

**BURLINGTON COUNTY  
MUNICIPAL JOINT INSURANCE FUND**

**2007 SAFETY INCENTIVE PROGRAM**



**DATED: 01/08/2007**

# TABLE OF CONTENTS

<b>Introduction and Program Elements .....</b>	<b>Page 3</b>
<b>Initial Reports .....</b>	<b>Page 12</b>
§ Safety Contract & Safety Improvement Objectives	
§ Due March 1, 2007	
§ Safety Inspection Plan	
§ Due April 2, 2007	
<b>Mid-Year Reports .....</b>	<b>Page 15</b>
§ Mid-Year SIP Report Cover Sheet	
§ Department Safety Summary Sheets	
§ Due June 1, 2007	
<b>Special Recognition.....</b>	<b>Page 24</b>
§ Special Recognition nominations form	
§ Due November 1, 2007	
<b>Year-End Reports .....</b>	<b>Page 26</b>
§ Year-End SIP Report Cover Sheet	
§ Department Safety Summary Sheets	
§ Due December 3, 2007	
<b>Sample Forms .....</b>	<b>Page 35</b>
§ Safety Inspection Plan	
§ Job Site Observation Reports (General, Road Work and Sanitation)	
§ Municipal Complex / Administration Safety Checklist	
§ Public Works Department Safety Checklist	
§ Public Works Department Equipment Checklist	
§ Emergency Medical Services Department Safety Checklist	
§ Police Department Safety Checklist	
§ Utility Department Safety Checklist	
§ Recreation Department Facilities Safety Checklist	
§ Recreation Department Field Facilities Checklist	
§ Recreation Department Playground Inspection	
§ Guidelines for setting Safety Improvement Objectives	
§ Sample Tracking sheet for Safety Improvement Objectives	

# BURLINGTON COUNTY MUNICIPAL JOINT INSURANCE FUND

## 2007 SAFETY INCENTIVE PROGRAM

### Introduction

We are pleased to introduce the 2007 Safety Incentive Program (SIP). Your Executive Safety Committee has worked long and hard to refine this program to meet the needs of our members. We believe the changes that are being introduced will add interest and enthusiasm to the safety program. We want to emphasize that the primary goal of this program is to prevent accidents by eliminating conditions and behaviors that can contribute to unforeseen losses, but we also want to foster teamwork and healthy competition and challenge our members to achieve their maximum level of success in this program. This year there are more ways to earn points and more opportunities to gain credit for your safety activities. **Go for the Gold!**

### What's New in 2007

- **More size categories:** members have been placed in size categories Small, Medium, Large and Extra Large. See Page 5 for list of member categories.
- **Core Elements** of the program broken into five key areas:
  - Management Commitment and Accountability
  - Safety Communication
  - Hazard Identification and Correction
  - Safety Training
  - Accident Reporting and Investigation
- **Safety Contracts and Safety Improvement Objectives are due March 1. Mid-year report is due on June 1, and the Year-End report is due on December 3, 2007.**
- Extra credit points have mostly been eliminated. There are 150 points available and the minimum score needed to qualify for monetary award is 75% of the available points.
- **Gold,** **Silver,** and **Bronze** qualifier tiers have been established, based on the % of points achieved.
- **Monetary awards** will be awarded to all qualifiers, with incremental awards for those members who achieve the Gold, Silver or Bronze tiers. See table of awards on Page 5.
- **“Safety Improvement Objectives”** are to be submitted by March 1, 2007. See Program Element # 2 for further details.

- **Special Safety Recognition Awards**” have replaced Departmental Recognition Awards. These awards will pay tribute for outstanding achievements of **departments or individuals**. See Tab 4 for more information.

The Special Safety Recognition Award program is designed to recognize departments or individuals that go beyond the core requirements of the Safety Incentive Program or excel in a particular area of safety. Did a department or individual make improvements to safety operations, equipment or training? Tell us what your department did to improve employee and or public safety in your municipality! Examples of such noteworthy contributions could include newsletters, or innovative communication programs, safety awareness campaigns, process changes that help reduce accidents, outstanding individual efforts, exceptional training efforts, attainment of specialized safety related designations, etc.

Written nominations must be submitted by November 1, 2007 and will be reviewed by a sub-committee made up of one representative from the Safety Committee, three Fund-Commissioners that will be picked at random and the Safety Director.

### **SIP Scoring**

Member scores are calculated on a percentage basis. Members are only evaluated on their applicable departments. Any scoring categories which do not apply for individual municipalities will be removed from that municipality’s total possible points. Partial credit will be applied in all scoring categories.

### **Safety Contract**

As in previous years, the 2007 SIP requires that all members complete the Municipal Safety Contract. A completed contract is an important component of the JIF Safety Program because it demonstrates top management commitment to the municipality’s safety program and sets the stage for accountability. Members must submit a safety contract in order to participate in the Safety Incentive Program. Contracts must be submitted to the Safety Director’s Office no later than March 1, 2007.

### **Report Submission – Late Reports**

#### **Scoring Criteria**

- Reports must be postmarked by the due date
- Reports postmarked or hand delivered after the due date will not be graded.
- Faxed reports will not be accepted.

# BURLINGTON COUNTY MUNICIPAL JOINT INSURANCE FUND

## 2007 Safety Incentive Program Size Categories

<b>Bass River</b>	<b>S</b>
<b>Beverly</b>	<b>M</b>
<b>Chesterfield</b>	<b>S</b>
<b>Delanco</b>	<b>M</b>
<b>Delran</b>	<b>L</b>
<b>Edgewater Park</b>	<b>M</b>
<b>Florence</b>	<b>L</b>
<b>Hainesport</b>	<b>S</b>
<b>Lumberton</b>	<b>L</b>

<b>Mansfield</b>	<b>M</b>
<b>Medford</b>	<b>XL</b>
<b>Mount Laurel</b>	<b>XL</b>
<b>Riverside</b>	<b>L</b>
<b>Shamong</b>	<b>S</b>
<b>Southampton</b>	<b>M</b>
<b>Springfield</b>	<b>S</b>
<b>Tabernacle</b>	<b>S</b>
<b>Westampton</b>	<b>M</b>

**S-Small      M- Medium   L-Large      XL – Extra Large**

### Monetary Awards

Members must achieve at least 75% of the available points to qualify for monetary awards.

- To qualify for “Gold,” members must achieve more than 95% of the available points.
- To qualify for “Silver,” members must achieve 90 – 94% of the available points.
- To qualify for “Bronze,” members must achieve 85-89% of the available points.

