor is it based only on who actually caused the crash. For example, another driver may cause a crash situation that our driver has an opportunity to avoid but doesn't. Our driver, as well as the driver that caused the crash, would have had preventable accidents.
 - 3. It is conceivable that all drivers involved in a specific multi-vehicle crash could be determined to have had a "preventable" (on their individual parts) crash.

Section 5: Human Resources Risk Management Division Functions

- A. Human Resources Risk Management Division is responsible for obtaining supporting documents for the Town's insurance carrier and for assisting them with claim investigation and litigation management.
- B. Human Resources Risk Management Division shall maintain Town, department and individual driver crash statistics.

VII: REPORTING ON-THE-JOB-INJURIES

Employees who are injured or become ill while at work and suspect that the injury or illness is work related must verbally notify their supervisor *IMMEDIATELY* of the occurrence. The employee must then complete and sign a written; "FLORIDA FIRST REPORT OF INJURY" (DWC-1) form (Appendix C). This written report must be completed before the employee leaves work on the day of the injury or, if the employee is incapacitated, by his/her supervisor. If incapacitated, the injured employee shall complete and sign the "Florida First Report of Injury" form as soon as possible thereafter.

The "Florida First Report of Injury" form must be completed for all work related injuries/illnesses even if medical treatment is not required!

Failure to report an injury when it occurs may result in denial of worker's compensation benefits if the employee cannot show at the later reported time that the injury arose out of and in the course and scope of employment.

If the injury requires professional medical care, or it appears that such care may be advisable, or that a medical exam of the injury is advisable, the supervisor shall authorize the injured employee to be treated by the designated Primary Care Center and when appropriate, arrange for the employee to be transported to the medical facility. All later doctor referrals to specialists must be approved by the worker's compensation claims adjuster or medical case manager assigned to the employee's injury. For more serious injuries and particularly in emergency situations, the employee will be transported to the nearest hospital emergency room.

The Town's Worker's Compensation insurance carrier has a medical management network of medical providers for worker's compensation and employees generally may not seek treatment from out-of-network medical services providers for on-the-job injuries. Failure to obtain medical treatment from approved worker's compensation medical care providers may result in the employee being responsible for the costs of those services. Employees who are injured and receive medical treatment from a physician must provide their department with copies of the "Medical Return-To-Work Evaluation" form (Appendix D) completed by the physician. The employee's supervisor must read and understand the "Medical Return-To-Work Evaluation" form and any restrictions the physician assigned. Employees that receive medical treatments must continue to provide the Town with copies of "Medical Return-To-Work Evaluation" forms (Appendix D) each time they are treated by a physician.

The Town will attempt to accommodate an employee that is released to return to work with restrictions. The purpose of this is to permit the employee to continue working and to facilitate their early return to health and full duty. Employees may be given a "transitional return-to-work, restricted duty assignment" (light-duty) only if it is beneficial to the Town and only if the assignment will help achieve the goal of the employees return to full duty. Transitional return-to-work assignments are temporary in nature and generally will not exceed 90 days. A temporary transitional return-to-work assignment is at the convenience of the Town and may be to another position or even to another department. However, regardless of the temporary assignment, transitional reassignments will not affect an employee's rate of pay. An injured employee who lost work days or has work restrictions placed on him/her by a physician may not return to work in any capacity without a "Medical Return-To-Work Evaluation" form completed by the employee's physician. A "Medical Return-To-Work Evaluation" form (Appendix D) that permits the employee to perform all the functions of their normal position is required for the employee to return to their normal assignment. Supervisors must enforce this process and injured employees must comply with any work restrictions assigned by the physician.

Work time lost due to on-the-job injuries is also classified as authorized FMLA leave time.

Where these procedures differ from a collective bargaining agreement that the injured employees might work under, the terms of the bargaining agreement take precedence.

NOTE: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a third degree felony.

VIII: SAFETY RULES AND REGULATIONS

Section 1: General Safety Guidelines

A. Personnel Rules

It may come as a surprise that one of the most frequent sources of employee injury stems from a simple lack of awareness of surroundings. While the resulting injuries are often minor, in some cases they can be incapacitating, and in extreme cases permanently debilitating. In most instances, employees are trying to do something really simple like just get from 'point A to point B'. The best advice is simply to be aware that this is a major source of injury and not to drop your guard. Even when focusing on the task in hand, you should try to be aware of your surroundings.

1. Every employee should know and adhere to the safety rules and regulations which apply to the area in which he or she is working, or may be visiting.
2. Follow instructions! If you do not understand, ask for additional explanation on how to do the job safely.
3. Correct unsafe conditions or report them to the supervisor or foreperson immediately.
4. Report **ALL** injuries and property damage to your supervisor immediately.
5. Keep your work area clean. Poor housekeeping causes accidents and wastes time.
6. Use proper tools or equipment for each job and use them safely.
7. Under normal conditions, walk -- do not run.
8. Fighting, disorderly conduct, horseplay, and practical jokes are prohibited and may be cause for instant dismissal or other disciplinary action. In addition, if injured, Workers' Compensation coverage will not apply.
9. Unauthorized explosives are not permitted on Town property and/or in Town vehicles.
10. No person will be permitted to work if his or her ability or alertness is impaired through fatigue, illness, or other causes as to make it unsafe for himself/herself or his/her fellow workers.
11. Do not wear jewelry, loose clothing, neckties, or loose headbands when working around or operating rotating machinery and equipment.
12. Special posted restrictions must be observed.

B. Protective Equipment and Devices

1. Guards installed on machinery and equipment, barriers, and other protective devices provided for your protection shall not be removed, and will be used in accordance with established rules and procedures.
2. Never operate machinery and equipment with guards removed.
3. Report all instances where guards are not installed, are inoperative, or in need of replacement or repair.
4. Personal protective equipment shall be worn when performing work requiring such protection. It is your responsibility to wear safety glasses, goggles, face shields, and all other protective clothing and equipment furnished for your protection and required by safety rules and procedures contained in this manual, by departmental rules or as directed by your supervisor. All protective clothing and equipment which has been contaminated, or which is not designed for re-usage, shall be disposed of in the proper manner for said items.
5. Tags or "lock-outs" shall be used to secure unsafe equipment and will not be removed by anyone other than authorized personnel.
6. All fire safety equipment such as fire extinguishers, hose racks, hose reels, detectors, fire alarms, fire exits, and fire lanes shall be kept clear of obstructions.
7. Notify your supervisor of any fire safety equipment that is damaged or will not operate.
8. Emergency equipment will not be removed or used except for simulated or actual emergencies.

C. Operational Hazards

1. Only operate equipment you are authorized and qualified to use.
2. Use the proper tools for the job; for example, using pliers instead of a hammer to drive nails is improper.
3. Never use or try to repair unfamiliar power equipment.
4. Never use a portable electrical tool, unless you know it is in good condition.

Section 2: First Aid Procedures

A. General

First aid is an essential ingredient in any successful safety program. The use of proper first aid immediately after an injury has proven effective in saving lives in major injuries, as well as reducing damage and preventing infection. First aid treatment shall not be used as a substitute

for professional medical care. These techniques are used to sustain life, prevent shock, and maintain a stable condition until professional medical help arrives.

B. Minor First Aid Treatment

Employees should wash minor cuts and abrasions with mild soap and water and cover with a clean dressing from the first aid kit. For larger wounds, stop bleeding by pressing directly on the wound using a bandage or cloth and have a co-worker use the posted emergency telephone numbers to call for medical assistance.

1. Identify where first aid kits are stored in your area. If you sustain an injury or are involved in an accident requiring minor first aid treatment, follow the following procedures:

- (a) Inform your supervisor.
- (b) Administer first aid treatment to the injury or wound.
- (c) Do not use a first aid kit as a substitute for proper medical attention
- (d) Give details to your supervisor to complete the "Accident/Incident Report" form (Appendix E).
- (e) Indicate on the "Accident/Incident Report" form if a first aid kit is used.

