

Wheatland County Courthouse

Employee Safety Manual



Developed by the Wheatland County
Safety Committee & County Commissioners

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Wheatland County Courthouse Employee Safety Manual

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I. Safety Policy Statement

It is the policy of Wheatland County to provide and maintain safe and healthful working conditions, routine safety training and education, and to follow practices that will safeguard all employees and result in safe working conditions and efficient operation. Employees have a right to expect that they will be provided with a proper place in which to work and proper equipment with which to do their job, so that they will be able to devote their energies to doing their work without danger to their life and health. It is the County's desire to provide a safe place to work and safe equipment to use, as well as to establish and insist upon safe methods and practices at all times.

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

An effective safety program, while consisting of many parts, has as its goal the highest level of injury/illness and incident reduction attainable while also reducing property damage by vandalism, theft, fire, damage and injury to the general public, and safe operation of the motor vehicle fleets.

The purpose of the Safety Policies and Procedures is to provide a management system for the prevention of occupational injuries and illnesses and compliance with regulations concerning occupational safety and health. Specific Safety Policies and Procedures will be issued as needed to different Departments to address specific safety and health issues or to meet the regulatory requirements for written compliance programs.

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

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

Safety and incident prevention are a primary and fundamental responsibility of every employee of Wheatland County. The Safety Program is one of the tools used for working toward the goals of providing quality services, maintaining a positive public image, enhancing employee development, and effectively using County resources.

II. Responsibilities

All Wheatland County employees share in the responsibility to establish and maintain a safe working environment. The following responsibilities are guidelines to establish accountability for the Safety Program.

A. Elected Officials and Department Heads

The Elected Officials and Department Heads are responsible for the following:

1. Ensure that the design, maintenance of facilities, tools, equipment and vehicles meet or exceed established safety standards.

2. Provide new employees general safety and health training/orientation.
3. Approve and ensure usage of policies, procedures and safe work practices for department occupations, tasks and locations.
4. Approve and ensure usage of safety-training requirements for department employees.
5. Review department Investigation Reports and Injury/Illness trends. Resolve corrective action issues.
6. Review workplace inspections and direct appropriate corrective action to achieve a safe work environment.
7. Enforce County and departmental tool, equipment and vehicle standards and rules governing the workplace behavior of employees.
8. Ensure employee participation in County and department-required safety training. Recommend additions, deletions, and modifications of safety training requirements or training programs based on observed workplace conditions and employee work behavior.
9. Investigate incidents involving employee injury or illness and/or damage to vehicles or other County property. Determine the facts and causes of the accident. Implement or recommend corrective actions for the purpose of preventing similar occurrences in the future.
10. Encourage employee involvement in safety hazard recognition and act on hazard elimination and hazard control suggestions from the Safety Coordinator, Commissioners, Insurance Agents and Department of Labor (DOL).
11. Identify unsafe work conditions and unsafe practices and make arrangements for those conditions or practices to be corrected as soon as possible.

B. All Employees

County employees are responsible for the following:

1. Abide by the County and department work practices established for specific job assignments and occupations.
2. Report occupational injuries, illnesses, and near misses immediately to their Department Head or by the end of the work shift, obtaining first aid and/or medical attention that may be required. Participate in investigations as requested by the Department Head, Commissioners or Safety Coordinator.
3. File a hazard report with the Safety Coordinator when unsafe work conditions are observed.
4. Participate fully in safety training. Suggest improvements in safety training requirements or programs to the Department Head, Safety Coordinator or Commissioners.

C. Safety Coordinator

The Safety Coordinator's duties include, but are not limited to, the following:

1. Assist and advise all levels of management in establishing an effective safety program.
2. Plan and coordinate inspections, drills, meetings, trainings and classes and assist management in all areas of safety and health.
3. Assist and provide support for the Commissioners and Department Heads.
4. Coordinate and/or assist in the investigation of all personal injury and property damage incidents.
5. Provide hazard assessments for qualifying department participation in required programs.
6. Maintain safety training documentation and record keeping.
7. Oversee mandatory training for pertinent programs as required in participating departments.
8. Maintain and post OSHA 300/300A reports.

D. Safety Committee

The Safety Committee is an advisory body consisting of the County Safety Coordinator, the County Commissioners, the Clerk & Recorder, the Road Foreman, one EMS Department Head, the County Attorney and a representative from the Sheriff's Office.

Safety Committee Duties

1. Attend meetings and document all activities including meeting agendas, minutes and recommendations.
2. Motivate employees to create a safety culture in the workplace through regular JSA's.
3. Communicate with employees regarding Safety Committee activities.
4. Review and aid in the coordination of safety activities of all departments within the County.
5. Perform annual departmental safety inspections/audits and assist in coordination of emergency procedure drills, special training opportunities, and educational classes.
6. Review safety reports, suggestions, recommendations and comments.
7. Review all investigation reports to study causes and determine methods to prevent recurrence.
8. Assist in the investigation of all personal injury and property damage incidents.
9. Review and revise Safety Programs, Policies and Procedures

Safety Committee Meetings

1. The Safety Committee rule of order will be informal, with consensus by majority.
2. The Safety Committee will meet at least four (4) times a year on a scheduled basis. Any member not able to attend should notify the Safety Coordinator in advance.
3. The Safety Committee should maintain a Safety Bulletin Board in an accessible location for employees. The bulletin board should provide updates on, i.e. Safety Committee activities, upcoming events, safety posters, other educational materials, and the annually posted OSHA 300A report.

III. Safety Training

It is the policy of Wheatland County to provide all safety training prescribed by regulatory requirements and to ensure that all employees understand the hazards to which they may be exposed and how to prevent harm to themselves and others. Employees are expected to participate and cooperate fully in training programs and to accept and follow established safety and health precautions.

Each Department will provide safety training that is tailored to each employee's occupation, task and job location. To the extent possible, safety training should be integrated into general job training, rather than treated as a separate issue. New employee training will culminate in a signed agreement (Appendix B) that the employee has read and understands the County Safety Policies which will be kept in the employee's personnel file. Employees will be informed when a new policy is adopted by the County.

All safety-related training must be documented; the records are to be maintained in the Safety Coordinator's files and/or Department files.

A. Continuous Refresher Safety Training

The Montana Safety Culture Act requires "each employer to conduct an educational-based safety program, including, but not limited to, a safety training program to provide: continuous refresher safety training, including periodic safety meetings;". All program-specific hazard trainings will be offered annually as refresher courses.

IV. Health, Safety and Loss Control Inspections

The purpose of periodic Safety Inspections is to identify any risks or occupational health and safety concerns, to correct them to protect the County's employees and assets (financial and physical), and to reduce risk of incident, injury and other forms of loss.

Inspection Checklist forms can be used to help you get familiar with potential hazards that you would identify during an inspection. See Appendix C.

A. Inter-County Safety Inspections Procedures

Inspections should be conducted annually by the Safety Coordinator, the Insurance Agent, the Department Head and, if possible, at least one County Commissioner, drawing upon the assistance of consultants as needed. Safety Committee inspections may address any area of loss control and should be documented in writing.

1. Emphasis should be placed upon conditions of facilities, equipment, tools and machines, electrical conditions, lighting, guarding, storage, chemicals (HazCom), First Aid and emergency equipment, and housekeeping, etc., as well as implementation of the overall programs.
2. Serious or harmful conditions, along with minor issues, should be written in an Investigation or Hazard report that is presented to the Department Head for mitigation. Response dates and documentation of the results should be included. Responsible Elected Officials/ Department Heads should return the Investigation report by the specified date to the Safety Coordinator with documentation of the date completed and initialed by the Department Head.

B. Montana Department of Labor and Industries (L&I) Health and Safety Bureau Inspections

The Safety Coordinator should act as the County liaison for the inspection, will notify the Department Head and, if possible, a County Commissioner, to attend the inspection, and will maintain communication with the L&I Inspector through the inspection process.

L&I Inspection compliance officers generally concern themselves with safe working practices, pertinent program documentation, records of required equipment inspections, etc.

1. In the event of receipt of a safety violation, the Safety Coordinator should ensure that the violation is emailed to the Department Head and posted in the Department area of the violation until it has been abated.
2. The Elected Official/Department Head should insure that the correction of a violation is performed within the thirty (30) day abatement period, unless abatement period has been extended.
3. The Elected Official/Department Head involved should prepare timely requests for a variance or for a hearing when the citation is questionable and should be aggrieved.
4. The County Commissioners should be notified when modifications require the expenditure of funds so that appropriate action can be taken.
5. The Elected Official/Department Head should prepare and follow through on any requests for extensions needed indicating why it is needed and how long the delay will be, with a copy to the Safety Coordinator.
6. Upon actual completion of corrective action, the Elected Official/Department Head will certify, by date and signature at the bottom of the citation form, that each violation has been abated. The form should be forwarded to the Safety Coordinator to be returned to the L&I Inspector.

V. Wheatland County Safety Policies

All Wheatland County Employees are required to read through the Employee Safety Manual and fill out any required forms on their first day of employment. They will be given the opportunity to ask any questions of the Safety Coordinator and their Department Head before signing.