<b>Level</b>	<b>Score</b>	<b>% of Based Earned</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>X-Large</b>
<b><i>GOLD</i></b>	<95%	130%	\$1,300	\$1,625	\$1,950	\$2,275
<b><i>SILVER</i></b>	<90%	120%	\$1,200	\$1,500	\$1,800	\$2,100
<b><i>BRONZE</i></b>	<85%	110%	\$1,100	\$1,375	\$1,650	\$1,925
<b><i>QUALIFIER</i></b>	<75%	100%	\$1,000	\$1,250	\$1,500	\$1,750

# **IMPORTANT SIP DATES**

**MARCH 1, 2007**

**Safety Contract,  
Safety Improvement Objectives &  
Safety Committee Schedule Due**

**April 2, 2007**

**Safety Inspection Plan Due**

**June 1, 2007**

**Mid-year Report Due**

**November 1, 2007**

**Nominations for Special Recognition Awards Due**

**December 3, 2007**

**Year-End Report Due**

**Mail / Deliver All Reports To:**

**Commerce Risk Control Services  
1701 Route 70 East  
(PO Box 1360)  
Cherry Hill, New Jersey 08034-0147  
Telephone 856 489 6102**

**Questions Regarding the SIP should be directed to:**

Joanne Hall (732 736 5286) [Joanne.Hall@yesinsure.com](mailto:Joanne.Hall@yesinsure.com)  
John Saville (856 489 6112) [John.Saville@yesinsure.com](mailto:John.Saville@yesinsure.com)  
Sotirios Thomas (856 470 5990) [Sotirios.Thomas@yesinsure.com](mailto:Sotirios.Thomas@yesinsure.com)  
Emily Judd (856 489 6102) [Emily.Judd@yesinsure.com](mailto:Emily.Judd@yesinsure.com)



**BURLINGTON COUNTY MUNICIPAL  
JOINT INSURANCE FUND  
PROGRAM ELEMENTS**

<b><u>Management Commitment</u></b>	
	<b>Possible Points</b>
<p><b># 1 Safety Contract</b>  <b>Submit completed Safety Contract</b></p> <p><b>Documentation Required:</b>  Completed Safety Contract must be postmarked by March 1, 2007</p>	<b>0</b>
<p><b># 2 Safety Improvement Objectives</b>  <b>Establish meaningful objectives to help improve safety performance.</b></p> <p>§ Extra Large, Large: Establish 3 objectives  § Medium members: Establish 2 objectives  § Small members: Establish 1 objective.</p> <p><b>Scoring Criteria:</b> Safety Improvement Objectives provide a way for each member to receive credit for activities that address their own particular safety needs and concerns, which have not been specifically addressed in other parts of the Safety Incentive Program. Objectives should focus on ways to reduce claims frequency, improve the safety management systems, and / or address a specific area of concern. Each objective must be measurable and have a target date for completion. Points will be awarded for establishing and completing meaningful objectives. For additional guidance on establishing Safety Improvement Objectives, refer to Information under Tab 6 or speak to your Commerce Risk Control Consultant.</p> <p><b>Documentation Required:</b>  Submit Objectives by March 1, 2007 (form provided)  Submit a status report with the Mid-Year and Year-End reports</p>	<b>10</b>
<p><b># 3 Department Safety Summary Reports</b>  Every participating department must complete and submit Mid-Year and Year-End Department Safety Summary Report.</p> <p><b>Scoring Criteria:</b> Department Safety Summary Reports should be completed and signed by a department representative. Appropriate documentation should be included with the report.</p> <p><b>Documentation Required:</b>  Submit Department Summary Reports  Mid-Year report due on June 1, 2007 (See Tab 3)  Year-End report due on December 3, 2007 (See Tab 5)</p>	<b>10</b>

## Safety Communication

### # 4 Safety Committee

**Establish Safety Committee that meets on a regular basis.**

- § Extra Large and Large members: Hold six meetings per year
- § Medium and Small members: Hold 4 meetings per year

**Scoring criteria:** minimum number of meetings for size category; written agenda; written minutes; roster with their departmental affiliation listed; Department heads or deputy department heads should attend meetings; points may be deducted if key department heads are not present. Overall content of minutes are reviewed to determine if issues addressed are appropriate to the member's operation. They are also reviewed to determine if items brought up in the meetings are resolved or if they are continually carried over and not addressed.

**Documentation Required:**

Submit written agenda and minutes and roster with departmental affiliation listed.

**24**

### # 5 Job Site Observation Reports (JSOs)

Applies to all departments, including Administration, Fire, EMS, Utility, Police, Public Works, and Recreation.

For all size categories:

- § Each department / division will complete 1 JSO per month per department, (except for Administration, which will complete 1 per quarter and departments with 2 or fewer employees / volunteers, which will complete 4 per year).

**Scoring Criteria:** Minimum number of reports submitted for applicable departments; Comments on report indicate that authentic observations and feedback are being conducted. Deficiencies identified and follow up activities reported. Partial credit will be awarded.

**Documentation required:**

Submit completed JSO reports.

**12**

## Hazard Identification & Correction

### # 6 Safety Inspection Plan

- § Develop & submit inspection plan - one time only (4 pts)
- § Work your plan by conducting periodic safety inspections throughout the year (16 pts).

**Scoring Criteria:** Plan should list all municipal buildings and facilities, parks, and playgrounds and the inspection plan for the year; for example, most municipal buildings, DPW garages and Recreation Centers should be inspected at least quarterly; parks, playgrounds and seasonal operations may call for more frequent inspections during periods of more intense usage.

For additional guidance on developing your Safety Inspection Plan, refer to Tab 2 or speak to your Commerce Risk Control Consultant

**Documentation required:**

Submit Safety Inspection plan by April 2, 2007

Submit completed Safety Inspection Reports with Mid-year and Year-end reports

*\*Note: only representative sample of completed forms (25%) need to be submitted with SIP reports, however, inspections may be verified by Commerce Risk Control during on-site surveys.*

**20**

### # 7 Roadway, Sign, and Walkway Program:

Implement a system to identify, record, and correct hazards related to roadways, signs, sidewalks, walkways, etc.

**Scoring Criteria:** Log of inspection items, complaints and corrective action taken; referrals made to proper jurisdictions;

**Documentation Required**

Submit an excerpt of RSW log (one page sample only) with Mid-Year and Year-End reports

**8**

### # 8 Suggestions for Improvement

- All "Important" (or Critical) SFIs completed within 2 years of the date of issue.
- No outstanding "Urgent" SFIs that have not been addressed

**Scoring Criteria:** Unresolved Important (or Critical) SFIs dated 2005 and earlier will incur a 5 point penalty. If SFI is a budgetary item, member can avoid this penalty by having the Fund Commissioner submit a letter advising what arrangements the member has made to address the SFI, including a target date for completion. *Extensions may only be made for two years and are subject to review by the Executive Safety Committee.*

**"Urgent"** SFIs refer to situations of "imminent danger" or "critical safety / health issues which might be expected to cause death or serious physical harm. Members may not qualify for the SIP Bonus if there are "Urgent" SFIs that have not been addressed, ***subject to review by the Executive Safety Committee.***

**Documentation Required:**

None. Points will be awarded based on Safety Director's Records as of 12/1/2007 and review during December 2007 Executive Safety Committee meeting.

**-5**

## Safety Training

### # 9 Participation in Regional Training Workshops

Attend all applicable Regional Safety Training Workshops:

- Safety Coordinators' Roundtable
- Police Chiefs' Roundtable (if applicable)
- DPW Superintendents' Roundtable (if applicable)
- Special Events Planning Workshop (if applicable)

**20**

**Scoring Criteria:** members are expected to send at least one representative to all applicable workshops. Points will be assigned based on the number of applicable workshops attended.

**Documentation Required:** None by members; attendance sheets maintained by Safety Director's office.

### # 10 Safety Training (MSI or Equivalent) Classes:

- § Extra Large: Participate in at least 12 topics per year
- § Large: Participate in at least 10 topics per year
- § Medium members: Participate in at least 6 topics per year
- § Small: participate in at least 4 topics per year

**Scoring Criteria:** Points assigned based on the number of different classes attended by at least one individual. Classes can be MSI or equivalent technical training. For non-MSI classes, course description and instructor's name must be provided. Partial credit will be awarded based on number of classes attended.