2. Bleeding

- (a) Determine if 9-1-1 needs to be called.
- (b) Put on gloves or use plastic barrier.
- (c) Examine the injury - If any foreign objects are present, leave them in place and dress around injury.
- (d) Open a dressing and place it firmly on the injury.
- (e) Apply firm pressure.
- (f) If bleeding continues, apply another dressing on top of the original dressing.
- (g) If dealing with a limb, keep the affected part elevated.
- (h) If the person has lost a considerable amount of blood, they may start to exhibit signs of shock. (Assure 9-1-1 has been called).
- (i) Lay the person down and raise the legs/ arms.

3. Fractures

- (a) If needed, call 9-1-1
- (b) Instruct the victim to remain still.
- (c) Do NOT attempt to move the affected part.
- (d) Examine the injury for any blood loss; treat this first.
- (e) If any bone protrudes from the injury, do not touch it. If blood loss is evident, place a dressing around the wound rather than on top of it.

4. Burns

- (a) Ensure the situation presents no hazard. If hazard is present, contain or neutralize safely, or call 9-1-1.
- (b) If dealing with a chemical burn, wash the affected area with plenty of water, ensuring you do not wash the chemical onto unaffected parts - seek medical aid.

- (c) Non-chemical burns should be immersed in cold water (any constricting items such as watches or rings should be removed).
- (d) Cover with dry sterile dressing.
- (e) Refer to additional medical attention if necessary.

Do NOT apply a tight dressing.
Do NOT apply lotion, ointment, or creams.
Do NOT remove damaged skin, or burst blisters.
Do NOT apply butter, margarine or fats.

5. Unconscious

- (a) Assess scene for safety.
- (b) Determine unresponsiveness.
- (c) If unresponsive, call 9-1-1.
- (d) Direct someone to get the Automatic External Defibrillator (AED).
- (e) Assess the patient.
- (f) Open the airway; look, listen and feel for normal breathing or coughing movement.
- (g) Check for breathing, if not breathing normally, give two breaths. If breathing is present, place the patient in the recovery position (on their side), and monitor breathing closely.
- (h) If breathing is absent, apply AED immediately. If the AED is not immediately available, begin chest compressions and breathing (CPR) until the AED arrives or emergency responders arrive.
- (i) Follow the AED visual and voice prompts.

C. Non-Emergency Medical Treatment

For non-emergency work-related injuries requiring professional medical assistance, the Supervisor must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

1. Inform your supervisor.
2. Follow the instructions for reporting.
3. Proceed to the Town designated medical facility. Your supervisor will assist with transportation, if necessary.
4. Provide details for the completion of the "Employee Report of Injury" form.

Non-Life Threatening Emergency Numbers to Call:
Human Resources Risk Management Division 954-797-1097
Florida Poison Information Center: 1-800-222-1222
U.S. HealthWorks: 954-474-4403

D. Fire, Police or Medical Emergency

If you sustain an injury requiring treatment other than first aid, inform your supervisor and Human Resources Risk Management Division before proceeding to one of the approved facilities posted at your worksite. Your supervisor will assist with transportation, if necessary. If you sustain a severe injury requiring emergency treatment, call for help and seek assistance from a co-worker. Employees should use the emergency telephone numbers and instructions

posted in your work area to request assistance and transportation to the local hospital emergency room.

1. CALLING 9-1-1

- (a) Give an accurate description of the incident and the victim's condition.
- (b) Give your exact location (building name or number address, floor, room number).
- (c) Give your name and telephone number.
- (d) Assist the emergency responder by arranging a colleague to meet them outside your work place.
- (e) Do NOT hang up at any stage of the conversation. The dispatcher will terminate the call when appropriate.
- (f) If alone, call for help. If someone responds to your call, ask them to dial 9-1-1.

Life Threatening Emergency Numbers to Call:

Fire and Police Department: 9-1-1

Ambulance 9-1-1

Florida Poison Information Center: 1-800-222-1222

E. Automated External Defibrillator (AED)

An Automated External Defibrillator (AED) is a device which delivers a shock to the heart during cardiac arrest. Both children and adults may experience sudden cardiac arrest. The purpose of the AED is to provide early heart defibrillation in the chain of survival for medical emergencies involving sudden cardiac arrest. The AED is safe; it will only deliver a life saving shock to a heart that requires defibrillation. Typically, only 5 to 10 percent of people struck by sudden cardiac arrest survive. Statistical facts report that the survival rate of people who received a lifesaving AED shock within 3 minutes of collapsing can increase to 74 percent. The Town of Davie has purchased Medtronic's LIFEPAK CR Plus Defibrillators, which are located throughout the Town facilities. The AED is easy to operate and is compatible with the AEDs used by the Fire Rescue Departments. Refer to the Town of Davie AED Policy Manual maintained by the Fire Department for detailed instructions.

1. AED Maintenance Responsibilities:

The department director or designee needs to review the LIFEPAK CR Plus video for proper maintenance instructions. Maintenance of the AED requires ensuring that it is in its storage location each week, and checking the status indicator readiness display to assure the AED is indicating OK and is ready to operate during an emergency. There are four status indicators:

- (a) OK Symbol indicates AED is fully functional.
- (b) Battery Symbol indicates the Charge-Pak is disconnected.
- (c) Triangle Symbol indicates the internal battery is low; it can still be used in an emergency.
- (d) Wrench Symbol indicates there is an internal problem, which requires manufacturer's attention. If the Wrench appears, the AED need to be taken out of service immediately and the Fire Rescue Department AED Coordinator must be notified.

Section 3: Office Safety Procedures

A. General

Office work is generally considered to be one of the safest of all Town activities, but little thought is given to the hazards that are present in most of our offices. Slips and falls on waxed floors, collisions with desks and chairs, strains from unauthorized furniture moving, and other similar accidents are common to offices. Special machines and equipment used in office work also add to the accident potential.

1. All Town buildings and facilities are smoke free environments.
2. Undue haste results in accidents. Do not run on stairs, walkways, or in corridors.
3. Enter and leave rooms and buildings in an orderly manner.
4. Always close file cabinet drawers, especially when working in the lower files. If you suddenly raise your head, you may receive a serious head injury by striking the drawer above you. Open file drawers account for many injuries to persons striking them while walking through the office.
5. Always close your desk drawers. Many injuries are incurred from bumping into open desk drawers.
6. Overloading the top file drawer in file cabinets may overbalance the cabinet and cause it to fall forward when the drawer is pulled out. Put heavy materials in bottom drawers whenever possible.
7. Bulky office supplies and materials must be lifted properly to avoid muscle strains. Use mechanical devices to lift or carry loads that cannot be easily handled by one or two persons.
8. Heavy office furniture and equipment will be moved only by properly trained and physically qualified personnel.
9. Chairs, boxes, or other objects will not be used as substitutes for ladders. Many serious injuries have been caused by this practice.
10. Keep heavy books, equipment, and other bulky materials off the top of file cabinets; they may fall on you, or cause you to suffer muscle strain when lifting them off the cabinet.
11. Never tip your chair backward. This can cause an overbalanced condition and result in your falling to the floor. This also causes a strain on the chair to the point where it may break and cause you to fall.

B. Office Equipment and Machines

1. Objects such as knives, scissors, and pens will be handled carefully to avoid injuries. Unprotected spike files will not be used. Makeshift tools will not be used.
2. Only qualified personnel will operate office machines. Operators will be given instructions in safe work practices and told of the particular hazards involved in the use of different machines.

3. Electrical appliances used for coffee making and other purposes should be inspected daily to be sure that cords are in good condition and plugs are not broken or cracked. A fire-resistant base should be placed under all heat producing appliances to prevent a fire hazard.
4. Electrical cords and wiring will not be strung across floors, but will be installed in conduits flush with the floor, covered by rubber or metal strips, or suspended from overhead.
5. Keep all flammable solvents and similar flammable liquids in a metal cabinet away from combustible materials. Identify the contents of all containers.
6. Splintered or jagged edges, or other defects found on office furniture, should be reported and repaired. Projections on bookcases, filing cabinets, and desks should be guarded or removed.