A. Employee General Safety Rules

1. Seek medical attention, if necessary, for any incident resulting in an injury. All incidents must be reported to the Department Head as soon as possible or by the end of the work shift. For all incidents requiring more than simple first aid, a First Report (App. A) must be filed with the Clerk & Recorder and an Investigation Report (App. A) must be filed with the Safety Coordinator/Safety Committee.
2. Report unsafe conditions, procedures, and practices to your Department Head immediately. File a hazard report (App. A) with the Safety Coordinator. In cases of a “near miss” fill out an Investigation Report with the Safety Coordinator.
3. Possession of firearms in Wheatland County Courthouse or in County vehicles is prohibited unless part of the employee’s job description.
4. The use or possession of alcohol, illegal drugs or other controlled substances on the job is prohibited.
5. Smoking is not permitted inside any county buildings or within 25’ of doorways.
6. Each employee is responsible for good housekeeping. Keep your work area in a clean, uncluttered state. Do not walk by a situation of poor housekeeping if it can be easily corrected or needs immediate attention such as spills on floors, a tripping hazard, garbage, etc.
7. Obey all warning tags and signs. They are there because hazards exist.
8. No employee should take chances on the job which could endanger his or her personal safety and health or the safety and health of co-workers or others.
9. Do not operate machinery or use tools you are not qualified to use.
10. Do not enter hazardous areas you are not authorized to enter.
11. Use all personal protective equipment (PPE) and devices required and provided.
12. If an established job procedure must be deviated from, supervisory approval should be obtained and an alternative, temporary job procedure must be agreed upon. This alternative job procedure should not create any new or additional hazards or unnecessarily expose employees to hazards.
13. Refrain from fighting, horseplay, or distracting fellow workers.
14. Follow proper lifting procedures at all times.
15. Wearing of safety restraints when riding in/driving a County vehicle is mandatory if so equipped.
16. Know the location of fire/safety exits and evacuation procedures.
17. Participate in safety trainings.
18. When operating County vehicles or equipment, drivers must operate/drive safely and prudently.
19. When using cell phones in a County vehicle, pull over and stop on the side of the road or utilize a hands-free device.
20. Become familiar with and conduct your work activities in accordance with these general safety rules and other specific safe operating procedures/policies which are applicable.
21. Above all, be ALERT and RESPONSIBLE! Your safety and health depend on it.

B. Emergency/Evacuation Action Plan

1. Each building has an established and written emergency evacuation plan. A copy of each plan is posted in each office of each building and a copy is kept with the Safety Coordinator.
2. All employees will be trained initially upon hire and annually on the emergency/evacuation procedure
3. An annual emergency/evacuation drill will be performed by each building and reported to the Safety Coordinator.

C. Fire Extinguisher Use

Fire extinguishers mounted in the building may be used for small fires or to clear a pathway for evacuation by following the 5 steps listed below. All employees will be trained on how to use a fire extinguisher during the annual emergency/evacuation training.

1. Remove the fire extinguisher from the wall mount

2. **Pull** the pin
3. **Aim** the hose at the base of the fire
4. **Squeeze** the handle
5. **Sweep** back and forth along the base of the fire.

D. Bloodborne Pathogens

In accordance with OSHA Standard 29 CFR 1910.130 Wheatland County has established a Bloodborne Pathogens (BBP) Program. A copy of the BBP Program is available from the Safety Coordinator, Clerk & Recorder, Commissioners, EMS Building, Fire Hall, Road Department and Sheriff's Office.

All employees with the potential of exposure listed in section IV of the Bloodborne Pathogen Policy shall be given initial and annual BBP training on the policy and policies/procedures to follow. Regardless of risk level, all employees should report exposure incidents to their Department Head and seek medical evaluation and treatment as soon as possible.

E. Hazard Communication (HazCom)

Wheatland County is in the process of establishing a Hazard Communication Program (HazCom). When approved, a copy of the program is available from the Safety Coordinator, Road Department and Weed Department.

The HazCom Program complies with the OSHA Hazard Communication Program standard 29 CFR 1910.1200, by compiling a hazardous chemicals list, using applicable Safety Data Sheets (SDS), ensuring that containers are labeled, and by providing training and necessary personal protective equipment (PPE) to employees who work with hazardous chemicals.

F. Lockout/Tagout Procedure

OSHA Standard 29 CFT 1910.147 requires that hazardous energy must be controlled during service or maintenance of machines and equipment. Lockout and Tagout (LOTO) procedures are necessary to protect workers from electric shock, accidental start-ups, or other release of energy.

Every Department that has employees performing maintenance where there is exposure to hazardous energy must comply with the Wheatland County Lockout/Tagout Policy, when it is approved, which can be obtained from the Safety Coordinator and each Department Head affected by the policy.

G. ATV Use Policy

Any County employees who are authorized to use ATV's as part of their job description must follow the Wheatland County ATV use policy, when approved, which is available from the Safety Coordinator.

H. Personal Protective Equipment (PPE)

All County employees will be provided with **mandatory** PPE for specific jobs they are assigned to. Employees will be given a list of **recommended** PPE for specific jobs that the employee can decide whether to wear or not. Recommended PPE will not be paid for by the County. All single use PPE should be discarded appropriately after each use. Reusable PPE should be stored in a clean and orderly manner in a designated area.

I. *Work Zone Safety & Flagger*

All Wheatland County employees whose job requires them to be in a work zone and/or use a flagger must take approved training for work zones and flaggers. Training is required annually and must be on file with the Safety Coordinator and/or the Department Head.

VI. **Other Safety Rules, Regulations & Recommendations**

A. *Lifting Procedures*

Proper manual lifting techniques will protect your back by keeping it in its strongest position during stress. These techniques are not natural movements and must be learned and practiced:

1. Assess the load before you lift. Know your limitations. Don't lift items over 40 lbs by yourself.
2. Spread feet shoulder width apart to give you a solid base of support.
3. Place your feet as close as possible to the base of the object you are lifting with one foot slightly in front of the other.
4. Bend with the knees and maintain the natural curve in the back during the entire lifting operation (weightlifter position). Don't pick up an item lower than your waist by bending at the waist.
5. Get a good grip on the object and primarily use the leg muscles, not the back, to lift the load. Straighten knees slowly when rising with your load.
6. Move your feet to change directions. Avoid twisting.
7. Use a ladder when reaching for items overhead.
8. Don't overdo. Take frequent breaks for repetitive lifts. Your back is more susceptible to injury when tired.

B. *Office Safety & Housekeeping*

Good housekeeping and proper storage are important factors in office safety and fire prevention.

1. **Every employee is responsible for keeping his or her work area clean and orderly. Papers and supplies must be put away or filed in appropriate places each day.**
2. Keep file, desk and table drawers closed when not in use. Close them before you leave them. Never open more than one file drawer at a time as the entire cabinet may tip over. Be careful when opening drawers to full extension in case there is no locking device. Load file cabinets and bookcases with the heaviest items in the bottom to prevent tipping.
3. Maintain office tables, desks and chairs in good condition and free from sharp corners, projecting edges, wobbly legs, broken parts, etc. Do not tilt chair or slump back, which may cause the chair to slip or break.
4. Never use a chair, desk or other office furniture for a step stool or ladder.
5. Keep the blades of paper cutters closed when not in use. Keep razor and "exacto" blades covered. Treat even minor injuries with first aid and take precautions to avoid infection.
6. Be sure that cords and plugs on all electrical equipment are in good shape. If a machine causes a shock or starts smoking, unplug it immediately and report it to the Department Head. Do not overload outlets. Do not use a surge protector for anything other than office equipment (no coffee pots, heaters, fans, etc.)
7. Do not use extension cords as permanent wiring (to be unplugged at the end of each work day).
8. Do not attempt any electrical repairs.
9. Be careful in front of doors that open outward and open doors slowly.

C. *Office Ergonomics*

Ergonomics injuries include tendonitis, carpal tunnel syndrome, lower back pain, and other disorders that involve pain and damage to muscles, tendons and nerves in the back, neck, shoulders, elbows, wrists and

hands. These musculoskeletal programs are referred to as cumulative trauma disorders (CTD) or repetitive motion injuries and are generally caused by:

1. Making the same motion over and over.
2. Staying in the same position too long.
3. Working in a position that puts stress on muscles and joints.
4. Working with tools and equipment that don't fit your body.
5. Using excessive physical force.
6. Exposure to vibration over a long period of time.

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

1. Adjust your workstation before you begin work.
2. Maintain the natural curve in your back while sitting, standing and lifting;
3. Keep your wrists straight as much as possible while typing or doing other repetitive tasks.
4. Take breaks from repetitive motion tasks by switching periodically to other tasks.
5. Use the right tools for the job, especially when they are used often or for long periods of time.

Each employee who spends a majority of their working day at a sitting workstation must read through the ergonomics training sheet and answer all the questions on the checklist. The Safety Coordinator will arrange for any changes needed by the employee to improve the ergonomics of their workstation. The Safety Coordinator will keep a file of all employee checklists.

Pay attention to early signs of cumulative trauma disorders and make adjustments in your workstation or the way you do your work. Report the symptoms to your Department Head and work together to correct the causes of the injuries.

D. Fall Protection

Slips, trips and falls make up the majority of accidents in the workplace. They happen due to wet surfaces, dry spills, highly polished surfaces, elevations changes in surfaces, floor and stair obstructions and debris and other hazards in walking areas. To reduce the number of injuries from slips, trips and falls employees need to follow the steps below.

1. Be Alert and Aware of walking surfaces. Do not read while walking and use handrails when ascending or descending stairs. Don't carry a load that restricts vision.
2. Housekeeping – keep floors and stairs swept, clean and free from spills and debris. Avoid spilling or splashing liquids on the floor. If you spill, clean it up. Provide barricades or other warnings as necessary for wet floors. Keep electrical cords and other tripping hazards out of aisle ways and do not run cords through doorways or under carpets.
3. Maintain floors by fixing cracks and changes in elevation.
4. Use markings and signage for permanent and temporary hazards.
5. Keep handrails in good maintenance and properly secured.

E. Ladder Use

When circumstances necessitate the use of a ladder, employees will use the following steps to avoid injuries.