**14**

**Documentation required:**

- For MSI, provide class titles on Department Summary Reports
- For non-MSI classes, provide class title and submit sign in sheets, course description and instructor's name with Mid-Year and Year-End reports

### # 11 Tool Box Meetings and Safety Video Training sessions

Applies to all departments, including Admin, Fire, EMS, Utility, Police, Public Works, and Recreation.

- § Extra Large & Large members: Hold one per month per department or division (Admin to conduct 4 per year)
- § Medium members: Hold six per year (Admin to conduct 1 per quarter)
- § Small: Hold four per year
- § Departments with 2 or fewer employees/volunteers hold 2 per year.

**12**

**Scoring Criteria:** Provide topic and dated sign in sheet. Points will be based on the number of sign in sheets provided. Partial Credit will be awarded. Meetings should be spaced out through the year (i.e., quarterly, semi-annually);

**Documentation Required:** List number of sessions held and attach sign in sheets with Department Summary Report

## Accident Reporting & Investigation

<p><b># 12 Prompt Claims Reporting</b> Report Claims in timely fashion.</p> <p><b>Scoring Criteria:</b></p> <ul style="list-style-type: none"> <li>§ Full credit if 90% of claims are reported within 3 days of occurrence</li> <li>§ Partial Credit (3 points) if at least 80% of the claims are reported within 3 days of occurrence</li> <li>§ No credit if less than 80% of the claims are reported within 3 days of occurrence.</li> <li>§ Full credit awarded if there are no claims to report</li> </ul> <p><b>Documentation required:</b> None by members; reporting statistics provided by CHN</p>	<b>5</b>
<p><b># 13 Transitional Duty Program In Place</b></p> <p>Implement Return-to-Work (Modified Duty) program.</p> <p><b>Scoring Criteria:</b></p> <ul style="list-style-type: none"> <li>§ Full credit if member uses at least 75% of the available “Opportunity Days”</li> <li>§ Partial credit (3 pts) if member uses at least 50% of the available “Opportunity Days”</li> <li>§ No credit if member uses less than 50% of the available “Opportunity Days.”</li> <li>§ Full credit awarded if there are no lost time injuries.</li> </ul> <p><b>Documentation required:</b> None by members; reporting statistics provided by CHN</p>	<b>5</b>
<p><b># 14 Accident Investigation and review process</b></p> <p>Investigate and review all claims (WC/Auto/GL/Property) to determine causes and what should be done to prevent reoccurrence.</p> <p><b>Scoring Criteria:</b> Documentation will vary based on the frequency and severity of losses. Members that have no claims will receive the points.</p> <p><b>Documentation Required:</b> Submit representative sample (25%) of Supervisory Accident Investigation reports that demonstrate accidents are investigated and corrective action has been taken. Other suitable documentation may include loss summary reports, analysis of trends or notes from Accident Review Committee meetings. Partial credit will be awarded.</p> <p><b>Documentation required:</b> Submit with Mid-Year and Year-End reports.</p>	<b>10</b>
<p><b>Total Points Available</b></p>	<b>150</b>

**BURLINGTON COUNTY MUNICIPAL  
JOINT INSURANCE FUND  
2007 MUNICIPAL SAFETY CONTRACT**

We, the governing body of \_\_\_\_\_ recognize the important role an effective safety program plays in lowering employee injury rates, reducing lost time accidents, and cutting insurance costs, all of which contribute to greater employee safety and lower tax rates. We applaud the JIF's initiative in providing many of the safety resources needed to enhance our local safety efforts and we hereby declare our support of the JIF's safety programs.

Our Safety Coordinator is: \_\_\_\_\_  
(Name and Title)

Our Alternate Safety Coordinator is: \_\_\_\_\_  
(Name and Title)

We have established a Safety Committee for our community and the following members have been appointed:

(Use additional sheets, if necessary.)

- |    |        |         |              |
|----|--------|---------|--------------|
| 1. | _____  | _____   | _____        |
|    | (Name) | (Title) | (Department) |
| 2. | _____  | _____   | _____        |
|    | (Name) | (Title) | (Department) |
| 3. | _____  | _____   | _____        |
|    | (Name) | (Title) | (Department) |
| 4. | _____  | _____   | _____        |
|    | (Name) | (Title) | (Department) |
| 5. | _____  | _____   | _____        |
|    | (Name) | (Title) | (Department) |

We plan to meet:     \_\_\_ Monthly     \_\_\_ Quarterly     \_\_\_ Other (specify): \_\_\_\_\_

We plan to distribute safety information to our supervisors and employees in the following fashion:  
 \_\_\_ Department Meetings     \_\_\_ Safety Bulletin Boards     \_\_\_ Other (specify): \_\_\_\_\_

**The following departments have agreed to participate in the Safety Incentive Program:**

- \_\_\_ Police/Public Safety Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_ Fire/Rescue - Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_ EMS Chief - Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_ Municipal Complex - Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_ Public Works - Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_ Utilities - Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Mayor) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Administrator/Clerk/Manager) \_\_\_\_\_ (Date)

**To participate, please sign and return the completed contract to the Safety Director by March 1, 2007**

**BURLINGTON COUNTY MUNICIPAL  
JOINT INSURANCE FUND  
SAFETY IMPROVEMENT OBJECTIVES**

**Due by March 1 2007**

The 2007 Safety Incentive Program invites each member to establish *meaningful* Safety Improvement Objectives. These objectives provide a way for each member to receive credit in the SIP for activities that address their own particular safety needs and concerns. Objectives should focus on ways to reduce accident frequency, improve your safety management systems, or address a specific area of concern.

Each objective must be measurable and have a target date for completion. Points will be awarded for establishing and completing meaningful objectives. For additional guidance on establishing your safety improvement objectives, refer to Tab 6 or speak with your Commerce Risk Control Consultant.

- Ø Extra Large, Large; Establish 3 objectives
- Ø Medium Members: Establish 2 objectives
- Ø Small: Establish 1 objective.

**Municipality:**

**Date:**

**Objective One:**

**Objective Two:**

**Objective Three:**

**Use additional pages if needed and submit to:**

**Commerce Risk Control Services – CBIS Center  
1701 Route 70 East  
PO BOX 1360  
Cherry Hill, New Jersey 08034-0147**



**BURLINGTON COUNTY MUNICIPAL  
JOINT INSURANCE FUND  
MID-YEAR SIP REPORT**

**Period Covered: Jan 1, 2007 – May 31, 2007**  
**Due June 1, 2007**

Please use this page as the coversheet to your Mid-Year Safety Incentive Program Report. Submit your report so that it is postmarked or received by June 1, 2007.