C. Office Area

1. Rough, splintered, uneven, or other floor defects shall be repaired, or the hazard suitably marked. Floors shall be kept clean and free of dirt and debris.
2. Weather may cause mud, sand or water to be tracked onto floors near entrances. Storm mats should be placed at these entrances and cleaned periodically.

D. Video Display Terminals (VDT)

The design of your workstation is critical. A well-designed and adjusted workstation helps you to work better and feel less fatigue than one that's not appropriate for your size and the way you move. Most computer-related health problems can be prevented.

REMEMBER: When you make an adjustment to your workstation, you may need to make additional adjustments to compensate for the change. For example: if your desk top is too high, you should raise your chair seat beyond the recommended height. You will then be in the right position, but your legs may be dangling! In this case, you need a foot rest to minimize pressure from the seat front on your legs.

1. Keyboard:

Prior to keyboarding, warm-up exercises should be performed. Stretch your fingers out straight, and then close them in a fist. Hang your arms down to your sides and bend them at the elbows. Roll your shoulders in an upward, forward, downward, and backward motion. These exercises should be repeated several times until you are sufficiently warmed up.

 - (a) The keyboard height should be comfortable. The wrist's "neutral position" is arrived at by extending the forearm and wrist so there is a straight line down the arm, the hand, and the fingers. This position requires the least work from the wrist joint.
 - (b) If your keyboard isn't adjustable, and it's too high for comfort, try placing pads under your wrists to elevate them to a more comfortable position. This will help alleviate repetitive stress injury (RSI).
 - (c) Placement of arms and shoulders can also affect wrist and hand comfort. To find the shoulders' relaxed position, give a big shrug and let shoulders fall into place. Shake out arms and sit up comfortably. Place upper arms close to your side. Bend elbows so that upper arm and forearm make a right angle at the elbow. Don't rest wrists on sharp edges. This can cause compression of the nerve.

2. Viewing Screen:
 - (a) The top of your screen should be no higher than eye level to minimize eye movement.
 - (b) The face of your screen should be tilted back about 10 to 20 degrees for easier viewing - provided this doesn't increase the glare on the screen. If the angle of your screen isn't adjustable and the screen is too vertical, you can place a small wedge under the front of the monitor to tilt it back.
 - (c) Arrange your workstation so you sit well back from the monitor. For comfortable viewing, the screen should be about 18 inches from your eyes. Blink periodically and rest your eyes from time to time.

3. Controlling Glare:
 - (a) Sometimes glare and poor lighting make it difficult to read the screen or the copy that you're working from. Identify the sources of glare and correct any problems.
 - (b) Adjust your screen's brightness and contrast controls to compensate for reflections on the screen.
 - (c) Close the blinds or pull the shades to block daylight coming through a window from behind your terminal.

4. Chair:

The chair is at a comfortable working height, when you don't feel excessive pressure on your legs from the edge of the seat. To adjust your chair height:

 - (a) Sit with the soles of your shoes flat on the floor, with knees lower than your buttocks. If your feet do not rest flat on the floor, use a footrest. Your elbows should be almost at right angles, not resting on chair arms, and with a gentle downward slope from elbows to wrists. If your desk is too high, use a drawer below the work surface to lower the keyboard. Keep your shins perpendicular to the floor and relax your thigh muscles.
 - (b) Measure the distance from the hollow of your knees to the floor; subtract 1 to 3 inches; the resulting measurement is the correct height for the top of your chair seat.
 - (c) Your backrest should fit comfortably at the small of your back to give your back good support.

E. Work Method and Environment

Your work environment is very important to your comfort and efficiency. A variety of factors cause stress and may contribute to an overtired feeling at the end of the day.

1. Organize your workstation and plan your work so that you can vary your position regularly.
2. Correct your computing posture. Is your posture unnatural or strained in any way? Adjust your keyboard, screen, mouse, or chair to improve it.
3. Consciously relax your eyes and let them wander to the sides and up and down. Blink regularly when you are computing. Give your eyes regular breaks from the fixed stare of computer work.

4. Pause occasionally, stretch and look away from your work. Allow your hands and arms to drop to your sides. Gently shake your hands to relieve tension and facilitate circulation in your hands and arms.
5. Walking time can be quality time for both your mind and body. Park your car farther from work. Try to walk without carrying a heavy briefcase or purse.
6. Take the opportunity to have a break. Stretch your body and relax with deep breathing. Get up and drink a glass of cool, fresh water.

F. Vision and VDTs

Many visual problems associated with the use of VDT's can be traced directly to poor eye care. Uncorrected or improperly corrected vision problems are more likely to cause visual fatigue, and fatigue affects how well you can see, which may make your work more difficult. It's an important health measure for everyone to have periodic vision examinations to make sure any vision problems are properly diagnosed and corrected. Operating a VDT, like performing any other close work, can be hard on the eyes; so uncorrected or improperly corrected vision problems are likely to cause fatigue.

Section 4: Personal Protective Equipment

A. General

Personal Protective Equipment is an important part of safety. For example; your head, hands, feet and eyes are all parts of the body that should be protected by this type of equipment. When the right equipment is used in the proper manner, most injuries can be prevented.

B. Gloves

On operations where gloves are necessary, wear the proper type as specified by your supervisor. Leather, cotton, and rubber gloves are available for the type of protection you may require.

C. Hard Hats

Hard hats are made available to applicable employees by the contractor on the job site to protect the employee against the danger of head injury from falling or flying objects, or from electrical shock and burns. If your job classification requires you to wear a hard hat, one will be provided to you by your supervisor. Be sure your hard hat is in good condition, and that its internal web is in good condition and adjusted with the correct space between the hard hat and top of head. (See the hard hat manufacturer instructions). Safety hard hats shall be worn when anyone is working above you, or when working in an area where objects are subject to falling (such as in a trench or excavation), or when working on any roadway, or during any operation involving hydraulic lift mechanisms on Town operated vehicles. The equipment operators and all workers in the area shall wear hard hats.

If any area is designated as a "HARD HAT AREA," all persons entering these areas are required to wear a hard hat.

D. Respirators and Masks

Respirators/masks are designed to filter the air you breathe. Various types of respirators/masks are provided for protection. These are filter-type respirators/masks for

employees working in dusty areas or handling dust-producing material. They are also required when engaged in paint spray operations. A respirator/mask is not a substitute for a gas mask or self-contained breathing apparatus. Check with your supervisor for more specific information.

E. Air Breathing Equipment

Self-contained air breathing equipment, with the air contained in cylinders as part of the equipment, is used for rescue work or short term work in excessively contaminated atmospheres. All personnel required to wear air breathing equipment must be trained in its proper use. Air breathing equipment must be inspected to detect defects and ensure proper operation. Prompt repair will be accomplished on all equipment found to be defective.

F. Foot and Toe Protection

The wearing of sandals or tennis shoes is prohibited. Exceptions are made for those employees whose duties would require them to wear shoes used for sports activities, and lifeguards who do not wear shoes when performing their duties.

In certain job classifications, foot or toe protection is necessary. If your job classification or specific work task, as deemed by your department director, requires foot or toe protection, employees are required to wear safety shoes when engaged in that job classification or specific work task. For job classifications covered under union collective bargaining agreements, a portion of the costs for the purchase of steel-toed (safety) boots may be reimbursable to the employee as specified within the agreement. As determined by the department director, all employees are required to wear safety shoes when engaged in work that presents foot hazards.

G. Eye Protection and Face Shield

No one can replace your eyes--your greatest assets! Eye protection or face shields must be worn by all employees performing work that exposes them to eye injury. Employees not performing the work but who are in the area of exposure, such as helpers and visitors, shall also wear eye protection. Contact lenses should never be considered as a replacement for safe protective equipment for the eyes. Workers have had their eyesight permanently impaired, and have even been blinded by corrosive chemicals or small particles getting between their contact lenses and their eyes.