1. Choose the right ladder for the job. Consider the size you need and the purpose you are using it for. Fiberglass ladders should be used for all electrical jobs.
2. Inspect the ladder for loose or broken parts. Check the weight and load limit of the ladder.
3. Inspect surroundings around the base and top of the ladder. If outside, check for electrical lines overhead. Place the ladder on a firm, even surface where you can grasp the object easily without

stretching. Do not place ladders on boxes, barrels, or other unstable bases, in order to gain additional height. Do not place ladders in doorways except when the door is blocked, locked or guarded.

4. Use the ladder in a safe and proper manner.
 - a. Wear close-toed, slip resistant shoes.
 - b. Only one person on a ladder at one time.
 - c. Face the ladder with both hands on the side rails.
 - d. Climb one rung at a time no higher than the 2nd rung from the top.
 - e. Never stand on top of the ladder.
 - f. Always have 3 points of contact with the ladder – one hand and both feet.

F. Working in Extreme Weather Conditions

Wheatland County's climate may be severe, and conditions may change rapidly. Hot weather and exposure to the sun present the potential for heat stress, heat stroke, decreased strength, loss of focus and sunburn. Cold conditions can lead to hypothermia or frostbite, either of which can be fatal in the worst cases. Employees that work in extreme weather conditions are expected to monitor weather and be prepared to protect themselves against its effects.

Employees based out of Wheatland County that need to work in extreme weather conditions (more than just entering and exiting the building), need to follow these guidelines:

1. Cold Weather
 - a. Wear appropriate clothing. The layer against your body should be made of synthetic fiber. The outer layer should be water repellent and wind resistant. Hats, hoods and face coverings should be worn. Insulated and/or waterproof gloves are recommended.
 - b. Have access to a heated shelter for breaks. A vehicle, wind screen, portable heater or designated shelter are recommended.
 - c. Use thermally insulated tools whenever possible to stop transference of cold to the body.
 - d. If the temperature and/or wind chill is -20 or below, work a maximum of 2 hours in the conditions and then take a break to warm up. As the temperature drops, warm up breaks should increase.
 - e. Minimize standing or sitting for long periods of time – move around to increase blood flow and body heat.
 - f. Know the symptoms of hypothermia and frostbite to recognize them in yourself and co-workers.
2. Hot Weather
 - a. Start drinking water before working in hot conditions and continue throughout the workday to stay hydrated. Recommended water intake is 48 oz in 8 hours of heat. Caffeine and sugar can dehydrate a body, so be careful to limit intake.
 - b. If possible, set up a shielding, shading, or a cooling place before starting work. Take cooling breaks throughout the day.
 - c. Give your body time to acclimate. As your body adjusts to hot temperatures, you can increase time between breaks.
 - d. Wear appropriate clothing. Light weight, light colored and loose fitting is best. Wear a shade providing hat, sunscreen and sunglasses. Reflective material can be worn for even more relief from heat.

G. First Aid/ CPR/ AED Use

All Wheatland County employees are encouraged, but not required, to administer First Aid and CPR if they have been trained and are comfortable doing so in the situation. If an employee is not comfortable, they should immediately call for help from a nearby co-worker and/or call 911. Some incidents require calling 911 even when initial help can be provided. AED's can be used by any employee who is comfortable doing

so – no training is necessary. Please observe the following recommendations for helping during an incident.

1. Choking – Always ask the person if they are choking and need help and ask for consent to help.
 - a. Call 911 and then proceed with the Heimlich maneuver if you are qualified.
 - b. If the person is unconscious, call 911, lay them on their back and perform CPR if you are certified.
2. Burns – Only treat burns if they are first or second degree burns. Third degree burns are full thickness burns that look charred and require you call 911.
 - a. First degree burns look red and swollen. They can be treated by holding them under cold running water for 5-10 minutes, wrapping them in a sterile, cold compress, applying a burn ointment and then wrapping in a loose, sterile gauze. Never put ice directly on a burn and do not use cotton balls to apply ointments.
 - b. Second degree burns look red, swollen and may have blisters. Treat these types of burns the same way as first degree burns.
 - c. If a person is on fire, make them stop, drop and roll. Douse them with water and immediately call 911. Do not remove clothing.
3. Broken Bones – If you suspect that someone has a broken bone, first ask for their consent before administering first-aid.
 - a. Check for deformities, open wounds, tenderness, swelling, bruising or broken skin. If any of these are present, call 911 or have the person go to the nearest medical facility immediately.
 - b. If you are trained, you can splint the broken bone and apply ice, compression and elevate the area until medical treatment can be received.
4. Bites, Cuts & Scrapes – Bites can be from insects, stings, domestic or wild animals or from humans.
 - a. Insect bites or stings can be administered to effectively if the person is not having an allergic reaction. If an allergic reaction occurs, call 911 immediately. In other cases, ask for consent to help treat the person, check for any deformities, open wounds, tenderness or swelling, remove the stinger if necessary and apply a cold compress or ice to the swollen area.
 - b. Animal bites may be from domestic or wild animals. All bites resulting in punctured skin should be evaluated by a medical professional. If the skin is broken control the bleeding, clean and sterilize the wound, apply a sterile dressing and get them to a medical facility. If the skin is not broken, wash the area with soap and warm water and cover with a sterile dressing.
 - c. Human bites are classified as any broken skin that has been in contact with a human mouth or teeth. Follow the same steps as with an animal bite and always seek professional medical treatment.
 - d. Cuts & Scrapes can occur from many different incidents and can be treated with the following steps: Put on proper PPE (gloves), clean the area with soap and water, remove any debris in the area, apply an antibiotic ointment and dress the wound with sterile gauze or a bandage.
5. CPR – Cardiopulmonary Resuscitation should only be performed if you are currently certified to do so and if you feel comfortable doing so in the situation. If you are not trained, dial 911 and call for help.
6. AED use is not prohibited to only those who are trained. Anyone in the area who feels comfortable may use an AED device by removing it from the case, turning it on and following the directions given. Only use an AED if the person is unconscious, not breathing and has no pulse. Dial 911 and call for help even if you are using an AED.

H. Machine Guarding

When the use of hazardous equipment is mandatory, machine guarding needs to be in place. Each worksite that has machine guarded equipment must periodically inspect the guarding to make sure it is properly installed and functional. Guarding can be fixed, where the guarding is not moved and body parts are not allowed to pass through or get close to the moving parts. Or it can be adjustable, where the guarding moves

as the machine is used. Worksites using guarding on equipment should follow common safe work practices.

1. Employees need to be trained to inspect the guarding and operate the machine they intend to use.
2. Undivided attention needs to be given to the task being performed while using machinery.
3. Long hair needs to be secured, loose clothing tucked in and jewelry removed before operating hazardous machinery.
4. Employees need to be aware of hand placement and danger zones when using hazardous machinery.
5. Employees must never remove the guarding around a machine unless it is in a Lock Out/ Tag Out state while being repaired.
6. Employees must be aware of hazardous energy sources on machinery and guard against electric shock or other energy hazards.

I. *Compressed Gas Cylinders*

Compressed gas cylinders can be extremely dangerous if not handled properly. All County employees who work with compressed gas cylinders need to follow the guidelines below:

1. Be aware of the potential hazards of gas cylinders
 - a. Explosion risks from high pressures
 - b. Leaks and contact with the actual gas can be dangerous and/or deadly
2. Know the properties and hazards of the gases
 - a. The label on the cylinder will tell the name of the gas, hazards and safe handling techniques
 - b. Never remove or deface a cylinder label
 - c. Gas cylinders can contain/store 4 different chemicals: standard compression gases, liquids, those that dissolve in solvent and those condensed by super-cooling or cryogenic.
3. Use proper procedures for storage and transportation
 - a. Store cylinders in a cool, dry, well ventilated area out of direct sunlight.
 - b. Do not allow smoking near or around the cylinders
 - c. Keep the cylinders upright with straps or chains on at least 2 points. Don't allow slack. Cylinders should not be able to bump each other.
 - d. Always store them with the safety caps on.
 - e. If they contain flammable gases or oxidizers keep them away from live electricity, open flames or sources of ignition and separate from each other.
 - f. When moving cylinders always keep the safety cap on, don't drag them across the floor, don't hand roll them for more than a few feet and don't try to catch a cylinder if it starts to fall. Always use a cylinder hand truck and use elevators when moving between different levels. Do not ride up in the same elevator compartment as the cylinder.
4. Understand regulators and CGAs and pressure relief devices
5. Know how to check for leaks

J. *Electrical Safety*

In Wheatland County only qualified persons can work on or test energized electrical circuit parts or equipment that carry 50 – 600 volts of electricity. Employees are to work only on equipment in a de-energized (power off) state and follow all lockout/tagout procedures.

1. Qualified Persons - To be qualified a person must have documented training with a physical demonstration of learned ability per each piece of equipment. They must know and demonstrate the following:
 - a. Fundamentals of electrical safety hazards

- b. How to identify hazards and distinguish live parts from other electrical parts.
 - c. Know how to determine normal voltage of exposed live parts
 - d. Know clearance resistances required to reduce risk of shock
 - e. Know workplace practice and equipment designed to prevent electrical injuries.
2. Before performing any task involving electrical equipment or circuits the qualified person must:
 - a. Be prepared by having the right information, tools (only insulated devices), equipment, parts and personnel on hand. They must inspect wiring for cuts, frays, burns, stains or improperly taped or spliced wiring as well as look for exposed live parts not suitably insulated, guarded or isolated.
 - b. Review safe operating procedures and circuit drawings and schematics when available. Test voltage with a volt meter every time work is begun.
 - c. Obtain any necessary permits for the specific work area.
 - d. Remove any conductive apparel or devices and make sure proper PPE is being worn.
 - e. Set up approach zones, use barriers for no access areas and implement all lockout/tagout procedures.
 3. Do not perform electrical work in the following conditions:
 - a. Wet or dusty conditions
 - b. Cramped conditions
 - c. Dimly lit conditions
 - d. When conductors are close to electrical sources
 - e. When electrical circuits are overloaded.
 4. To minimize the hazards of an arc flash or blast employees should:
 - a. Check labels on equipment for warnings.
 - b. Remove covers and doors over electrical equipment at the last possible moment.
 - c. Stand to the side of a door while activating the switch.
 - d. Wear appropriate PPE.