**Mail / Deliver All Reports To:**  
Commerce Risk Control Services  
1701 Route 70 East  
(PO Box 1360)  
Cherry Hill, New Jersey 08034-0147  
Telephone 856 489 6102

**Municipality Name:**

**Be Sure to Include the following:**

*	<b>Safety Committee Meetings:</b> Provide agendas, minutes, and attendance information from Safety Committee Meetings held during this Reporting Period (Please ensure each attendee's department is listed along with their name).
*	<b>Safety Improvement Objectives</b> § Provide written status on progress.
*	<b>Department Summary Reports</b> – from each department , signed and completed with copies of: § Job Site Observation Reports § Safety Inspection Reports (representative sample) § Tool Box Meetings and Safety Video Training sessions § List of safety training classes attended
*	<b>Roads/Signs/Walkways Program</b> § Provide excerpt of your municipality's RSW log.
*	<b>Accident Review Panel</b> Provide copies of: § Supervisor Investigation reports (representative sample) or § Notes from Accident Review Committee or Safety Committee comments

**Department Safety Summary Report  
Municipal Complex / Administration**

**Mid-Year Report  
Jan 1 – May 31, 2007**

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

*\*Note: only representative sample of completed forms need to be submitted with SIP reports, however, report files may be verified during on-site surveys.*

**Safety Training Classes**

How many MSI topics (or safety training classes) were attended by employees from this department? \_\_\_\_\_ *List course titles below.*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

*\*Note: for MSI classes, only list title of class attended; For non-MSI classes, provide class title and attach sign in sheets, with course description and instructor's name*

**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Police / Public Safety Department**  
 Mid-Year Report  
 Jan 1 – May 31, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

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**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Fire / Rescue Department**  
Mid-Year Report  
Jan 1 – May 31, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

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**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Public Works Department**  
Mid-Year Report  
Jan 1 – May 31, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

*\*Note: only representative sample of completed forms need to be submitted with SIP reports, however, report files may be verified during on-site surveys.*

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*\*Note: for MSI classes, only list title of class attended; For non-MSI classes, provide class title and attach sign in sheets, with course description and instructor's name*

**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Emergency Medical Services**  
Mid-Year Report  
Jan 1 – May 31, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

*\*Note: only representative sample of completed forms need to be submitted with SIP reports, however, report files may be verified during on-site surveys.*

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- 1.
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- 4.
- 5.
- 6.

*\*Note: for MSI classes, only list title of class attended; For non-MSI classes, provide class title and attach sign in sheets, with course description and instructor's name*

**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Recreation Department**  
Mid-Year Report  
Jan 1 – May 31, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

*\*Note: only representative sample of completed forms need to be submitted with SIP reports, however, report files may be verified during on-site surveys.*

**Safety Training Classes**

How many MSI topics (or safety training classes) were attended by employees from this department? \_\_\_\_\_ *List course titles below.*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

*\*Note: for MSI classes, only list title of class attended; For non-MSI classes, provide class title and attach sign in sheets, with course description and instructor's name*

**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Utilities / Water / Sewer Department**  
**Mid-Year Report (Make Additional Copies if Needed)**  
**Jan 1 – May 31, 2007**

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

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**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
 \_\_\_\_\_ **Department / Division**  
**Mid-Year Report**  
**Jan 1 – May 31, 2007**

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

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How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

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*\*Note: for MSI classes, only list title of class attended; For non-MSI classes, provide class title and attach sign in sheets, with course description and instructor's name*

**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

## **SPECIAL SAFETY RECOGNITION AWARD PROGRAM**

The JIF safety motto is "***Safety First in All We Do,***" but safety is more than a motto. The success of the JIF safety programs depends upon the proactive approach to safety of each municipal department and individual employees.

The Special Recognition Award Program is designed to recognize departments or individuals that went beyond the core requirements of the Safety Incentive Program or excelled in a particular area of safety. Tell us about improvements that have been made to safety operations, equipment or training, or what your department did to improve employee and or public safety in your municipality. Examples of such noteworthy contributions could include safety newsletters, or innovative communication programs, safety awareness campaigns, process changes that help reduce accidents, outstanding individual efforts, exceptional training efforts, attainment of specialized safety related designations, etc.

**Nominations should be submitted to the Safety Director's Office on the enclosed form by November 1, 2007.** Use additional pages if necessary. Photographs, write-ups or other documentation may be submitted, but are not required. We suggest that any nominations be discussed with your Safety Committee. Fill out a separate form for each person or department being nominated.

### **Nomination Form**

Each Administrator, Fund Commissioner or Safety Coordinator should fill out the nomination form on the following page to nominate the department(s) or individuals who significantly contributed to safety efforts in your town.

Here are some examples of what could be submitted:

- § *Numerous Job Site Observations in our department pointed to a need for better ergonomic controls. Because of Job Site Observations, we changed the heights of our leaf chippers to waist-level reducing the potential for back strain and instituted annual lifting training and work hardening programs.*
- § *DPW implemented an improved preventative maintenance program in the shop. Two results have been no late maintenance on vehicles and elimination of unsafe extension cords. They also found three ladders that were unsafe and have since thrown them out and replaced them. The program will continue in 2008.*
- § *We instituted a safety suggestion program in the Police Department. Since March, there have been 5 employee safety suggestions. One suggestion led our department to issue pat down gloves to reduce needle sticks.*
- § *The Fire Department reviewed and revamped their training program and SOPs. The department officers reviewed the programs and approved them. Because of this review, the Fire Department discovered two people that needed additional training in Respiratory Protection. They are undergoing it now.*

**BURLINGTON COUNTY MUNICIPAL  
Joint Insurance Fund**

**SPECIAL SAFETY RECOGNITION PROGRAM**

**Municipality:**

**Name of Department(s) or Individual being nominated:**

**Provide description of why this Department(s) or individual is being nominated for this award. Use additional pages if necessary. Photographs, write-ups or other documentation may be submitted, but are not required.**

**Was this nomination discussed with the Safety Committee? If so, when?**

**Signature of Person submitting nomination:**

**Position / Title:**

**Printed name of person submitting nomination:**

**Date:**

**Submit this form by November 1, 2007**

**Commerce Risk Control Services –1701 Rte. 70 East  
Cherry Hill, New Jersey 08034-0147  
FAX 856-470-6152**

**BURLINGTON COUNTY MUNICIPAL  
JOINT INSURANCE FUND  
YEAR-END SIP REPORT**

**Period Covered: June 1, 2007 – November 31, 2007**  
**Due December 3, 2007**

Please use this page as the coversheet to your Mid-Year Safety Incentive Program Report. Submit your report so that it is postmarked or received by June 1, 2007.

**Mail / Deliver All Reports To:**  
Commerce Risk Control Services  
1701 Route 70 East  
(PO Box 1360)  
Cherry Hill, New Jersey 08034-0147  
Telephone 856 489 6102

**Municipality Name:**

**Be Sure to Include the following:**

*	<b>Safety Committee Meetings:</b> Provide agendas, minutes, and attendance information from Safety Committee Meetings held during this Reporting Period (Please ensure each attendee's department is listed along with their name).
*	<b>Safety Improvement Objectives</b> § Provide written status on progress.
*	<b>Department Summary Reports</b> – from each department , signed and completed with copies of: § Job Site Observation Reports § Safety Inspection Reports (representative sample) § Tool Box Meetings and Safety Video Training sessions § List of safety training classes attended
*	<b>Roads/Signs/Walkways Program</b> § Provide excerpt of your municipality's RSW log.
*	<b>Accident Review Panel</b> Provide copies of: § Supervisor Investigation reports (representative sample) or § Notes from Accident Review Committee or Safety Committee comments

**Department Safety Summary Report**  
**Municipal Complex / Administration**  
Year-End Report  
June 1 – November 30, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

*\*Note: only representative sample of completed forms need to be submitted with SIP reports, however, report files may be verified during on-site surveys.*

**Safety Training Classes**

How many MSI topics (or safety training classes) were attended by employees from this department? \_\_\_\_\_ *List course titles below.*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

*\*Note: for MSI classes, only list title of class attended; For non-MSI classes, provide class title and attach sign in sheets, with course description and instructor's name*

**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Police / Public Safety Department**  
Year-End Report  
June 1 – November 30, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