1. To assure maximum protection, viewing efficiency, and comfort, non-prescription safety glasses shall be properly fitted with a frame of the correct size.
2. Welding hazards can be controlled easily by use of suitable personal protective equipment and proper work procedures. Welding goggles or helmets must be used. When helmets are used, safety glasses must also be worn whenever secondary finishing is done on the work piece.
3. Appropriate goggles with filter lenses shall be used for such operations as welding, cutting, lead burning, and brazing. Where the possibility of eye injury is increased by grinding, buffing, sandblasting, etc., additional precautions such as side shields for safety glasses must also be utilized.
4. Do not take chances with eye injuries--contact your supervisor immediately upon receiving injury. Do not rub your eyes if a foreign particle becomes lodged in them.

H. Personal Clothing

The clothing you wear is a personal matter if uniforms are not provided. However, clothing should be appropriate to the duties assigned and should not provide safety hazards. If uniforms are provided by the Town, they must be worn during duty hours. All personal clothing/uniforms that have become contaminated shall be laundered/disposed of in the proper manner for said items.

Do not wear loose or ragged clothing, which can get caught in moving machinery and cause fatal or serious injury. Clothing that is not clean is not only unsightly but a health hazard, causing skin infections and irritations. Clothing furnished by the Town must be kept clean and in presentable condition.

I. Safety Belts, Lanyards, and Harnesses

This equipment shall be worn by employees working on high places (in excess of 10 feet) such as building structures, roofs, towers, and water towers where no other protection is provided. It will also be worn when working in manholes, tanks, and similar underground or confined areas that would require this equipment to be used for emergency purposes.

J. Lumbar Supports

1. Employees in job classifications designated as requiring the use of lumbar supports shall be required to wear them while on duty, with the exception of authorized breaks and lunch time.
2. Employees in non-designated job classifications shall be required to wear the lumbar support (if provided) when lifting, carrying or moving heavy objects.
3. Lumbar supports do not replace the principles of proper lifting, and such guidelines shall still be followed.

Section 5: Fire Safety

A. General

Fire is one of the most feared and damaging disasters that can occur. Many potential fire hazards exist in the varied activities of Town operations. In the event of a fire, call 9-1-1 *first*, then, use available fire extinguishers if applicable. Inform all persons in the vicinity of the fire and ask for assistance. Fires can be prevented by orderly planning, sensible arrangements of fire producing activities in relation to combustible materials, good housekeeping, and by complying with and enforcing no smoking designations.

B. Office Procedures

1. Maintain a neat and clean work area, preventing the accumulation of rubbish.
2. Always obey smoking regulations.
3. Keep all combustible materials away from heaters or other sources of ignition.
4. Keep fire doors, exits, stairs, fire lanes, and firefighting equipment clear of obstructions. Report any fire hazards you see that are beyond your control, especially electrical hazards which are the source of many fires.

5. Fire exits shall not be blocked, locked, or chained from the inside.
6. Before alteration of any floor plan, contact Davie Fire Rescue Fire Prevention Division.
7. If a fire alarm is activated, leave the building. Do not silence or try to reset the fire alarm. Contact the fire department by calling 9-1-1.

C. Fire Equipment Procedures

1. Fire safety equipment shall be prominently displayed, labeled for usage, and easily accessible at all times.
2. Know the location of fire extinguishers and how to use them. Report each use of an extinguisher immediately to your supervisor so that a replacement may be obtained or the extinguisher recharged. No fire extinguisher, fire hose, or any other emergency equipment is to be removed or used for any purpose except its intended use.
3. The cabs of all heavy equipment shall be equipped with a "dry chemical" fire extinguisher. Ensuring the presence of a fully charged dry chemical fire extinguisher is part of the daily vehicle safety check.
4. A contract vendor shall be responsible for annually inspecting all fire extinguishing equipment. Any damaged or defective fire equipment shall be reported to the supervisor responsible for having the units repaired or replaced. Additionally, department safety representatives and work center supervisors shall ensure that fire extinguishers are checked monthly.

D. Flammable Product Procedures

1. Flammable cleaning solvents or oil, and paint-soaked rags with a flash point below 140 degrees, shall be kept in approved safety containers and properly labeled. Use of gasoline for cleaning parts, floor, or any part of buildings is prohibited.
2. Small quantities of gasoline used for fueling engines being repaired, tested, adjusted, etc., shall be dispensed and handled in approved and properly labeled safety containers. The safety containers shall be stored in a well ventilated area. Do not store near any potential ignition source.
3. Fueling any type of motorized equipment while the engine is running is prohibited.

E. Kitchen and Cooking Equipment Procedures

1. All cooking equipment and appliances in Town buildings must be kept free of accumulation of grease. Portable ovens, waffle irons, electric fry pans, coffee pots, etc. must not be left unattended while in use and must be kept clean. Appliances with defective cords and plugs shall not be used.
2. Oils and greases must not be left unattended on stoves. Keep paper napkins, paper towels, and other combustibles away from the top of stoves, appliances, and griddles.

3. Kitchen hoods and grease filters shall be cleaned on a regular schedule. All exhaust fans must be kept free of lint, dust, and grease and shall be cleaned as often as necessary.
4. A fire extinguisher of the proper type for kitchen fires shall be installed in the cooking area (preferably an A, B, C type). Under no circumstances shall the fire extinguisher be blocked.
5. Never use water on grease fires. Use the fire extinguisher.

F. Fire Classes and Extinguishers

Fires are grouped into four general classes as follows:

- Class "A" -- wood, paper, and textiles
- Class "B" -- flammable and combustible liquids, grease, oil, etc.
- Class "C" -- electrical equipment
- Class "D" -- combustible metals such as magnesium, titanium, etc.

This classification system makes it possible to determine what type of fire extinguisher is suited for fighting a particular kind or class of fire.

The A: B: C dry chemical type fire extinguisher can be used on all A: B: C classes of fires with safety. This fire extinguisher is placed in most Town buildings, facilities, and areas for use. There are also a number of CO₂ (carbon dioxide) fire extinguishers; however, this fire extinguisher is only effective on Class B and C fires (flammable liquids and electrical equipment) and will not effectively put out a Class A fire.

1. Types of Fire Extinguishers

- A. Pressurized Water - Class A fire only
 - (1) Water stored under air pressure - 2.5 gallon cylinder
 - (2) Discharge approximately 1 minute, with a range of 10-20 feet
 - (3) Extinguishes the fire by removing heat
- B. Dry Chemical - Class A, B & C fires
 - (1) Dry chemical powder (ABC - Ammonium phosphate, BC - Sodium or potassium bicarbonate) stored under nitrogen pressure
 - (2) Discharge approximately 8 to 15 seconds, with a range of 6-15 feet
 - (3) Extinguishes fire by removing the oxygen through smothering
 - (4) Dry chemical fire extinguishers are suitable for labs, but can cause a tremendous mess. Dry chemical powder can infiltrate sensitive electrical equipment and ruin optics, mirrors, and other laboratory equipment.
- C. Carbon Dioxide (CO₂) - Class B & C fires
 - (1) CO₂ stored under pressure
 - (2) Discharge approximately 8 to 15 seconds, range 3-5 feet
 - (3) Extinguishes fire by reducing the amount of oxygen around the fire
 - (4) **WARNING:** CO₂ can cause severe chemical burns and freezing of body parts. Do not hold the horn - grip the handle part of the extinguisher.
 - (5) **WARNING:** CO₂ can reduce the percent of oxygen in air when in a confined area. Use only in well ventilated areas

2. Components of a Fire Extinguisher

- A. Cylinder - Holds extinguishing agent and expelling gases

B. Handle - Used to carry and hold extinguisher

C. Trigger - When pressed, releases extinguishing agent through hose and nozzle

D. Nozzle or Horn - Agent expelled through these items

E. Pressure Gauge - Shows pressure of the extinguishing agent being stored in the cylinder. The indicator should be in the green area. CO2 extinguishers do not have a pressure gauge.