VII. Vehicle Fleet Safety

The operation of vehicles is required in many aspects of County employment. How each vehicle is handled and maintained directly affects the effectiveness and efficiency of government services.

The purpose of the Vehicle Fleet Safety Policies and Procedures is to ensure that acceptable standards of proficiency and safety are maintained by each employee who operates a vehicle on County business.

A. *Minimum Qualifications for the Operation of County-owned Vehicles and Privately-owned Vehicles While Conducting Official County Business*

The purpose of this section is to ensure that an acceptable standard of proficiency and safety is met by each employee who operates county-owned vehicles or uses private-owned vehicles for County business.

1. Personal vehicles may be used for official County business. Employees using their personal vehicles will be reimbursed at the prevailing rate established by the state rate, after submittal of the appropriate form to their Elected Official/Department Head.
2. All employees whose duties require the operation of a county-owned vehicle or who operate a privately-owned vehicle while conducting official business as a part of their employment with the County should possess a valid Montana State Driver's License and a safe driving record.
3. Prior to acceptance for employment with the County in a position that would necessitate the operation of a motor vehicle in the course of performing the assigned duties of that position, an employee's motor vehicle operator's record may be requested from the State Department of Motor Vehicles. If a department of Motor Vehicles review indicates three or more moving violations within three years of the date of review, the employee may be denied authorization to operate a vehicle while representing

- the County. If the employment is incumbent upon the ability to operate a vehicle, the perspective employee may be denied employment.
4. Employees operating county-owned vehicles or privately-owned vehicles while conducting official business should observe all traffic laws, rules and regulations, including the mandatory use of seat belts and hands-free mobile devices, and the dictates of common sense, good judgement and defensive driving including being focused, alert, cautious, prepared and patient.
 5. If during the course of employment an employee exhibits a disregard for acceptable safe driving procedures, the responsible Elected Official/Department Head may deny further authorization to operate a vehicle while representing the County.
 6. Any employee who operates a privately-owned vehicle while conducting official business for the County should maintain automobile liability insurance. Employees who do not maintain minimum liability coverage should not operate privately-owned vehicles in an official capacity.

B. Employee Actions at Accident Scenes

The purpose of this section is to establish policy guidelines for employees traveling in **County-owned** vehicles for rendering assistance at accident scenes.

1. It should be the responsibility of County employees, **while traveling in County vehicles in Wheatland County**, to stop at accident scenes and render whatever assistance that is within their capability, if it is safe to do so. It is not the intention of this policy to impose strict procedures in governing the actions of employees at accident scenes. It is realized that each employee should use his/her own judgement in determining if assistance is needed and what assistance they are capable of providing.
2. As a minimum, the employee should ensure that police and fire personnel have been notified (if necessary). If injuries have occurred, and the employee is capable and qualified, first aid may be rendered to the victim.
3. The employee should remain at the accident scene until emergency vehicles arrive and provide assistance to police, fire and EMS personnel if requested.
4. The employee should remain polite and helpful in all circumstances and never speculate on cause, effect, or blame involved in the accident.

VIII. Occupational Injury/Illness Procedures

Elected Officials/Department Heads should make sure that the employees under their supervision are well acquainted with existing safety rules and should see that the rules are uniformly enforced. Safety education and adherence of all safety rules should be promoted by Department Heads. The County maintains Workers' Compensation (WC) Insurance to cover injury/illnesses incurred by County employees when on duty. Liability insurance is carried to cover incidents affecting citizens and visitors if there is negligence by staff or the County.

A. Definitions

1. Occupational Injury is defined as a personal injury arising out of, and in the course of, employment with the County.
2. Occupational Illness is defined as a disease caused by certain hazardous conditions or materials when there is a direct causal connection between the conditions under which the work is performed and the occupational disease.
3. Incident is defined as an event, intentional or unintentional, that resulted in or contributed to, or could have (near miss) resulted in or contributed to a loss, injury, damage, or harm to persons or property from fire, theft, vandalism, weather, etc.
4. Minor injuries require first aid, doctor visit/outpatient care.
5. Major injuries require doctor/hospitalization.

B. Occupational Injury and Illness Record Keeping

In accordance with applicable requirements of the Safety Culture Act/OSHA Standards,

1. The Clerk & Recorder should ensure the appropriate records are kept as follows:
 - a. Original copies of all First Reports generated when an employee is injured on the job should be kept in the Personnel Department files.
 - b. Hepatitis B vaccination declination form or record of vaccine series given and paid for by the County.
 - c. Maintain records for five years following the year to which they relate.
2. The Safety Coordinator should ensure the appropriate records are kept as follows:
 - a. Maintain a log and summary of occupational Injuries and Illness on Montana OSHA Form 300, Recordable cases include every occupational injury or illness that involves:
 - Death
 - Days away from work, restricted work or transfer to another job, loss of consciousness.
 - Work-related case involving cancer, chronic irreversible disease, fractured or cracked bone, or punctured eardrum.
 - Any needle stick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.
 - Medical treatment BEYOND first aid
 - b. Posting of the completed summary OSHA 300A form for the previous year from February 1st – April 30th of the current year.
 - c. Investigation reports and Hazard reports should be collected, submitted to the Safety Committee at the next scheduled meeting, action points communicated to Department Head with a date to be done by, followed up on and filed with all documentation.
 - d. Maintain records for five years following the year to which they relate.

C. Occupational Injury/Illness Reporting Policies and Procedures

1. All occupational injuries/illnesses, no matter how minor, should be reported as soon as physically able, and no later than the end of the working shift to the immediate supervisor (verbal reporting, witness of the event or any knowledge of the event constitutes "notice given"). **An Investigation report must be filled out by the employee, if able, or their supervisor if the employee is unable, by end of day.** If a supervisor is unable to prepare the report for their own injury, the Department Head shall prepare the report. If a Department Head is unable to prepare the report for their own injury, a Commissioner shall prepare the report. Employees make their report to their immediate supervisor, supervisors make their report to Department Heads and Department Heads make their report to the Commissioners. Department Heads are responsible for making sure the information/report has been given to the Clerk and Recorder in order to start an accident claim with the Worker's Comp. division by end of day. **BE ADVISED** Montana statutes require this notice to be given within 30 days of the accident occurrence for all injuries other than death or an injury claim is not compensable. §39-71-603, MCA.
2. If medical attention (usually a doctor's visit) other than simple first aid, is required, the employee should go to a medical facility for the care needed. The employee should then return any written medical recommendations pertaining to work restrictions, or time off to their Department Head or Elected Official and the Clerk & Recorder in accordance with the County Return to Work policy stated in the Employee Manual.

3. If the incident caused illness/injury (physical harm to the body), a First Report form **must** be filed with the Worker's Comp. Division by the Clerk & Recorder. The form can be obtained from the Clerk & Recorder.
 - e. The form should be submitted for injuries/illness in order to protect the employee's right to benefits in the event a seemingly minor injury develops into a more serious condition. Your employer then has six days (Montana State Fund recommends 24 hours) to send in the First Report of an on-the-job injury, accident or occupational disease. ARM, 24.29.802. At the employee's discretion, a First Report does not need to be filled out **if no medical attention or only minimal first aid was required**. However, an employee is never discouraged from filing a First Report if they so wish. **BE ADVISED this policy is to allow the workers' compensation insurer to investigate the occurrence as early as possible, however, under Montana statutes, a First Report submitted within 12 months of the accident will be considered for worker's compensation benefits. §39-71-601, MCA.**
 - f. In the case of a Department Head or Elected Official being the injured party, it should be the policy that their First Report will be signed by the County Commission Chair.
 - g. Every question should be answered to ensure that your medical costs and any salary lost because of the injury/illness will be paid.
 - h. Copies of any written medical recommendations pertaining to work restrictions or time off from the doctor should be attached to the First Report as per the Return to Work policy in the Employee Manual. The First Report and copies of any work-related medical paperwork should then be sent to the Workers' Compensation Department by the Clerk & Recorder.
 - i. The employee should receive a claim number by mail from the Workers' Compensation claims adjuster and acceptance or denial of the claim within 30 days. §39-71-606, MCA. That information should be provided by the employee to the medical facility where treatment was received for the payment of medical expenses.
 - j. The Clerk & Recorder should receive an email with the claim number and should communicate with the employee, Department Head/Elected Official, and the Claims adjusters to facilitate and assure the best outcome of the claim.
 - k. Compensation wage benefits are not paid on the first 32 hours or 4 days of lost work. §39-71-736, MCA.
4. In the event of a fatality or multiple injuries requiring hospitalization, the County Commissioners, Elected Official/Department Head, Department of Labor & Industries and the Montana State Fund (MSF) should be notified immediately.
5. In the event of a fatality, notification of next of kin, or those persons so designated by the employee in event of an emergency, should be coordinated through and approved by the County Commissioners.
6. The Clerk & Recorder should be the prime contact between the County and the Workers' Compensation Division for industrial injury claims.
7. All injuries require an Investigation Report to be filled out along with the First Report.
8. The Safety Committee should review all Investigation Reports and recommend appropriate actions to avoid, prevent, or reduce future similar incidents.
9. Employees should refer all formal requests for production of evidence relating to industrial incidents to the Wheatland County Attorney prior to releasing any information.
10. Any NEAR MISS incidents should be reported to the Department Head/Elected Official immediately. An Investigation report needs to be filled out by the employee and Department Head together and given to the Safety Coordinator within 24 hours. The Safety Coordinator will present the report to the Safety Committee for review, recommendations and actions to be taken to prevent future injuries.