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**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Fire / Rescue**  
**Year-End Report**  
**June 1 – November 30, 2007**

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

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How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Public Works Department**  
Year-End Report  
June 1 – November 30, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

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**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Emergency Medical Services Department**  
Year-End Report  
June 1 – November 30, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

*\*Note: only representative sample of completed forms need to be submitted with SIP reports, however, report files may be verified during on-site surveys.*

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**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Recreation Department**  
 Year-End Report  
 June 1 – November 30, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

*Attach representative sample\* (approx 25%) of completed Safety Inspection Reports*

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How many meetings were held by this department? \_\_\_\_\_

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Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Utility / Water / Sewer Departments**  
Year-End Report ( Make Additional Copies as needed)  
June 1 – November 30, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

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**Tool Box or Safety Video Training Sessions:**

How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

**Department Safety Summary Report**  
**Other Department / Division**  
Year-End Report  
June 1 – November 30, 2007

**Safety Committee Attendance:**

How many municipal safety committee meetings were attended by this department? \_\_\_\_\_

**Job Site Observations:**

How many JSO reports were completed by members of this department? \_\_\_\_\_

*Attach copies.*

**Safety Inspection Reports:**

How many Safety Inspection Reports were completed for this department? \_\_\_\_\_

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How many meetings were held by this department? \_\_\_\_\_

*Attach copies of sign-in sheets.*

Are there any noteworthy safety related activities or accomplishments that occurred in this department? Please describe

**Name & Title of Person Completing this Report:**

**Date:**

## **SAMPLE FORMS:**

- § Job Site Observation Reports (General, Road Work and Sanitation)
- § Municipal Complex / Administration Safety Checklist
- § Public Works Department Safety Checklist
- § Public Works Department Equipment Checklist
- § Emergency Medical Services Department Safety Checklist
- § Police Department Safety Checklist
- § Utility Department Safety Checklist
- § Recreation Department Facilities Safety Checklist
- § Recreation Department Field Facilities Checklist
- § Recreation Department Playground Inspection
- § Guidelines for setting Safety Improvement Objectives
- § Sample Tracking sheet for Safety Improvement Objectives

## Job Site Observation General Observation Report

Observer: \_\_\_\_\_ Employee / Crew Observed: \_\_\_\_\_

Task Observed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Observation \_\_\_\_\_

### Some Conditions to Consider

• Supervisor on site	• Exposure to unstable structure or earth
• Review scope of job and safety concerns	• Lifting heavy, awkward objects, body mechanics
• Coordination with other agencies, departments	• Fire extinguisher, hot work hazard, permits
• Work zone precautions	• Walking working surfaces
• Exposed moving parts / guards in place	• Ladders, scaffolds, elevated platforms
• Horseplay	• Exposure to confined space
• Authorized task; authorized to operate equipment	• Rigging, jacks, inspection, storage, working under loads
• Equipment free of defects	• Cranes
• Equipment operated, stored, transported correctly	• Housekeeping, orderliness of jobsite equipment and material
• Equipment serviced while energized, or in motion	• Electrical hazards, cords, GFCI, power tools
• Correct tools available and used	• Hand tools
• Exposure to overhead objects	• Exposure to falling objects
• Overloading materials or equipment	• Exposure to chemicals
• Crowding materials, storage	• MSDS available
• Manual material handling	• Exposure to threatening wildlife
• PPE, appropriate work clothes	• Exposure to dust, noise, radiation
• First aid kit available	• Exposure to explosives
• Unhealthy, unsanitary conditions	• Exposure to compressed air or liquids
• Personal hygiene	• Exposed to flammables or using fuels
• Exposure to moving vehicle	• Lighting
• Inclement weather conditions (snow, ice, electrical storm, etc.)	• ROPS (Roll Over Protection)

### Comments

**Look at the way people are working:** (Ex: Is personal protective equipment being worn? Is job orderly and is housekeeping good? Are people lifting properly?)

**What did you see that needs to be changed or improved?** (Ex: equipment not locked out or workers without proper PPE, or unsafe lifting practices)

**What did you see that should be complimented?** (Ex: cones in place, spotter used during backing, proper speed for conditions, good housekeeping on site)

**Follow up action:** (Ex: Who did you talk to? What changes were made?)

## Job Site Observation Report Road Work

Observer:		Employee / Crew Observed:	
Task Observed:		Date:	Time:
Location of Work Zone:		Weather Conditions:	
Road Surface Condition:			
Type of Work:			
Shoulder Closure •	Lane Closure •	Road Closure •	
Detour •	Intersection •	Utility Work •	

### Conditions Observed

<ul style="list-style-type: none"> <li>• Work Zone properly posted</li> <li>• Flashing arrow boards used</li> <li>• Cones</li> <li>• Drums</li> <li>• Traffic Control signs used by flaggers</li> <li>• Impact attenuator used</li> <li>• Safety vests worn by Police Officers</li> </ul>	<ul style="list-style-type: none"> <li>• Traffic Control plans submitted</li> <li>• Approaching driver's view of work zone site</li> <li>• Police vehicle not used as attenuator</li> <li>• Overall work site</li> <li>• Work zone signs covered and removed</li> <li>• Full road closure 96 hour prior notification</li> <li>• Taper length</li> </ul>
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### Comments

**Look at the way people are working:** (Ex: Is personal protective equipment being worn? Is job orderly and is housekeeping good? Are people lifting properly?)

**What did you see that needs to be changed or improved?** (Ex: Workers without proper PPE, or unsafe lifting practices)

**What did you see that should be complimented?** (Ex: Cones in place, spotter used during backing, proper speed for conditions, good housekeeping on site)

**Follow up action:** (Ex: Who did you talk to? What changes were made?)

## Job Site Observation Report Sanitation, Recycling, & Bulk Pick Up

Observer:	Employee / Crew Observed:	
Task Observed:	Date:	Time:
Location of Observation:		

### Conditions Observed

<ul style="list-style-type: none"> <li>• Back up beepers and lights are operating properly</li> <li>• Driver is aware of where collectors are</li> <li>• Driver signals all collectors before backing vehicle</li> <li>• Driver does not back up the truck if anyone is standing on the riding step</li> <li>• Driver does not exceed 10 mph if workers are riding on the step</li> <li>• Truck is parked on the right side of the street</li> <li>• Driver uses a co-worker as a spotter when backing the truck</li> <li>• Hand holds are secure and steps have non-skid surface</li> </ul>	<ul style="list-style-type: none"> <li>• Collectors appear alert and aware of surroundings</li> <li>• Collectors and drivers have on reflective vests, proper footwear and gloves</li> <li>• Collectors do not stand behind truck while it is backing</li> <li>• Collectors do not stand behind the truck while it is compacting</li> <li>• Collectors do not stand below overhead containers or elevated loads</li> <li>• Collectors do not jump on or off the step while truck is moving</li> <li>• Collectors use proper lifting techniques and team lift heavy items</li> <li>• Collectors do not ride on step when truck is traveling more than one block or turning corners</li> </ul>
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### Comments

**Look at the way people are working:** (Ex: Is personal protective equipment being worn? Is job orderly and is housekeeping good? Are people lifting properly?)