G. Emergency Fire Plan:

Each Town of Davie building shall have an emergency fire and evacuation plan. The Davie Fire Rescue Inspection Division and the Human Resources Risk Management Division Office shall assist departments in establishing such a plan.

1. Individual shops and worksites that contain fire hazards shall also have a fire safety plan. The plan shall include, but is not limited to, the following:

- (a) Adequate warning measures for alerting all persons in the area of fire;
- (b) Immediate reporting to the Fire Department;
- (c) Evacuation - maps designating evacuation routes must be conspicuously posted and revised as renovation changes floor plans;
- (d) Procedures for containing and extinguishing small fires;
- (e) Employee fire safety training, including plan review and extinguisher use;
- (f) Adequate fire extinguishing equipment that is regularly inspected by a responsible authority.

H. In the Event of a Fire:

1. **Immediately call 911** and the following actions are recommended:

- (a) The Town of Davie policy states that individuals are not required to fight fires, but that those who choose to do so may fight small, incipient stage fires (no bigger than a wastepaper basket) as long as they have been trained in the proper use of fire extinguishers.
- (b) If you have been trained in the use of a fire extinguisher, fight the fire from a position where you can escape, only if you are confident that you will be successful.
- (c) A fire contained in a small vessel can usually be suffocated by covering the vessel with a lid of some sort.
- (d) If your clothing catches fire, drop to the floor and roll to smother the fire. If a co-worker's clothing catches fire, knock the person to the floor and roll him or her to smother the flames. Use a safety shower immediately thereafter.
- (e) If the fire is large or spreading, activate the fire alarm to alert building occupants. If the fire alarm does not work, or if the building is not equipped with one, notify the building occupants verbally of the need to evacuate. If possible, shut down any equipment which may add fuel to the fire. Do not turn off any hoods in the

immediate area, as they will tend to keep the area free from smoke and fumes. Close the door behind you to prevent the fire's spread.

- (f) Evacuate the building and await the arrival of Fire Rescue. Be prepared to inform them of the exact location, details of the fire, and chemicals that are stored and used in the area.
- (g) Do not re-enter the building until you are told to do so by Fire Rescue and NEVER TURN YOUR BACK ON THE FIRE!

2. PASS Procedure for Use of Fire Extinguishers

- (a) **Pull the Pin** - This unlocks the operating lever and allows the agent to discharge from the extinguisher
- (b) **Aim Low** - Point the nozzle at the base of the fire
- (c) **Squeeze the Lever** - Discharge the agent from the extinguisher. If you release the lever, the discharge stops.
- (d) **Sweep from Side to Side** - Move carefully toward the fire, keeping the extinguisher aimed at the base of the fire. Sweep back and forth until the fire is out.

Section 6: Storage of Materials

A. Piling and Stacking

1. Storage should be orderly and easily accessible.
2. Materials shall be piled in neat stacks, stabilized by appropriate straps or containers if necessary. Leaning or unbalanced stacks shall be re-piled immediately to prevent their falling.
3. Stacked material shall be kept at least 18 inches away from electric light fixtures. Fire extinguishers shall not be obstructed or blocked.
4. Do not store glass bottles and heavy items on the top of shelves; place on floor or in lowest bin or shelf.

B. Oily Rags and Waste Material

Oily rags and other wastes shall be placed in non-plastic, fire-resistant, enclosed containers. Containers will be marked "Oily Rags Only" and no other trash will be placed in them. Separate containers shall be provided for trash and will be marked "For Trash Only." All containers must be emptied daily.

C. General Housekeeping

1. All scrap lumber, waste material, and rubbish shall be collected and stored in piles or containers for regular removal.
2. All stairways and passageways shall be kept free from obstruction by materials and supplies at all times.

3. Protruding nails in boards, planks, and timbers shall be removed, hammered in, or bent over flush with the wood.
4. Tools, materials, extension cords, hoses, or debris shall not be strewn about in a manner which may cause tripping or other hazards.
5. Loose or light material shall not be stored or left on roofs or floors that are not closed in, unless it is safely secured.
6. Storage areas will be cleared of combustible paper, trash, and dead grass. Smoking restrictions shall be observed at all times.

Section 7: Supply and Material Handling Operations

A. General

Many employee injuries occur while lifting or handling materials. Types of injuries experienced are strains and sprains, crushing, hernia and rupture, fractures, lacerations, and contusions. Accidents can be avoided by taking time to plan ahead, using mechanical equipment whenever possible, and using the proper tools and equipment for the job.

B. Lifting

Never lift beyond your strength! Get help! Lumbar supports must be worn if provided. Always crouch down (bending your knees) to what you are going to lift.

1. Four-Step General Lifting Process:

STEP 1 - GET READY

- a) Size up the load. If it is too heavy or bulky, get help.
- b) Check the load and remove protruding nails, splinters, and dirt, sharp edges, oil, grease, moisture, or other foreign matter.
- c) Wear a back brace when needed.
- d) Wear gloves if the surface is rough.
- e) Know where the load is going and where you will put it down.
- f) Be sure the path you take is clear of obstacles.

STEP 2 - PICK IT UP

- a) Make sure your footing is solid. Place feet about shoulder-width apart.
- b) Bend your knees to get into position. Keep your back as straight as possible.
- c) Center your body over your feet.
- d) Grip the load firmly and bring it as close to your body as possible.
- e) Tighten stomach muscles to help your back stay in balance.
- f) Lift with your legs, not your back.

STEP 3 - CARRY IT CAREFULLY

- a) Be sure you can see where you are going.
- b) Avoid twisting as you carry the object; turn your whole body. Move your feet AS WELL AS your hips and shoulders.
- c) Use extra caution in tight places to keep your hands and fingers safe.

STEP 4 - PUT IT DOWN

- a) If the receiving surface is about waist-high, place the load on the edge of the surface, and THEN push it forward.

- b) If you lower the load to the floor, bend your knees, keep your back as straight as possible, and keep the load close to your body.

C. Hazardous Material

When handling hazardous materials such as acids and alkalis, wear protective clothing and face shields. Do not pick up a wet, leaking container. All protective clothing and equipment which has been contaminated, or which is not designed for re-usage, shall be disposed of in the proper manner for said items. If questions arise as to proper handling and disposal, refer to the department Material Safety Data Sheet (MSDS).

D. Chemicals

1. Florida Law requires employees who produce, use, apply, or store any listed toxic substance in the workplace to:
 - (a) Post a notice informing workers of their rights under the law.
 - (b) Obtain and maintain, for a period of thirty (30) years, the required Material Safety Data Sheet (MSDS) for each listed toxic substance present in the workplace.
 - (c) Make the MSDS available, upon request, to an employee, within five (5) working days.
 - (d) PRIOR TO employees handling toxic substances, they must be instructed in the proper use and handling procedures.
 - (e) Advise employees of their right to obtain further information from the Toxic Substances Information Center.
 - (f) The department director is responsible for ensuring that the Material Safety Data Sheets applicable to the products used by the department are maintained within that department.

E. Bloodborne Pathogens

All emergency departments, such as Fire Rescue, Police, Lifeguards, and Utilities departments, or those identified in 29CFR1910.1030 must have stringent Bloodborne Pathogens Programs in place. All personnel within those departments must be thoroughly trained on procedures to be followed should an exposure occur.

Section 8: Use and Handling of Pesticides

A. General

Most pesticides are used for the control of insects, rodents, and other kinds of pests. They are irritating to the skin and toxic when inhaled, absorbed, or swallowed. If all safety precautions are followed in applying pesticides, neither humans nor animals will be affected by the toxic materials used to kill unwanted pests. Proper precaution must be taken to prevent accidental or deliberate access to pesticides by unauthorized persons.

B. Storage

All pesticide containers must be labeled and stored in a safe manner in a controlled area. Never use drinking glasses, cups, jars, soft drink bottles, or similar containers to store pesticides or any other chemicals. Containers labeled "POISON" shall be locked in a secure storage area. Do not store or place pesticides near open flames or strong oxidizing materials.