D. Return to Work Program

Wheatland County has developed a Return to Work (RTW) injury management plan. Details of the Return to Work policy can be found in the Employee Manual and should be reviewed the first day of employment.

IX. Incident Reporting

Reporting is a basic and essential part of an effective management and loss control program. Timely and complete reporting facilitates incident investigation and may also preserve and protect the health and safety of injured persons and the resources of the County. The employee and the Elected Official/Department Head in which the incident occurred is responsible for filling out the Investigation Report and should record all appropriate information that will facilitate a thorough investigation of the incident.

A. Investigation Reports

1. Investigation forms can be found in each Department, with the Safety Coordinator or in Appendix A and may be used for property damage, injury/illness or a near miss.
2. All incidents, no matter how minor, which result or may result in a liability claim against the County, or give the County a liability claim against others, should be promptly reported to the Elected Official/Department Head and reported to the County Attorney.
3. All damage to or loss of County property should be reported to the Elected Official/Department Head using an Investigation Report.
4. Damage to County property that is not of natural cause, but could be considered a crime, should be reported to the Wheatland County Sheriff's Office as soon as possible. The employee and the Department Head should cooperate with the thorough investigation of the incident. Employees should not discuss details of the investigation with unauthorized persons and should not admit liability.

B. Hazard Reports

It is the responsibility of each County employee to be vigilant in keeping a safe work environment. To this extent, if a safety violation, potential hazard or defective equipment is recognized, a hazard report should be filled out by the employee.

1. Hazard reports may be turned in anonymously if desired. No punishments or demotions will take place for an employee who reports a hazard. Hazard forms can be found in each Department, with the Safety Coordinator or in Appendix A and can be used for safety violations or potential hazards and should be turned into the Safety Coordinator as soon as possible to prevent future risks.
2. Defective Equipment –
 - a. If an injury occurred due to defective equipment, follow the *Occupational Injury/Illness Reporting Policies and Procedures*.
 - b. Turn the equipment involved over to the employee's Department Head.
 - c. A detailed report should be written within 24 hours to include circumstances surrounding the incident and manufacturing information available concerning the equipment in question.
 - d. The Department Head should fill out an Investigation Report and review and recommend actions to avoid, prevent, or reduce future similar incidents.

C. Vehicular Collision

1. All vehicular collisions involving County vehicles or personal vehicles used on County business, no matter how minor, should be reported promptly to law enforcement, the Elected Official/Department Head, and the Safety Coordinator as soon as physically able. The employee should also request that all

- parties and properties concerned remain at the scene of the incident if possible until a law enforcement representative has released them.
2. An employee involved in a collision should obtain appropriate medical treatment as needed.
 3. The employee should refrain from making statements regarding the incident with anyone other than the investigating officer, employer's officials, and employer or personal insurance company representatives. Statements should be confined to factual observations.
 4. Anytime an incident causes injury, a First Report should be filed with the Worker's Comp. Division by the Clerk & Recorder and an Investigation Report filled out.
 5. Any damage to property requires an Investigation Report to be completed and filed with the Clerk & Recorder's Office and inclusion in the employee's personnel file and a copy sent to the Safety Coordinator.
 6. Damage to the vehicle should then be reported to the insurance carrier and processed through the Clerk & Recorder's Office.
 7. If the incident may result in someone alleging liability against the County, the Clerk & Recorder's Office should also file the report with the County insurance carrier.
 8. In the case of a fatality or if two or more employees are hospitalized, the Elected Official/Department Head should report the incident to the County Commissioners, the nearest office of the Department of Labor and Industries, and Montana State Fund. The report should relate the circumstances, the number of fatalities, and the extent of any injuries.
 9. The Safety Committee should review all Investigation forms for collisions and recommend actions to avoid, prevent, or reduce future similar incidents.
 10. County employees should refer all formal requests in production of evidence relating to a vehicular collision to the County Attorney prior to releasing any information.

X. Training

Wheatland County recognizes that there are potential risks to any job. To prevent as many injuries/illnesses, damage to property or near misses as possible, we provide our employees with the following initial, annual or as needed training

- A. Initial training will include instruction about the contents of the Employee Safety Manual including appendix forms, all specific County policies that pertain to the job being done (i.e. BBP for those with risk) and job specific training on equipment.
- B. Annual training on BBP will be done for those in Departments associated with risks and any other policy training required annually by OSHA.
- C. As needed training will be provided when a hazard is identified, when new equipment is used, when a safety policy is changed or as refresher courses for policies not specified as needing annual training by OSHA.

Appendix A

Forms

1. Investigation Report form used for:

- Property Damage

- Injury/Illness

- Near Miss

2. Hazard Report

3. First Report for Injury/Illness

WHEATLAND COUNTY
INVESTIGATION REPORT FORM

To be Completed by Employee/ Employee directly involved with public person or Supervisor if employee is not able:

<input type="checkbox"/> Employee/Public-Injury/Illness	<input type="checkbox"/> Employee/Public-Near Miss	<input type="checkbox"/> Property Damage
Building: _____	Department: _____	Date: ____/____/____
Reported to Clerk & Recorder by: _____		Date: ____/____/____

Name of injured or involved person(s): _____ Employee Public

Describe in detail the sequence of events that caused or contributed to the incident. Please include the source of the accident or illness (i.e. equipment/grease/materials/etc); what the unsafe condition was; if there was an unsafe act and why the accident occurred to this person/property:

Describe injury/illness and part of body affected: _____

Location: _____

Time of Incident: _____ Weather Conditions: _____

Equipment involved: _____ Damage more than \$100? Y___ N___

List damage to equipment: _____

Witnesses: Yes___ No___ If yes, provide the appropriate information below. Attach witness statements/description of incident.

Name: _____ Address _____ Telephone: _____

Name: _____ Address _____ Telephone: _____

Name: _____ Address _____ Telephone: _____

Medical Attention/First Aid Given: _____ By Whom: _____

First Report Filed with Clerk & Recorder? Y / N

(Back of form must be completed before submitted to the Safety Coordinator)

To be completed by Department Head/ Elected Official Supervising Employee:

Reviewed employee's report of incident: Y / N Were other employees injured in this incident: Y / N

Lost Time: Y / N If yes, from (date & time) _____ to _____

Has employee returned to work? Y / N If no, Date of expected return: _____

Describe primary reason for and any contributing factors for the incident such as equipment, training, policy/procedure, behavior, personal factor, working environment, ergonomics, etc:

Type of training employee received on specific task involved: _____

Date of last training: _____

Recommendations for corrective action to prevent a recurrence: _____

Name of Department Head/ Elected Official _____

Signature: _____

Date: _____

To be completed by the Safety Committee:

Does the Safety Committee agree with the recommended corrective action to prevent a recurrence? Y / N

If not, what recommendations would the committee suggest? _____

Do similar unsafe acts/conditions that led to this incident exist elsewhere? Y / N If yes, where: _____

FOLLOW UP NEEDED:

Action Required	Responsible Person	Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Safety Committee Signatures:

County Commissioner Safety Coordinator Other Safety Committee Member

Wheatland County
Hazard Report Form

What should I do if I notice a hazard?

You should report it immediately to your Department Head/ Elected Official. Health and Safety legislation requires employees to report hazards to their Department Head as soon as possible. The immediate hazard reporting process allows employees to report hazardous conditions or practices as they notice them. This procedure allows for prompt reporting and subsequent corrective action without waiting for the next round of regular inspections.

Employee submitting report (optional): _____ Date: _____

Location of hazard: _____

Equipment involved: _____

Description of the hazard (please be as thorough as possible): _____

Suggested Corrective Action: _____

Signature of Employee (optional) _____ Date _____

(Safety Committee Use Only)

Safety Committee Recommendations: _____

Date Corrective Action Needs to be Completed By: _____

Department Head's Remarks: _____

Corrective Action Taken: _____

Department Head Signature _____ Date _____



OSHA Log Case #

First Report
Fax: 406-495-5020. Voice: 800 332-6102
PO Box 4759 Helena, MT 59604-4759

Adjuster Date Stamp

Worker

Form section for Worker information including Last Name, First Name, M.I., Date of Birth, Social Security Number, Mailing Address, City, State, Postal Code, Phone Number, Education, Gender, Marital Status, and Number of Dependents.

Wages

Form section for Wages including Date Hired, Gross Earnings for four pay periods, Employment Status, Number of Days Worked, Wage, Wage Period, and other details.

Accident Description

Form section for Accident Description including Job Title, Description of Accident, Cause of Injury, Cause Code, Part of Body, Part Code, Nature of Injury, Nature Code, Date of Injury, Time of Injury, and other details.

Medical

Form section for Medical information including Attending Physician's Name, Address, State, Postal Code, Phone Number, Hospital Name, Address, State, Postal Code, Phone Number, and Type of Initial Medical Treatment Received.