**What did you see that needs to be changed or improved?** (Ex: Workers without proper PPE, or unsafe lifting practices)

**What did you see that should be complimented?** (Ex: Spotter used during backing, proper speed for conditions)

**Follow up action:** (Ex: Who did you talk to? What changes were made?)

## Municipal Complex / Administration Safety Checklist

<b>Municipality:</b>	<b>Inspection Date:</b>
<b>Name of Inspector:</b>	<b>Title:</b>
<b>Location Surveyed:</b>	

#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings
1				Means of egress readily accessible and unobstructed
2				Emergency evacuation plan and emergency phone numbers posted
3				Emergency lights operational
4				Exit lights and / or signs visible and adequate
5				Extension cords: minimal use and in good condition
6				Overhead obstructions clearly marked in contrasting color
7				Walking surfaces free of slip-trip-fall hazards no wrinkled carpets
8				Handicap access ramps provided and in good condition
9				Stairway handrails provided & in good condition & tightly secured minimum 3 inched from wall
10				Stair treads in good condition and adequately illuminated
11				Stairways free of storage or obstruction
12				Elevator inspection certificates current and posted
13				Elevator entrance signs posted "In Case of Fire, Do Not Use"
14				Housekeeping adequate - no hanging plants over equipment?
15				Filing cabinets secured to prevent falling
16				File room: storage of materials properly arranged? Minimum 18 inches below sprinklers?
17				Illumination adequate throughout
18				All transaction windows protected and duress alarms operational?
19				Heaters clear of combustible / flammable materials?
20				First Aid Kit, BBP Kit and AED available and maintained?
21				Sprinkler controls accessible and inspected annually
22				Sprinkler heads: at least 18 inches of clearance from stored materials
23				Electrical outlet / switch covers secure all receptacles 3-wire ground type
24				Coffee pots, copier machines, portable electric heaters in good condition, properly located and shut off after hours (No kerosene heaters permitted)
25				Surge protector on all electrical accessories, GFCI's near water sources
26				Fire extinguishers serviced annually and inspected monthly
27				Fire alarm and / or detection system functional?
28				Air handling equipment filter(s) cleaned and / or changed periodically?
29				Electric room & panels clear of combustible material and circuits identified
30				Electrical panels labeled for voltage levels, and arc flash warnings?
31				Electrical panels unobstructed (36 inch clearance) and covers closed.

## Public Works Department Safety Checklist

<b>Municipality:</b>	<b>Inspection Date:</b>
<b>Name of Inspector:</b>	<b>Title:</b>
<b>Location Surveyed:</b>	

#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings
<b>Building, Housekeeping and Sanitary Conditions</b>				
1				Stairs clean, floors & aisles clean
2				Exits marked, signs illuminated
3				Mezzanines have load ratings posted
4				Slip, trip & fall hazards eliminated
5				Fire ignition sources controlled
<b>Hazardous Materials</b>				
6				Proper storage and segregation
7				Flammable cabinets available/ bonded & grounded to building steel
8				All secondary containers properly labeled, (name & principle hazard)
9				MSDS available for all hazardous materials, current <5 years old
10				Shower/eyewash within 100 ft or 10 sec travel, on same level as hazard
11				Proper handling, no horizontal dispensing, drip pans in place
<b>Fuel Dispensing</b>				
12				Fire extinguisher serviced annually & inspected monthly Min 40 B:C
13				Emergency fuel cut-off available
14				NO SMOKING signs posted
15				Labels warning against fueling cans in pickup beds are posted
<b>Machinery &amp; Equipment</b>				
16				Compressor oil level checked, pressure tanks drained
17				Pressure tank relief valve(s) tested every 5 years
18				Hydraulic lifts (for vehicles) inspected annually certificate posted
19				Chain hoists and slings inspected, annually and before use
20				Point-of-operation & power transmission guards in place
21				Ladders & scaffolding secured in storage & in good condition
22				Fixed powered equipment properly placed & secured to floor or bench
<b>Electrical Power Sources</b>				
23				36" clearance in front of electrical panels, directories posted
24				GFCI's, breakers or pigtail extension cords available
25				Emergency generators installed, tested regularly
<b>Fire Protection Systems</b>				
26				Fire extinguisher serviced annually & inspected monthly
27				Sprinkler system -inspected annually- access to controls clear
28				Fire alarm and/or detection system operational inspected annually
29				Hot Work Permit system in place, combustibles covered
<b>Grounds, Walkways &amp; Parking Lots</b>				
30				Sufficient parking space for occupancy and well lined
31				Steps/walkways clear & in good repair, adequate lighting & hand rails

## Public Works Department Equipment Checklist

<b>Municipality:</b>	<b>Inspection Date:</b>
<b>Name of Inspector:</b>	<b>Title:</b>
<b>Location Surveyed:</b>	

#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings
<b>Riding Lawn Mowers: (ID#            )</b> If own more than one, each is uniquely identified				
1				Driver's seat equipped with seat belt
2				Roll Over Protection provided?
3				Power transmission belts guarded?
4				Discharge chute has projectile shields
5				Strobe or warning lights installed?
<b>Chippers (ID#            )</b>				
6				Strobe or warning lights installed? Operational?
7				Tow hitch has safety chains and light cables?
8				Power transmission belts, gears or chains guarded?
9				Chipper blade emergency stop operates properly?
10				Exhaust pipe discharges above 5 feet & has heat shield?
11				Tires satisfactory, warning lights, turn signals operational?
<b>Leaf Vacuum Trucks or Trailers (ID#            )</b>				
12				Strobe or warning lights installed? Operational?
13				Tow hitch has safety chains?
14				Exhaust pipe discharges above 5 feet & has heat shield?
15				Hose supports operational and in good repair?
16				Tires satisfactory, warning lights, turn signals operational?
17				"No Riding" warning labels installed? Legible?
<b>Jetter Rodder Trucks</b>				
18				Strobe or warning lights installed? Operational?
19				<b>Power Take Off</b> guarded? Operating controls identified?
20				Hose supports/reels operational and in good repair?
21				Tires satisfactory, warning lights, turn signals operational?
<b>Sanitation trucks (ID#            )</b>				
23				Strobe or warning lights installed? Operational?
24				Tires satisfactory, warning lights, turn signals operational?
25				Riding steps & handholds in good repair?
26				Warning labels by riding steps installed?
27				Crusher Operating controls identified?
<b>Dump trucks (ID#            )</b>				
28				Vehicle has state registration? Current? License plate? Legible?
29				Strobe or warning lights installed? Operational?
30				Tires satisfactory, warning lights, turn signals operational?
31				Entry steps & handholds in good repair?
32				Tarp cover available? Would it stop debris from falling?