C. Protective Clothing and Equipment

Protective gloves and equipment such as goggles, boots, safety foot protection, and specialized protective clothing shall be worn for protection of eyes, feet, and skin as directed by the department supervisor or director.

D. Emergency Procedures

If a person accidentally swallows a toxic pesticide and remains conscious, administer the antidote recommended on the container label and **call 9-1-1 or the Florida Poison Information Center (1-800-222-1222)**. Get the victim to the hospital as quickly as possible. If the victim is unconscious, do not attempt to give an antidote.

Section 9: Painting Safety

A. General Safety

Although painting operations appear to be relatively easy and safe, painters are exposed to many kinds of personal hazards such as falls from scaffolds and ladders, burns from fires caused by flammable materials, and illness from the use of lead compounds and toxic paints and thinners. Only authorized employees shall engage in this activity and he/she should refer to department standard operating procedures for safety protocols.

B. Protective Clothing and Equipment

Painters preparing surfaces for painting shall wear eye protection to guard against chips and flying particles. The face, eyes, head, hands, and all other exposed parts of the bodies of employees handling such highly volatile paints shall be protected. All footwear shall be non-sparking, such as rubbers, rubber boots, or rubber soled shoes without nails. Coveralls or other outer clothing shall be of cotton. Rubber, rather than plastic, gloves shall be used because of the danger of static sparks.

C. Storage

Flammable and combustible paints and thinners shall be stored in approved storage rooms or cabinets designed for safe storage. At no time will flammable or combustible paints or thinners be stored in open containers.

Section 10: Motor Vehicle Operation

A. General

As a driver of any Town vehicle, you are solely responsible for operating it in a safe manner and are charged with complying with all state, county, and local driving rules and regulations, and any safe driving practices prescribed by your supervisor.

Courtesy while driving is a great contribution in the elimination of accidents. On the basis of a driver's driving habits, friendship is created or lost with the public; thus, our drivers have a great opportunity to impress the public favorably.

B. Vehicle Operator Inspections/Fueling Procedures

All vehicles shall be visually inspected by the operator prior to its use to ensure it is in safe and proper operating condition and free of any apparent damage or defect that, in the opinion of the operator or a duly appointed individual making the inspection, may cause failure while in use. Report any visible problems to a technician at the Vehicle Maintenance Shop. If a serious problem is recognized it shall be reported to an immediate supervisor and a Town of Davie

“Accident Incident Report Form” (Appendix E) located on the Town’s intranet and/or website shall be completed. No vehicle or equipment shall be put into service until any defect or safety violation likely to cause an accident or breakdown has been corrected.

C. Safe Driving Practices

1. Concentrate on driving. A good driver dismisses his worries or anger when he enters his vehicle. When driving Town vehicles always wear your seat belt/shoulder harness. Smoking is prohibited in all Town vehicles.
2. Never press for the right of way.
3. Always limit your vehicle speed so that there is clear space and time for an emergency stop. High-speed drivers have less time to think and act in an emergency, and a far greater distance is required to stop.
4. Slow down in dense traffic or congested areas.
5. Adjust speed for poor visibility and weather conditions.
6. Slow down at intersections or curves.
7. Use appropriate signals well in advance of any action.
8. Signal early and slow down gradually.
9. The use of narcotics and habit-forming drugs is strictly forbidden. If prescribed medication is to be used, it must be authorized by a physician. You must notify your supervisor immediately if any medications, whether prescribed or over-the-counter, might impair your ability in any way. If impaired, you will not be allowed to drive. Driving while intoxicated by drugs or alcoholic beverages shall be grounds for discipline up to and including termination.

D. Parking

Vehicles should be parked off the traveled way, where they will not interfere with the normal flow of traffic and will not obstruct the view of other drivers.

E. Backing

A great many vehicular accidents occur when backing out of parking areas. Never back your vehicle unless it is necessary; try to plan ahead to avoid backing.

1. Truck drivers and drivers of other type of heavy equipment, which make backing difficult due to size and design, will always check the rear and sides of their vehicles by walking around the vehicle and observing if proper clearance is sufficient to back safely.
2. If you are in the cab and cannot ensure that you have proper clearance, dismount from the cab and physically check the rear and sides of the vehicle. If you have a passenger, have him or her direct you. Never back a vehicle unless you have assured that you are clear to do so.

3. Remember, if someone directs you while backing, it does not relieve you (as the driver) of the responsibility if you have an accident. Keep him in view at all times or stop.
4. Back as carefully as possible and back slowly. Always sound your horn before backing to get the attention of other drivers and to make them aware of what you are doing.
5. Back to the left whenever possible; and always back away from traffic.
6. When parking parallel, leave sufficient space to leave without backing. Sometimes by parking a little further from your objective and walking, you may prevent an accident.

F. Drive Defensively

1. Experienced drivers learn to sense an accident situation in advance in order to avoid it.
2. The good driver doesn't drive to please only himself--the drivers in front, behind, and those coming from the sides determine his decisions.
3. Keep alert at railroad crossings. Make sure you have a clear view of the tracks.
4. When driving in traffic, be alert for mistakes or unexpected actions of others, drive more slowly, and keep alert for pedestrian and cross traffic.
5. Drive at speeds which permit stopping within visibility range of your headlights. Keep headlight beams depressed to reduce reflected glare caused by fog, rain, or wet pavement.
6. Be sure your mirrors are clean and properly adjusted.
7. Always consider proper loading and proper load distribution as factors in safe driving.
8. If involved in an accident, be sure to notify authorities as required by law, complete the required Town of Davie accident report forms and be sure a police report (Florida Traffic Crash Report) with narrative is completed. Always notify your supervisor of any accident you are involved in, no matter how minor.

G. Working in Roadways

1. Individuals working in roadways and right-of-ways must be properly trained in current traffic control practices.
2. Prior to full or partial road closure, notify all appropriate agencies, as necessary.
3. Wear employer prescribed Personal Protective Equipment (PPE), such as a highly visible safety vest, hardhat, safety shoes, gloves, etc.
4. Ensure that proper traffic control practices are undertaken, including appropriate use of signs, cones and lighting.

Section 11: Construction and Maintenance Vehicles and Equipment

A. General

1. All personnel shall be alert at all times to avoid accidental injury and property damage in the operation of construction and maintenance equipment.
2. Only properly trained and qualified personnel will be authorized to operate and maintain construction vehicles and equipment. Authorized operators should refer to their department standard operating procedures for operational safety measures.
3. All mechanized equipment must be inspected prior to use and at frequent intervals to ensure that safe operating condition is maintained.
4. Mobile equipment operators shall conform to all laws and regulations governing motor vehicles when operating on state, county, and local roads and highways.

Section 12: Safety in Construction, Buildings, and Grounds Maintenance

A. General

Unsafe conditions in buildings and construction and ground areas require repair and maintenance to render them safe for employees and the public. Report all unsafe conditions to the responsible Town department, supervisor, and/or the Town Safety Committee for correction without delay.

B. Ladders

1. A ladder should be placed so the distance from its foot to the wall is one-fourth the length of the extended ladder.
2. Do not carry heavy or bulky objects up or down a ladder.
3. Only one person is permitted on a ladder at any one time.
4. Ladders shall not be used as skids, braces, scaffold members, or for any purpose other than that for which they are intended.
5. Never climb a ladder with greasy, muddy, or otherwise slippery hands or shoes.
6. Do not use metal ladders in areas where exposure to electric wires or equipment is possible.

C. Construction Hazard Identification

All construction work must be clearly identified by signs and protective barriers suitably marked with reflective materials and illumination for easy sighting after dark; traffic channeling devices shall be used where applicable. When necessary, a flagman will be used to direct and channel traffic around a construction site. Flagmen shall wear an orange reflective safety vest.