Signature

This is my claim for workers' compensation benefits due to the on-the-job injury, occupational disease, or death of the above named worker. I understand that signing this claim for compensation authorizes the release to the workers' compensation insurer (and its agents) and to the Montana Uninsured Employers' Fund of: Social Security records; rehabilitation records; and all health care information (medical records, pursuant to HIPAA, Public Law 104-191, 42 USC section 1301, et. seq., and section 39-71-604, MCA), that are directly relevant to the claimed injury, disease, or death. I also understand that if I obtain or exert unauthorized control over workers' compensation benefits to which I am not entitled, I may be prosecuted for theft.

Signature of Injured Worker or Beneficiary

Date

Employer

Form section for Employer information including Employer Name, Doing Business As, Federal Employer Identification Number (Tax ID), Mailing Address, City, State, Postal Code, Phone Number, Location of Operation, Nature of Business NAICS Code, Self-Insured?, and other details.

Insurer

Form section for Insurer information including Claim Administrator Claim Number, Date Reported to Claim Administrator, Claim Administrator's Name, Claim Administrator Address, Claim Administrator FEIN, Insurer Name, Insurer FEIN, Policy Number, Policy Effective Date, and Policy Expiration Date.

First Report of Injury or Occupational Disease

Instructions

Workers' compensation insurance is a state-required insurance, which provides medical benefits, wage compensation and rehabilitation to workers injured on the job. Severe penalties can be assessed against an uninsured employer. Neither general liability nor health and accident insurance policies are substitutes for workers' compensation insurance.

The worker and employer may complete this form together or they may each submit a separate form.

Injured Worker's Instructions

Workers have two reporting requirements: 1) Notify your employer of an on-the-job injury within 30 days of its occurrence and 2) Complete this form as a claim for compensation. The form must be signed and submitted to the employer's insurer or the Department of Labor and Industry within 12 months of the accident. The form must be submitted for all injuries in order to protect your right to benefits in the event a seemingly minor injury develops into a more serious condition.

Complete a report of the injury

Be thorough in completing all areas except the gray shaded areas. It is important to you that we have complete information. You must provide your Social Security Number (SSN). This is a mandatory requirement that is permitted under Section 7(a) the Privacy Act of 1974 because the Montana Department of Labor and Industry's forms, prescribed by department rules in existence prior to January 1, 1975, have required disclosure of the SSN. The SSN is used as a key identifier of the claimant, and is needed because of the number of persons who have similar names and birth dates, and whose identities can only be distinguished by the SSN. Use extra sheets of paper if needed. Type or print with a ballpoint pen.

To ensure that workers' compensation systems will not be disrupted, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, 42 USC 1301, et. seq., **permits the disclosure of protected health care information pursuant to the provisions of state laws regarding workers' compensation.** 45 CFR 164.512(l) states:

"Standard: Disclosures for workers' compensation: A covered entity may disclose protected health information **as authorized by and to the extent necessary to comply with laws relating to workers' compensation** or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault."

Employer's Instructions

Montana law requires employers to complete this form within six days after notice of every on-the-job accident, injury and/or occupational disease (OD) by a worker. Ensure all areas are completed except the gray shaded areas, which your insurer will complete. **It is important that we have complete information.**

Type or print with a ballpoint pen. If you are completing with WORD software, you may tab through the fields. If the injured worker is available to do so, they may file a claim for workers' compensation by completing and signing their portions of this form. You may then complete the employer section.

Send the original immediately to your workers' compensation insurer. If you don't know whom your insurer is, contact the Montana Department of Labor and Industry (see below). **SEND THIS FORM WITHIN THE 6-DAY LIMIT EVEN IF THE WORKER IS NOT AVAILABLE TO SIGN.** This form must be submitted even if the employer questions whether or not the reported injury and/or OD are job-related. Additional sheets of paper may be attached, if needed to fully explain all conditions concerning the injury and/or OD.

The United States Department of Labor, OSHA, requires employers to maintain a record of occupational injuries in the employer's office. Please copy the completed form for your records.

Insurer/Adjuster (not submitting electronically)

Please complete all gray shaded areas, and mail a completed copy immediately to the Montana Department of Labor and Industry at the address shown below. Boxes that have been **BOLDED** are mandatory in order to file this report. If you wish to file First Report information electronically, please contact the Employment Relations Division.

Further Information

Montana State Fund
PO Box 4759
Helena MT 59604-4759
(406) 495-5000 . (800) 332-6102
montanastatefund.com

Department of Labor & Industry - Employment Relations Division
Workers' Compensation Claims Assistance Bureau
PO Box 8011
Helena MT 59604-8011
(406) 444-6543
<http://erd.dli.mt.gov>

The United States Department of Labor, OSHA, requires employers to maintain a record of occupational injuries in the employer's office.

Appendix B

Sign & Return Forms to Department Head

1. Hazard Notification Statement
2. Safety Orientation Checklist
3. Training Record Form

Wheatland County Workplace Hazard Notification

We, in Wheatland County, want to ensure your work experience with us is safe and satisfactory for both employee and employer. If you have difficulty reading or do not understand anything on this list or in the manual, please let us know and we will help you. The following is a list of potential hazards you may encounter while working at our facility. Please take time to read this brief list and the entire Wheatland County Employee Safety Manual and ASK ANY QUESTIONS you may have about the list, manual or the facility. Sign the form when you are done.

Employee General Safety Rules

- When lifting objects over 50 lbs, follow all safe lifting practices.
- Keep office areas neat and clean from fire or tripping hazards.
- Adjust your workspace for optimum ergonomic benefit.
- Be aware of slip, trip or fall hazards in your work area and eliminate those you can.
- Follow all stated precautions when using a ladder.
- Working in extreme weather (hot or cold) can be dangerous. Use all precautions listed in the manual.
- Machines/equipment can be dangerous if not used properly. Follow all training guidelines and make sure to use machine guards. Never remove a machine guard from equipment. Do not reach into any area or place where you may get caught in machinery.
- Carefully handle all compressed gas cylinders to prevent explosion or contact with leaking gas.
- Only work on or test energized electrical circuit parts if you have been previously qualified and trained to do so.
- Do not enter any area labeled Confined Space or Asbestos Hazard.

Emergency Action Plan

- Report accidents, spills, leaks, fires, injuries, etc. immediately to your Department Head or 911.
- Know emergency evacuation plan, route and rally point in the event of an emergency.

Possible Chemical Hazards & Hazard Communication

Do not touch any material which may be hazardous. Contact your Department Head before handling the following:

- Containers with harmful or flammable liquids (Clorox, Drano, acids, harsh cleaners, gasoline, paint thinner, etc)
- Containers with danger and hazard warnings. Follow all warnings.
- Know where to find Safety Data Sheets (SDS), what information is included on them and follow all warning for specific chemicals.

Bloodborne Pathogens

- Treat all blood and bodily fluid as if it is contaminated. Follow all policy guidelines if you work in a Department identified as having risk.

Lockout/Tagout

- Do not remove any lockout/tagout device if you did not install it.
- Always use lockout/tagout procedures when working on equipment.

Personal Protective Equipment

- Wear all required personal protective equipment provided for the job that you are given.

Printed Name: _____ Date: _____

Signature: _____

EMPLOYEE SAFETY ORIENTATION CHECKLIST

Employee's Name: _____ Hire Date: _____

Position: _____

Department/Location: _____

Person Completing Orientation: _____ Title: _____

General Employee Safety

- Provided copy & reviewed Employee Safety Manual.
- Provided & reviewed copies of Investigation Report, Hazard Report and First Report (Appendix A)
- Tour of Facilities and Equipment
- Introduction to the Safety Coordinator

Unsafe Conditions

- Discussed examples of unsafe conditions/ hazard notification list.
- Discussed general safety rules and regulations.
- Discussed correction and/or reporting of unsafe conditions.
- Discussed care and use of Personal Protective Equipment
- Discussed each specific policy that pertains to the Department employed in (i.e. BBP)

Medical Aid

- Identified readily available first aid & AED personnel.
- Reviewed location of emergency first aid/AED materials.
- Discussed notifying Department Heads of all injuries.
- Identified location of emergency eye-wash station.
- Reviewed First Report Form and directions. (Appendix A)

Emergency Procedures

- Identified location & use of emergency telephone numbers.
- Discussed exit locations, evacuation routes, and rally point.
- Discussed emergency warning procedure.
- Discussed fire alarm system and use of fire extinguishers.

Department and Area Housekeeping

- Discussed common problems/corrective measures.
- Discussed materials storage areas and practices.

Hazard Communication/Rights to Know Compliance (if applicable)

- Discussed container labeling and SDS information.
- Identified hazardous materials used in the work area.
- Issued personal protective equipment. (if applicable)

Personal Protective Equipment Requirements (if applicable)

- Footwear
- Eye Protection
- Gloves
- Other

Driver Safety Orientation (if applicable)

- Completed personal driving record (MVR) check.
- Provided/reviewed driver safety rules.
- Conducted driver's vehicle orientation.
- Reviewed vehicle inspection procedures.
- Provided driver with accident information package.

Training Topics

- Discussed which policy training topics are applicable.
- Scheduled training for applicable topics.