## Emergency Medical Services Department Safety Checklist

<b>Municipality:</b>	<b>Inspection Date:</b>
<b>Name of Inspector:</b>	<b>Title:</b>
<b>Location Surveyed:</b>	

#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings
<b><u>Apparatus Room</u></b>				
1				Cords used for charging batteries in a location that will not cause a tripping hazard
2				Diesel particulate exhaust ventilation system functioning
3				Leaks of vehicle fluids do not pose a slipping hazard
4				Tools and equipment properly stored and secured
5				Trucks arranged to allow free movement and to adequate aisles for walking & working
6				Guide lines or markings to aid in backing into the bays
7				Garage bay electrical receptacles GFCI protected, especially those near garage doors
8				Turn out gear clean, neat and orderly and meets NFPA guidelines
9				Portable fire extinguishers properly mounted, inspected & accessible – tags completed
10				All exits identified and EXIT signs illuminated
11				Safety eyes installed on all power operated overhead doors
12				Emergency lighting units operational and of sufficient number to serve the area
13				Flammable liquids properly stored in grounded flammable cabinets, and doors closed
14				Housekeeping adequate through out facility
15				Emergency generator - tested under load monthly. Fuel sources have RTK Labeling
16				Cooking hazards protected; Proper ventilation & suppression system & inspected annually
<b><u>Cascade Equipment</u></b>				
17				Air quality lab certification current and posted
18				All 1A compressed air or oxygen cylinders supported and in the up right position
19				All 1A & service bottles have current hydrostatic testing and with adequate recordkeeping
20				Bottles properly protected from vehicle damage; caps in place
21				Service bottle filling performed in an approved containment system
22				Personnel trained in the operation of the cascade or compressor system
<b><u>House and Grounds</u></b>				
23				Stairs have handrails and walkways are clear
24				Emergency and exterior lighting in working order
25				Parking spaces adequate for intended occupancy
26				Parking areas, floors and all walking surface conditions satisfactory
27				Warning signs posted for emergency vehicles exiting
28				All utility service lines, (gas and compressed air, etc) identified
29				Hot water heater pressure relief valve piped to floor
30				Slip, trip and fall hazards eliminated
31				Exits marked and clear - panic hardware where serving occupant load > 50 persons
32				Lighting adequate for activities performed in the area

## Police Department Safety Checklist

<b>Municipality:</b>				<b>Inspection Date:</b>			
<b>Name of Inspector:</b>				<b>Title:</b>			
<b>Location Surveyed:</b>							
#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings			
<b>Building Conditions</b>							
1				Stairs clear & handrails secure			
2				Exits identified, emergency lights function, occupancy posted			
3				All transaction windows protected & duress alarms work			
4				Fire doors kept closed, latches and automatic closures work			
5				Floors & aisles clean; slip, trip & fall hazards eliminated			
6				Interior lighting adequate			
7				Grounds & walkways in good condition; Exterior lighting adequate			
<b>Building, Housekeeping &amp; Sanitary Conditions</b>							
8				Offices clean, adequate walking area, smooth floor, no hazardous chemicals			
9				Basement, clear access, adequate headroom, lighting			
10				Electrical/heater room, pressure relief piped to floor			
11				Records storage file cabinets secured			
12				Lockers secured, no moisture damage, shower facilities provided			
<b>Power Sources</b>							
17				Computers & radio equipment provided with surge protector			
18				Emergency lighting operational			
19				36 inches clearance maintained in front of electrical panels			
20				GFCI's where needed			
21				Emergency generator exercised weekly, tested under load and log maintained			
<b>Vehicle Fueling</b>							
23				Fuel tanks are labeled with name, CAS# and NFPA Hazard codes			
24				Minimum of a 20 BC rated extinguisher is within 50 feet of tank			
25				NO SMOKING signs posted, emergency fuel shut-off identified			
<b>Fitness Area</b>							
26				Usage rules for equipment posted			
27				Equipment visually inspected for defects			
<b>Dispatch Area</b>							
28				Access to room is restricted to authorized people? Workstation Ergonomic issues?			
29				Power cords & cables properly secured			
<b>Fire Detection / Suppression</b>							
30				Fire alarm and/or detection system, functional, inspected annually			
31				Fire suppression system, functional, inspected annually			
32				Fire extinguisher serviced annually & inspected monthly			

## Utility Department Safety Checklist

<b>Municipality:</b>				<b>Inspection Date:</b>			
<b>Name of Inspector:</b>				<b>Title:</b>			
<b>Location Surveyed:</b>							
#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings			
<b>Pumps and Equipment</b>							
1				Pump motors for chemical feeds checked and serviced per mfg. specs			
2				Shut off locations identified; emergency stops available			
3				Hot surfaces identified & shielded			
4				Fuel lines protected from physical damage			
5				Diaphragms, impellers, hoses checked and serviced per mfg. specs			
6				Pressure tank relief valve(s) tested every 5 years			
7				Compressor oil level checked, pressure tanks drained			
8				Point-of-operation & power transmission guards in place			
9				Chain hoists and slings inspected, annually and before use			
<b>Hazardous Materials</b>							
10				Proper storage & segregation; ventilation adequate; no obvious chemical odors			
11				Flammable cabinets available; bonded & grounded to building steel			
12				All secondary containers properly labeled, (with name and principle hazard)			
13				MSDS available for all hazardous materials, current <5 years old			
14				Shower / eyewash within 100 ft or 10 sec travel time, on same level as hazard?			
15				Proper handling, no horizontal dispensing, drip pans in place			
16				All tanks / pipelines labeled with CAS #, NFPA coding in place			
17				Safety shower / eye wash available; shower flowed regularly and clean			
<b>Power Sources</b>							
18				36" clearance maintained in front of all panel boxes			
19				Generators maintained, tested under load			
20				Adequate electrical outlets, exterior electrical receptacles protected (GFCI)			
<b>Equipment</b>							
21				Ladders & scaffolding secured in storage & in good condition			
22				Fixed powered equipment properly placed & secured to floor or bench			
<b>Building, Housekeeping and Sanitary Conditions</b>							
23				Hot water heater pressure relief valve piped to floor			
24				Stairs clean, floors & aisles clean, mats in wet areas			
25				Lighting functional & adequate; exits marked, signs illuminated			
26				Mezzanines have load ratings posted			
27				Slip, trip & fall hazards eliminated			
28				Fire ignition sources controlled			
29				Guard rails around all pits & floor openings			
<b>Grounds, Walkways and Parking Lots</b>							
30				Sufficient parking space for occupancy and well lined			
31				Steps / walkways clear & in good repair, adequate lighting & hand rails			
32				Stairs clear, handrails provided if over 4 steps			

## Recreation Department Facilities Safety Checklist

<b>Municipality:</b>				<b>Inspection Date:</b>			
<b>Name of Inspector:</b>				<b>Title:</b>			
<b>Location Surveyed:</b>							
#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings			
<b>Equipment Storage Areas</b>							
1				Adequate storage shelves or wall hanging equipment to accommodate tools			
2				Clear aisles and walkways			
3				Sufficient lighting to visually navigate the area			
4				Entrance apron level and free of tripping hazards			
5				Electrical panels are unobstructed & have complete & legible directories			
6				Powered overhead doors have reversing strips or safety eyes			
7				First aid and BBP kits available and contents inspected regularly			
<b>Equipment Maintenance Tools</b>							
8				Grinder fastened to bench and has tongue guard, work rest and eye shield			
9				Drill press fastened to floor and has belt and chuck guards			
10				Portable power tools are in good condition, inspected before use, and neatly stored			
11				All flexible (extension) cords are rated for "heavy duty" and in serviceable condition			
12				Exterior power receptacles are GFCI protected			
13				Chain hoists, if present, are capacity labeled, in working order & inspected at use			
<b>Fuel Storage Areas</b>							
14				Fuel tanks are labeled with name, CAS # and NFPA hazard codes			
15				Tank is electrically grounded to building steel or grounding rod			
16				Minimum of a 20 BC rated extinguisher is within 50 feet of tank			
17				Dispensing nozzles are capable of being locked "off" to prevent unauthorized use			
18				"No Smoking" signs are posted			
19				Labels warning against fueling cans in pickup beds are posted			
20				Flammable liquids cabinets are available for gas can and other flammable storage			
<b>Pesticide Storage and Mixing Areas</b>							
21				Pesticides are stored in lockable identified cabinets & all containers are labeled			
22				MSDS's and chemical mixing instructions are available			
23				Only authorized applicators can use the materials and equipment			
24				Applicators are participants in the municipality's respiratory protection program			
25				Pesticides are mixed in areas with impermeable floors			
26				Potable water wash sink & safety shower/eye wash are in close proximity < 50 feet'			
27				No eating or smoking signs are posted in pesticide storage & mixing areas			