D. Clothing Lockers

Personal clothing lockers shall be kept in a clean and orderly condition. Clothing or materials that are contaminated with flammable substance(s) must not be placed in lockers (to avoid spontaneous combustion).

E. Buildings

Materials shall not be stored under, or piled against buildings, against doors or exits, or under stairways. Roofs will be kept free of refuse such as sawdust, shavings, lint, trash, and other materials that can create a fire or tripping hazard.

Section 13: Electrical Safety

A. General

Unless you are an electrician, do not attempt repairs on electrical equipment. Call the experts! Use the lockouts or a tag out procedure for equipment or areas that need attention. No live wire work will be performed (even under emergency conditions) unless expressly authorized by the department director or his authorized representative.

B. Electrical Wires and Extension Cords

1. Treat all electric wires as live wires.
2. Do not drag cords over sharp edges or run cables across surfaces where they can be damaged.
3. Pull the plug instead of yanking the cord. Never remove a cord if it is in use. Electricity can jump across exposed prongs in the plug.
4. Keep electric cables away from steam lines and hot water lines, which can damage insulation.
5. Keep cords clean. Never allow an extension cord to lie in water, oil, grease or any solvent. Wipe clean before using.
6. Excessive scraping, kinking, and stretching will cause damage to power cables, causing premature failures and possible shock or burns.

C. Electrical Equipment

1. Grounds provided on electrical apparatus shall not be disconnected or broken.
2. Shock, no matter how slight, is a warning something is wrong. Tag the equipment and have it checked before reusing.

D. Electrical Repairs

All electrical installations will be installed and maintained in accordance with provisions of the National Electrical Code, NFPA.

Section 14: Water and Wastewater Plants and Lift Stations

A. General

Sewage systems, sedimentation areas, and water plants require careful control to avoid accidents occurring from the various gases generated, unguarded plant machinery, manholes, and underground sewer piping hazards. Most sewage contains large numbers of harmful bacteria that can cause serious diseases. For this reason, personal cleanliness must be observed to safeguard the health of workers. Good housekeeping is a must for the health of water and

wastewater workers. All workers assigned to water and wastewater plants are required to study and understand the rules and regulations governing their work and safety requirements outlined, and comply with them as directed by their supervisor.

B. Protective Equipment and Testing Devices

Protective clothing, equipment, and devices (such as respirators, safety belts, safety harnesses, and testing devices for the detection of combustible gas, oxygen deficiency, and hydrogen sulfide) will be provided and made available as needed. All protective clothing and equipment which have been contaminated, or which are not designed for re-usage, shall be disposed of in the proper manner for said items.

C. Confined Space Safety Program

No employee shall go into any confined space without the direct orders from the Utilities Maintenance Supervisor, the Superintendent of Operations, or the Director of Utilities. If it becomes absolutely necessary to enter a confined space, supervisory personnel will provide the procedure and safety equipment necessary to do the job with utmost safety. By Law, a competent person must be at the entry to the confined space and make sure the space and workers are safe. A competent person is someone who is trained and certified by the state on confined spaces. Before entering a confined space, employees/workers must carefully plan for a safe rescue in the event of an emergency. An unplanned rescue will probably be your last.

APPENDIX A: Instructions for use of Human Resources/Risk Management Division Forms

CITIZEN INCIDENT REPORT FORM - APPENDIX B

At the time that a Citizen Loss complaint is being received and recorded on the Accident/Incident Report, the Citizen Incident Form shall be either handed to or mailed to the citizen with instructions to provide a written detailed account of their loss, injury etc and to mail the completed form, along with any supporting documents, to Human Resources Risk Management Division for evaluation and review. The Human Resources Risk Management Division will review both the Accident/Incident Report Form and Citizen Incident Report Form in unison and in conjunction with the appropriate Town Department. If appropriate, Human Resources Risk Management Division will submit a claim to the Town's insurance carrier.

NOTE: It is important that any complaints about injurious defects in Town property, sidewalks, roadways etc. be documented and forwarded to Public Works for evaluation. Public Works must have the opportunity to determine if the location is Town responsibility and if repairs or corrections by the Town are necessary. Once the Town is on notice of such defects the Town may be liable for any adverse consequences should the defect not be corrected.

FIRST REPORT OF INJURY FORM (DWC-1) - APPENDIX C

This form is to be completed immediately by the injured employee. The Florida Report, (DWC-1) is immediately sent to Human Resources Risk Management Division for worker's compensation reporting.

MEDICAL RETURN TO WORK EVALUATION FORM - APPENDIX D

This form is sent with the injured employee to the doctor for completion by the doctor. The injured employee is required to bring a completed form back to the department immediately after seeing the doctor and before going home. U.S. HEALTHWORKS has similar in-house forms that are acceptable but, regardless of which form is completed by the doctor, the employee is still required to immediately bring all medical forms/reports back to the department for submission to Human Resources Risk Management Division. The employee may keep copies of any such forms.

ACCIDENT / INCIDENT REPORT FORM - APPENDIX E

This form is used by involved employees to record all Vehicle Accidents and all Operational Accidents or Incidents resulting in damage to or loss of Town Property. It is also used to record citizen complaints to town employee about defects in Town Property that are alleged to have caused some form of accident or injury to the Citizen or their property. A department supervisor reviews the Vehicle or Operational Accident with the employee and completes the bottom half of the report; follows up on the citizen complaint; or insures that the appropriate department follows up on the Citizen Complaint and completes the bottom half of the report. The completed report is forwarded to Human Resources Risk Management Division.



Appendix B: Citizen Incident Report Form

TOWN OF DAVIE
CITIZEN INCIDENT REPORT

Police Report # _____

Department Receiving Report: _____

Citizen's Name:		D.O.B.:		Injured <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Describe Injury:					
Address:		City:		State: ZIP:	
Drivers License #:			Phone #:		
LOCATION AND DATE OF INCIDENT					
Date:		Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		What Type Location:	
On What Road:			At or Near What Road:		
IN or NEAR What Building:					
Vehicle Yr/Make:		Model:		Vin. #: Tag #:	
What Property is Damaged:					
Describe Damage:				Estimate Amount: \$	
Witness Names and Phone Numbers: _____ _____ _____					
DESCRIPTION OF WHAT HAPPENED: _____ _____ _____ _____ _____					
Signature:			Date Signed:		

Risk Management
6591 Orange Drive
Davie, FL 33314
954-797-1097

APPENDIX C: FIRST REPORT OF INJURY OR ILLNESS

FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

For assistance call 1-800-342-1741
or contact your local EAO Office
Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

NAME (First, Middle, Last) 1.		SOCIAL SECURITY NUMBER 7. - -	DATE OF ACCIDENT (Month-Day-Year) 8.	TIME OF ACCIDENT 9. <input type="checkbox"/> AM <input type="checkbox"/> PM
HOME ADDRESS 2.		EMPLOYEE'S DESCRIPTION OF ACCIDENT (include Cause of Injury) 10.		
TELEPHONE 3.	Area Code () -	Number		
OCCUPATION 4.	INJURY/ILLNESS THAT OCCURRED 11.		PART OF BODY AFFECTED 12.	
DATE OF BIRTH 5.	SEX 6. <input type="checkbox"/> M <input type="checkbox"/> F			

EMPLOYER INFORMATION

EMPLOYER/COMPANY 13. Town Of Davie 6591 Orange Drive Davie, FL 33314	FEDERAL I.D. NUMBER (FEIN) 17. 59-6046527	DATE FIRST REPORTED (Month-Day-Year) 24.
TELEPHONE 14. (954) 797-1097	NATURE OF BUSINESS 18. Municipal Government	POLICY/MEMBER NUMBER 25. PX FL1 0062701 11-05
EMPLOYER'S LOCATION ADDRESS (if different) 15.	DATE EMPLOYED 19.	PAID FOR DATE OF INJURY 26. <input type="checkbox"/> YES <input type="checkbox"/> NO
Location #:	LAST DAY EMPLOYEE WORKED 20.	27. WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP?
PLACE OF ACCIDENT (Street, City, State, Zip) 16.	DATE OF DEATH (if applicable) 22.	
COUNTY:	RETURNED TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE 21.	RATE OF PAY 28. PER <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> DAY <input type="checkbox"/> MO
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement. 29	AGREE WITH DESCRIPTION OF ACCIDENT? 23. <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of hours per day Number of hours per week Number of days per week
30. EMPLOYEE SIGNATURE (If available to sign) _____ DATE _____ EMPLOYER SIGNATURE _____ DATE _____	NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL 31.	AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIMS-HANDLING ENTITY INFORMATION