Other Safety Concerns/Instruction

- _____
- _____
- _____
- _____

Employee Signature Date

Department Head/Safety Coordinator Signature Date

TRAINING TOPICS (If Applicable)	TRAINING	COMMENTS
General Safety Rules		
Emergency/Evacuation Action Plan		
Fire Extinguisher Use		
Bloodborne Pathogens		
Hazard Communication written Policy		
Lockout/Tagout Procedures		
ATV Use Policy		
PPE		
Work Zone Safety & Flagger Policy		
Lifting Procedures		
Office Safety & Housekeeping		
Fall Protection		
Ladder Use		
Working in Extreme Weather Conditions		
First Aid/ CPR / AED Use		
Machine Guarding		
Compressed Gas Cylinders		
Electrical Safety		
Vehicle Fleet Safety		
Return to Work Policy		
Other:		

Appendix C

Inspection Forms for all Buildings

1. Airport
2. Courthouse
3. EMS
4. Fire Hall
5. Roads
6. Sherriff's Office

AIRPORT SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
A. Administrative			
Yes	No	N/A	
1. Is the department/building Emergency Plan in a known location and accessible to all?			
2. Is the Investigation Report Form and Hazard Report Form available to all and are the Procedures for Reporting Incidents known by all?			
3. Are training records maintained and available for review by employees, safety committees, departments and outside agencies?			
4. Are departmental safety inspection reports and corrections maintained and available for review by employees, safety committees, etc?			
5. Are Safety Data Sheets (SDS), and an inventory sheet of all chemicals used in the workplace, on file and accessible to all?			
B. General Work Environment			
Yes	No	N/A	
1. Is the workplace clean, sanitary and orderly?			
2. Does the noise level interfere with communication?			
3. Is the air quality acceptable?			
4. Are all work areas adequately illuminated?			
C. Emergency Evacuation Plan (EEP)			
Yes	No	N/A	
1. Is your Emergency Evacuation Plan posted?			
a. Has there been a drill in the last year?			
b. Are emergency numbers posted?			
2. Are automatic fire detection systems tested on a regular basis? Smoke Alarms?			
3. Are flammable materials stored in a fire rated cabinet?			
D. First Aid			
Yes	No	N/A	
1. Are first aid cabinets and contents clean, orderly and properly stocked?			
2. Are emergency numbers accurate and clearly displayed?			
3. Is there a certified CPR/First-Aid personnel available?			
a. Does the staff know who is certified?			
4. Are eye wash stations inspected on a weekly basis?			
E. Fire Protection			
Yes	No	N/A	
4. Are fire extinguishers securely mounted and clearly identified?			
a. Are fire extinguishers charged, mounted and within 75' of all workstations?			
b. Is there an inspection card attached to each fire extinguisher, showing it's been inspected within the last 12 months?			
c. Are fire extinguishers inspected monthly?			
E. Fire Protection Cont.			
Yes	No	N/A	
d. Are fire extinguishers recharged regularly and so noted on the visible inspection tag?			
5. Are employees instructed in fire protection procedures and use of equipment?			
F. Exits			
Yes	No	N/A	
1. Are all exits posted, illuminated and free of storage/debris?			
a. Is emergency lighting available and in working order (batteries tested)?			
2. Is there adequate walking space around each approaching exit?			
3.			

AIRPORT SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area

4. Does the exit door allow for immediate exit from the building during occupancy?			
5. Are special precautions taken to protect employees during construction or repair operations when exits are blocked, etc?			
6. Where exit doors open directly to a street, alley, etc, are adequate barriers and warning provided to prevent employees from stepping into the path of traffic?			
G. Floors, Walkways and Wall Openings	Yes	No	N/A
1. Are floors, aisles and passageways kept clean, dry and free of debris and tools?			
2. Are defective floor surfaces repaired as soon as possible?			
3. Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?			
H. Stairs and Elevated Surfaces	Yes	No	N/A
1. Are aisles, stairs, doorways, corners and landings free of obstructions to permit visibility and movement?			
I. Personal Protective Equipment (PPE)	Yes	No	N/A
1. Has staff been trained on how to properly use PPE?			
2. Is PPE correctly stored and maintained so it's in a sanitary condition?			
3. Are hard hats provided and worn when there is a danger of falling objects?			
4. Is appropriate foot protection required where there is a risk of foot injuries?			
5. Is protection against occupational noise exposure provided when the sound levels exceed limits (85 dB)?			
6. Are protective gloves, aprons, shields, etc. provided and required when employees could be cut or exposed to blood or other potentially infectious materials?			
J. Portable Ladders	Yes	No	N/A
1. Is there a safety policy and procedure guideline in place regarding the proper use of ladders?			
a. Is it prohibited to place a ladder in front of doors opening toward the ladder, except when the door is blocked, locked or guarded?			
b. Is it prohibited to place ladders on boxes, barrels, or other unstable bases, in order to gain additional height?			
c. When portable ladders are used to gain access, does the ladder always extend at least 3' above the elevated surface?			
2. Are employees trained in the proper use of ladders?			
a. Are employees instructed to face the ladder while ascending or descending?			
b. Are employees instructed not to use the top step of the ladder as a step?			
c. Are employees prohibited from using ladders that are broken, missing steps, rungs or cleats, or are otherwise defective?			
3. Are all ladders inspected periodically and maintained in good condition?			
a. Are non-slip feet provided on each ladder?			
b. Are ladder rungs and steps free from grease or oil?			
c.			

AIRPORT SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area

K. Hand Tools and Equipment	Yes	No	N/A
1. Are all tools, used by employees at the workplace, in good condition?			
2. Are tools stored in dry, secure locations where they won't be tampered with?			
3. Are worn or bent tools replaced as necessary?			
4. Are broken or fractured handles on hammers, axes and similar tools replaced immediately?			
L. Hand Tools and Equipment Cont.	Yes	No	N/A
1. Are hand tools, such as chisels and punches which may develop mushroomed heads during use, reconditioned or replaced as necessary?			
2. Are rotating or moving parts of equipment guarded to prevent physical contact?			
a. Are power tools provided with appropriate safety guards or other attachments as recommended by the manufacturer?			
b. Are circular saws equipped with guards above and below the blade?			
c. Are they checked to assure that the guard is not wedged in the up position?			
M. Machine Guarding	Yes	No	N/A
1. Is there a training program to instruct employees on the safe methods of machine operation?			
2. Is there a regular program of inspection to assure the safe operation of machinery and equipment?			
3. Is sufficient clearance provided around and between machines to allow for safe operations, set up and servicing?			
4. Is there a power shut off switch within reach of the operator's station?			
5. Are all emergency stop buttons colored red?			
6. Are all moving chains and gears guarded?			
7. Are machine guards secure and arranged so that they do not pose a hazard?			
8. Are provisions made to prevent machines from automatically restarting following a restoration of power after a power outage?			
9. Are saws used for ripping equipped with an anti-kickback device and spreader bar?			
10. Are methods provided to protect the operator and other employees in the machine area from hazards created at the point of operation?			
11. PPE: Is appropriate safety glasses, face shields, etc. used when using equipment that might be subject to breakage or could result in flying parts?			
N. Welding, Cutting and Brazing	Yes	No	N/A
1. Are only authorized and trained personnel permitted to use welding, cutting and brazing equipment?			
2. Are all hoses, regulators and valves checked periodically for wear, tear or defects?			
3. Are electrodes removed from the holder when not in use?			
4. Are firewatchers assigned when welding or cutting is performed in locations where there is a danger of fires starting?			
5. Is there adequate ventilation when welding is being done?			

AIRPORT SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
6. PPE: Is eye, face and skin equipment provided and used whenever such operations are being performed?			
O. Lockout/Tagout Procedures	Yes	No	N/A
1. Is there a written program that describes the procedures for safely locking out machinery and equipment prior to repairs, routine maintenance and setup?			
a. Are employees properly trained in the correct lockout techniques?			
b. Are lockout procedures being followed?			
2. Does the program include all energy sources such as electrical, pneumatic, hydraulic, etc?			
3. Can all power sources to each machine be locked out?			
P. Spraying Operations	Yes	No	N/A
1. Is adequate ventilation assured before spray operations begin?			
2. Is mechanical ventilation provided when spraying operations are conducted in confined areas?			
3. Is the spray area at least 20' from any flames, sparks, operating electric motors or other ignition sources?			
4. Are "No Smoking" signs posted in any spray area/booth?			
5. Are spray booth filters checked and replaced regularly?			
Inspected Area			
Q. Spraying Operations Cont.	Yes	No	N/A
6. PPE: Is approved respiratory equipment provided and used?			
a. If yes, is there a written Respirator Plan in place?			
R. Flammable & Combustible Materials	Yes	No	N/A
1. Is combustible scrap/debris/waste removed from the worksite promptly?			
2. Are proper containers used for storing and handling flammable and combustible materials?			
a. Are metal waste cans used for oily and paint-soaked rags covered?			
3. Is the accumulation of combustible dust routinely removed from the area?			
4. Are drums of flammable liquids grounded and bonded to containers when dispensing?			
5. Is there a portable fire extinguisher (rated at least 6# BC) located within 75' of any refueling area?			
S. Hazardous and Toxic Substances	Yes	No	N/A
1. Are all employees properly trained as required by the "Worker's Right to Know Law"?			
2. Are Safety Data Sheets (SDS) available for all hazardous materials used in the facility?			
3. Are all containers properly labeled to indicate their content?			
4. PPE: Is proper equipment, such as gloves and aprons, available and utilized to protect those employees working with hazardous/toxic materials?			
5. PPE: Do employees understand the limitations of specific PPE being used?			
6. PPE: Is there an eye wash station for quick drenching of the eyes in areas where employees are exposed to chemicals and corrosive materials?			
T. Electrical	Yes	No	N/A

AIRPORT SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area

1. Are live parts of all electrical equipment operating at 50+ volts adequately guarded to prevent accidental contact?			
2. Are provisions made to prevent machines from automatically restarting following a restoration of power after a power outage?			
3. Is there a minimum of 3 feet unobstructed access to electrical breaker panels? (Not blocked)			
4. Are all metal non-current carrying parts of fixed equipment grounded?			
5. Are exposed non-current carrying metal parts of cords and plugs connected to equipment grounded?			
U. Electrical Cont.	Yes	No	N/A
6. Are all cord-connected, electrically operated tools and equipment effectively grounded or of the approved double insulated type?			
7. Are flexible (extension) cords being used in place of required fixed wiring?			
a. Are flexible cords free from splices, cracks in insulation and fraying?			
b. Are flexible cords connected to devices and fittings so that strain relief is provided which will prevent pull from being directly transmitted to the joints or terminal screws?			
8. Are ground fault circuit interrupters used on all 15-20 ampere circuits for construction sites that are not part of the permanent wiring of the building or structure?			
9. Is there a minimum of 3' unobstructed access to electrical breaker panels?			
a. Are disconnects in electrical service panels legibly marked to indicate their purpose?			
10. Are ground fault circuit interrupters available for use in wet areas?			
V. Outside Areas	Yes	No	N/A
1. Is the outside of the building in good maintenance? Including eaves? Downspouts? Sidewalks?			
2. Are bushes and trees around the building trimmed to prevent damage to the building and access to the building as needed?			
3. Are damages reported to the County and Insurance company in a timely manner?			
4. Is all outside lighting in proper working order?			
5. Are any repairs needed done in a timely manner?			