## Recreation Department Playground Safety Checklist

<b>Municipality:</b>				<b>Inspection Date:</b>			
<b>Name of Inspector:</b>				<b>Title:</b>			
<b>Location Surveyed:</b>							
#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings			
1				Visible cracks, bending, warping, rusting or breakage of any component			
2				Deformation of open "S" hooks, (dime fits) shackles, rings or links			
3				Worn swing hangers and chains			
4				Missing, damaged or loose swing seats; heavy seats with sharp edges or corners			
5				Broken or damaged supports / anchors			
6				Footings exposed, cracked, loose in ground			
7				Accessible sharp edges or points, or raised nails			
8				Exposed ends of tubing that should be covered by plugs or caps			
9				Protruding bolt ends (more than 2 threads) without smooth finished caps & covers?			
10				Loose bolts, nuts, corrosion, etc.			
11				Splintered, cracked or otherwise deteriorated wood			
12				Lack of lubrication on moving parts, Worn bearings			
13				Broken or missing rails, steps, rungs or seats			
14				Surfacing material worn or scattered (in landing pits, etc.)			
15				Chipped or peeling paint check if installed before 1962 Lead Paint possible			
16				Vandalism (broken glass, trash, graffiti, etc.)			
17				Tripping hazards such as roots, rocks, etc.			
18				All overhead wires or tree branches above 84 inches?			
19				Poor drainage areas			
20				Fencing damaged, exposed sharp edges, end caps missing			
21				Low hanging, dead tree limbs			
22				Surfaces for basketball or tennis courts cracked or uneven			
23				All climbing ropes must be fastened at both ends			
24				All gymnastic equipment removed, i.e., trapeze bars or rings			
25				Surfacing compacted or inadequate? Need minimum of 9 inches of wood mulch			
26				Proper Signage – Rules, Hours and Age Appropriate			
27				Is the facility accessible to the handicapped?			

## Recreation Department Field Facilities Checklist

<b>Municipality:</b>	<b>Inspection Date:</b>
<b>Name of Inspector:</b>	<b>Title:</b>
<b>Location Surveyed:</b>	

#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings
<b>Soccer Fields</b>				
1				Are goal cages anchored or weighted to prevent tipping
2				Are team benches, if provided, at least 10 feet from field edge
3				First aid and BBP kits available and contents inspected regularly
<b>Baseball Fields</b>				
4				If dugouts are provided, is full frontal foul ball protection in place
5				If town is member of Little League International are break-away bases used
6				Is bat and helmet storage provided, check for impalement hazards on racks
7				Are batting cages and warm-up pitcher areas fully enclosed, including top
8				Are outfield fences if 4' or less covered with "roll-over" protection on the top
9				Are field usage rules posted – i.e., no alcohol or glass bottles
<b>Sports Equipment Storage Areas</b>				
10				Are storage buildings & roof are structurally sound
11				Are doors secured & in good condition, any broken windows
12				Any signs of vandalism?
13				Are interiors seasonally inspected, cleaned & no hazardous material storage i.e., gas
<b>Sports Equipment Storage Areas</b>				
14				Are entrance and exit pads in good condition and free of obstructions
15				Are doors secured or open 24/7. Informational signs in place
16				Is exterior lighting provided? Is it operational? Lights on timer or photo cell?
<b>Parking Areas and Paths</b>				
17				Are there sufficient parking spots for the intended occupancy of the facility
18				Is recreation facility patrolled by local police
19				Are wheel stops or guard rails provided at the field sides of the lot
20				If lighting is provided, is it adequate and does it cover all lot areas & access roads
21				Are pedestrian bridges in good repair and provided with guard and hand rails
22				If benches are provided are they in good repair and in designated spots
23				Are paths restricted to walkers or open to joggers, rollerblades or bikes. Any concerns?
24				Are improved (paved) paths free of tripping hazards and handicap accessible
<b>Spectator Bleachers</b>				
25				Are bleachers on grass or a concrete - if on hard surface, should have fall guards
26				Are there more than three levels of benches - less than 3 guard rails are not required
27				If yes, is back & side fall protection provided on areas above 30" Is it at least 42" tall
28				Do openings in rails or fences restrict the ability to climb or gain a toe hold
29				Are the bleachers structurally sound & appear to be in good condition
30				Have 4 seat or more bleachers been inspected by a PE within the last 2 years

## **GUIDELINES FOR SETTING SAFETY IMPROVEMENT OBJECTIVES**

These guidelines may assist you in setting your Safety Improvement Objectives.

- They should be activity based, not numbers based. For example, it is not a good idea to say "We will reduce accidents by 10%." If you correctly do the activity-based objectives, the claims should reduce on their own. It is better to focus on the process; the results will follow.
- The objectives should be clearly stated to all parties in the town and they should be objectives that are obtainable.
- Start with an action verb and specify a single key result to be accomplished.
- Specify a target date for its accomplishment
- Make them specific and quantifiable; therefore, they are measurable and verifiable.
- Specify the *what* and *when*; avoid the *why* and *how*.
- Make them realistic and attainable, but they should represent a significant challenge.

## **SAMPLE SAFETY IMPROVEMENT OBJECTIVES**

- § Implement an internal safety recognition program.
- § Set up safety bulletin boards throughout the town and update them monthly.
- § Write and distribute a monthly safety newsletter for employees.
- § Train all supervisors and department heads in accident investigation procedures.
- § Perform an audit of the self-inspection program. Determine if hazards are being properly identified and review correction procedures to make sure it works.
- § Perform an audit of the Job Site Observation program. Determine if hazards are being properly identified and review correction process to make sure it works.
- § Implement a formal written and documented Preventative Maintenance (PM) program for all rolling equipment in the town.
- § Complete PPE Hazard Assessment for all job functions in Public Works / Utility Dept. Develop a written policy on PPE and monitor employee compliance.
- § Develop and release a municipal Employee Safety Manual.
- § Review Hazard Communication program to make sure it is current. Check labeling of containers and review training records to make sure everyone is current.
- § Review and update the Standard Operating Procedures and guidelines for the Fire Department, with particular emphasis on the Respiratory control program and BBP exposure control plan.
- § Review and update the Fleet Safety Policy for all departments to ensure that all municipal vehicles are properly inspected and maintained.
- § Develop and implement a fleet policy that includes motor vehicle record (MVR) reports on at least 50% of all drivers each year.
- § Develop emergency response plans and contingency plans for each facility in the municipality.

## SAMPLE SAFETY IMPROVEMENT OBJECTIVE TRACKING SHEET

Objective	Action Steps	Responsible Party(s)	Time Frame	Completed/Comments on Progress
Upgrade the existing New Employee Orientation Program. This will include revamping the existing program and updating the existing manual.	Review existing training program and identify strengths and areas for improvement	Joe A, Jane B and Fred C	March 30	
	Final draft approval	Safety Committee	May 30	
	Rolled out to new employees	Designated trainer and Joe A, Jane B and Fred C	May ongoing through July	
	Feedback to Safety Committee	Designated trainer	August	
	Corrections implemented for next year	Safety Committee	December	