<input type="checkbox"/> 1(a) Denied Case – DWC-12, Notice of Denial Attached	<input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3) Employee's 8th Day Of Disability Entity's Knowledge of 8th Day of Disability
<input type="checkbox"/> 1(b) Indemnity Only Denied Case – DWC-12, Notice Of Denial Attached	Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date
<input type="checkbox"/> 3. Lost Time Case – 1st day of disability Date First Payment Mailed _____ AWW _____ <input type="checkbox"/> T.T. <input type="checkbox"/> T.T.- 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY Penalty Amount Paid in 1st Payment _____ Interest Amount Paid in 1st Payment _____	
REMARKS:	INSURER NAME Town of Davie CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE PREF. GOVERNMENTAL CLAIM SOLUTIONS PO BOX 958456 LAKE MARY, FL 32795-8456 TEL: (800) 237-6617 FAX: (321) 832-1448
INSURER CODE # 8116	EMPLOYEE'S CLASS CODE
SERVICE CO/TPA CODE # 6239	EMPLOYER'S NAICS CODE
CLAIMS-HANDLING ENTITY FILE #	

Form DFS-F2-DWC-1 (08/2004)

Instructions for Completing State of Florida First Report of Injury

Each box above has been numbered. Please enter the information requested below:

1. Full name of injured employee.
2. Home address of injured employee. **PLEASE DO NOT PUT YOUR WORK ADDRESS.**
3. Personal telephone number where employee is most likely to be contacted (home or cell).
4. Employee's job title and department name, e.g. Homicide Detective, Police Department
5. Employee's date of birth.
6. Sex of employee – Check M or F for male or female.
7. Employee's social security number
8. Date of the accident (month, day & year)
9. Time of accident and am or pm checked off
10. Employee's description of accident with the cause of the injury (very important to be clear & concise about what happened).
11. Injury or Illness description.
12. Describe all parts of the body that were affected by the injury.
13. Employer Address – this is already filled in with Town of Davie and the Town Hall address.
14. Telephone – this is already filled in the with the Risk Management Department phone number.
15. This box should have the Employee's Work Address if different from Town Hall.
16. Address of the Accident Location.
17. Federal Tax ID number – this is already filled in with Town of Davie information.
18. Nature of business – this is already filled in with Town of Davie information.
19. Employee's hire date.
20. Last day employee worked.
21. Check the yes or no box if the employee will return to work and the date if yes.
22. Date of employee's death if applicable.
23. Supervisor to check box yes or no if they agree with the employee's description of the accident.
24. Date injury or illness was first reported (month, day & year).
25. Policy/member number – this is already filled in with Town of Davie information.
26. Check yes or no for whether employee was paid for the date it occurred.
27. Check the yes box if employee will be paid regular wages instead of workers' compensation. Also enter the last day wages will be paid instead of worker's compensation.
28. Rate of employee's pay with number of hours per day, week and number of days per week the employee works.
29. Employee signature and date
30. Employer signature and date
31. Name, address and telephone number of the physician or hospital where the employee was treated and whether or not it was authorized.

Note:

- The remainder of the document will be completed by the insurance carrier.
- If you have any questions, please call Risk Management at 954-797-1097 or 954-797-1110.



APPENDIX D: TOWN OF DAVIE MEDICAL RETURN TO WORK EVALUATION WORK INJURY/ILLNESS

The Treating PHYSICIAN must complete this form each time employee is treated

Patient/Employee Name: _____ Date: _____

Work/Job/Position: _____ Department: _____ Date of Injury / Illness: _____

TO BE COMPLETED BY PHYSICIAN

1. Is the employee able to perform his/her regular work without restriction? [] Yes [] No

If Yes, indicate date employee can return to regular work: _____

If No, complete #2:

2. Is the employee able to perform Light Duty assignments? [] Yes [] No

If yes, check the workplace limitations below that are due to the injury.

Number of hours a day employee is able to work: _____

Table with 4 columns: Type of Work, No Restriction, Partial Restriction, Full Restriction. Rows include Sedentary - Lifting 0 - 10 Pounds, Light - Lifting 10 - 20 Pounds, Moderate - Lifting 20 - 50 Pounds, Heavy - Lifting 50 - 100 Pounds (Occasional), Pulling / Pushing / Carrying, Reaching or Working Above Shoulder, Walking, Standing, Sitting, Stooping, Kneeling, Repeated Bending and Crawling, Climbing, Operating a Vehicle, Truck, Etc.

Exposure Limitations: [] Heat [] Cold [] Dust [] Fumes

3. Diagnosis of Injury, Treatment Plan, and Prognosis: _____

Next Appointment: _____ Has Employee Reached MMI? _____ Discharged? _____

Physicians Signature: _____ Date: _____

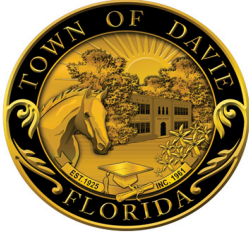
Printed Name: _____ Clinic Name: _____

Fax Completed Form to Risk Management at: (954) 797 - 1079

Revised 01/20/2010

Employee must return this form to their supervisor prior to going home.

APPENDIX E: ACCIDENT/INCIDENT REPORT FORM



TOWN OF DAVIE

ACCIDENT/ INCIDENT REPORT

<input type="checkbox"/> Vehicle CRASH report
<input type="checkbox"/> Property Damage/Loss Report
<input type="checkbox"/> Citizen Incident Report

Police Report#: _____ Department: _____

REPORT ALL VEHICLE & EQUIPMENT INCIDENTS, TOWN PROPERTY AND CITIZEN INCIDENTS ON THIS FORM

1. LOCATION AND DATE

Date:	Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>	Location:
On What Road:		At or Near What Road:	
IN or Near What Building:			

2. REPORTING EMPLOYEE, VEHICLE AND/OR PROPERTY INVOLVED

Employee Name:	Employee #:	Position Title:
Phone#:	Injured <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Equipment #:	Yr. /Make:	Model:
Lic.#:	Vin.#	
Describe Damage:		Estimate Amount: \$
List Town Property Damaged, Lost or Stolen:		

3. OTHER DRIVER, VEHICLE, AND OR PROPERTY

Name:	D.O.B:	Phone#:
Address:	Injured <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Drivers License:	State:	Yr./Make:
Estimate Amount: \$		
Owners Name:	Insurance Company:	
Describe Other's Property Damage:		

4. DAVIE EMPLOYEE DESCRIPTION OF WHAT HAPPENED:

(If Vehicle Accident Attach Copy of Police Report)	Reporting Employee's Signature
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(Attach Additional Sheets if Necessary)

Return This Report To: **Town of Davie
Risk Management
6591 Orange Drive
Davie, FL 33314
954-797-1097**

TOWN OF DAVIE

EMPLOYEE ACKNOWLEDGEMENT FORM

Receipt

I hereby acknowledge receipt of the Employee Safety Manual for the Town of Davie. I acknowledge that it is my responsibility to read, understand and adhere to this manual. In addition, I understand that my department may also have additional safety policies and procedures that I must also comply with. If I have any questions about the policies or procedures, I will direct them to either my supervisor, department manager, or to Human Resources. I further understand that this safety manual may be amended or changed by management as deemed necessary at any time.

Employee Signature

Date

Print Name

Department

Please remove this page and send to the Human Resources Department
Attention: Human Resources Risk Management Division