Corrective Actions to Be Taken

- | | |
|--|--|
| 1. _____
Date Completed: _____ | 2. _____
Date Completed: _____ |
| 3. _____
Date Completed: _____ | 4. _____
Date Completed: _____ |

Comments: _____

**Wheatland County
COURTHOUSE INSPECTION CHECKLIST**

County: _____ Department: _____ Inspector: _____
 Building: _____ Date Inspected: _____ Supervisor: _____

Inspected Area			
A. Administrative			
1. Is the department/building Emergency Plan in a known location and accessible to all?	Yes	No	Dept.
2. Is the Investigation Form and Hazard Form available and Procedures for Reporting Accidents known by all?			
3. Are training records maintained and available for review by employees, safety committees, departments and outside agencies?			
4. Are departmental safety inspection reports and corrections maintained and available for review by employees, safety committees, etc?			
B. General Work Environment			
1. Is the workplace clean, sanitary and orderly?	Yes	No	Dept.
2. Does the noise level interfere with communication?			
3. Are photocopiers, printers, and scanners in well-ventilated areas?			
4. Is the air quality acceptable?			
5. Are all work areas adequately illuminated?			
C. Emergency Evacuation Plan (EEP)			
1. Is your Emergency Evacuation Plan posted?	Yes	No	Dept
a. Is the EEP practiced on a regular basis?			
b. Are emergency numbers posted?			
2. Are fire extinguishers securely mounted and clearly identified?			
a. Are fire extinguishers charged, mounted and within 75' of all workstations?			
a. Are fire extinguishers recharged regularly and so noted on the visible inspection tag?			
b. Are fire extinguishers inspected monthly?			
3. Do all employees know where the manual fire alarms are located?			
4. Are flammable materials stored in a fire rated cabinet?			
5. Are doors that swing in both directions and are located between rooms where there is frequent traffic, provided with viewing ports in each door?			
D. First Aid			
1. Are first aid cabinets and contents clean, orderly and properly stocked?	Yes	No	Dept
2. Are emergency numbers accurate and clearly displayed?			
3. Are there displayed notices indicating the location of each first aid kit?			
4. Is there a certified CPR/First-Aid personnel available?			
a. Does the staff know who is certified?			
5. Are eye wash stations inspected on a weekly basis?			
E. Fire Protection			
2. Are interior standing pipes and valves inspected regularly?	Yes	No	Dept
3. Are employees instructed in fire protection procedures and use of equipment?			
F. Exits			
1. Are all exits posted, illuminated and free of storage/debris?	Yes	No	Dept
a. Is emergency lighting available and in working order (batteries tested)?			
2. Is the direction to exits, when not immediately apparent, visibly marked?			
3. Is there adequate walking space around each approaching exit?			

**Wheatland County
COURTHOUSE INSPECTION CHECKLIST**

County: _____ Department: _____ Inspector: _____
 Building: _____ Date Inspected: _____ Supervisor: _____

Inspected Area			
4. Does the exit door allow for immediate exit from the building during occupancy?			
a. Are exit doors operable without the use of a key or any special knowledge?			
5. Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, marked "Not an Exit"?			
6. Are special precautions taken to protect employees during construction or repair operations when exits are blocked, etc?			
G. Floors, Walkways and Wall Openings	Yes	No	Dept
1. Are floors, aisles and passageways kept clean, dry and free of debris and tools?			
2. Are defective floor surfaces repaired as soon as possible?			
3. Are carpets well secured and free of work/frayed seams?			
H. Stairs and Elevated Surfaces	Yes	No	Dept
1. Are aisles, stairs, doorways, corners and landings free of obstructions to permit visibility and movement?			
2. Do all stairs (with 4+ steps high) have secure railings on both sides?			
a. Do handrails have at least 3" of clearance between the rail and the wall?			
b. Are handrails capable of withstanding a load of 200 pounds, applied within 3" of the top edge, in any downward or outward direction?			
3. Are stairways at least 22" wide?			
4. Are step risers uniform from top to bottom?			
5. Are signs posted, when appropriate, showing the elevated surface load capacity?			
I. Portable Ladders	Yes	No	Dept
1. Is there a safety policy and procedure guideline in place regarding the proper use of ladders?			
a. Is it prohibited to place a ladder in front of doors opening toward the ladder, except when the door is blocked, locked or guarded?			
b. Is it prohibited to place ladders on boxes, barrels, or other unstable bases, in order to gain additional height?			
c. When portable ladders are used to gain access, does the ladder always extend at least 3' above the elevated surface?			
2. Are employees trained in the proper use of ladders?			
a. Are employees instructed to face the ladder while ascending or descending?			
b. Are employees instructed not to use the top step of the ladder as a step?			
c. Are employees prohibited from using ladders that are broken, missing steps, rungs or cleats, or are otherwise defective?			
3. Are all ladders inspected periodically and maintained in good condition?			
a. Are non-slip feet provided on each ladder?			
b. Are ladder rungs and steps free from grease or oil?			
J. Chemical & Flammable Materials	Yes	No	Dept
1. Are flammable material stored in flammable cabinets			

**Wheatland County
COURTHOUSE INSPECTION CHECKLIST**

County: _____ Department: _____ Inspector: _____
 Building: _____ Date Inspected: _____ Supervisor: _____

Inspected Area			
1. Are chemicals stored in original containers or temporary containers marked with warning labels?			
2. Are Safety Data Sheets (SDS) available for all chemicals used and the list updated yearly.			
K. Electrical Requirements	Yes	No	Dept
1. Are there any exposed live electrical equipment, e.g., switch/receptacle plates missing, frayed wires, etc.			
2. Are extension cords and multiple outlet strips plugged directly in a wall outlet?			
3. Are extension cords at a minimum 14 gauge (heavy-duty) and servicing only one appliance or fixture?			
4. Are employees instructed not to use extensions cords in place of permanent wiring.			
5. Are extension cords prevented from running through walls, ceiling and doors?			
6. Are all electrical appliances and equipment properly grounded or double insulated?			
7. Are phone lines, electrical cords, and extension cords secured under desk or alongside baseboards?			
8. When cords do run into walkways, are they covered by runners or cord protectors?			
9. If there are coffee makers, space heaters, radios, or other personal items in your office, are the turned off at night?			
10. Is there a minimum of 3 feet unobstructed access to electrical breaker panels? (Not blocked)			
11. Are all circuit breaker panels with each breaker appropriately labeled?			
12. Are ground fault circuit interrupters available for use in wet areas?			
13. Are lockout procedures being followed?			
L. Personal Protective Equipment (PPE)	Yes	No	N/A
1. Has staff been trained on how to properly use PPE?			
2. Is PPE correctly stored and maintained so it's in a sanitary condition?			
3. Is appropriate foot protection required where there is a risk of foot injuries?			
4. Is protection against occupational noise exposure provided when the sound levels exceed limits (85 dB)?			
5. Are protective gloves, aprons, shields, etc. provided and required when employees could be cut or exposed to blood or other potentially infectious materials?			
M. Hand Tools and Equipment	Yes	No	N/A
1. Are all tools, used by employees at the workplace, in good condition?			
2. Are tools stored in dry, secure locations where they won't be tampered with?			
3. Are worn or bent tools replaced as necessary?			
4. Are broken or fractured handles on hammers, axes and similar tools replaced immediately?			

**Wheatland County
COURTHOUSE INSPECTION CHECKLIST**

County: _____ Department: _____ Inspector: _____
 Building: _____ Date Inspected: _____ Supervisor: _____

Inspected Area

5. Are hand tools, such as chisels and punches which may develop mushroomed heads during use, reconditioned or replaced as necessary?			
6. Are portable fans provided with full guards or screens with openings < 1/2"?			
7. Are rotating or moving parts of equipment guarded to prevent physical contact?			
a. Are power tools provided with appropriate safety guards or other attachments as recommended by the manufacturer?			
b. Are circular saws equipped with guards above and below the blade?			
c. Are they checked to assure that the guard is not wedged in the up position?			
N. Welding, Cutting and Brazing	Yes	No	N/A
1. Are only authorized and trained personnel permitted to use welding, cutting and brazing equipment?			
2. Are all hoses, regulators and valves checked periodically for ware, tear or defects?			
O. Flammable & Combustible Materials	Yes	No	N/A
1. Is combustible scrap/debris/waste removed from the worksite promptly?			
2. Are proper containers used for storing and handling flammable and combustible materials?			
a. Are metal waste cans used for oily and paint-soaked rags covered?			
3. Is the accumulation of combustible dust routinely removed from the area?			
4. Are drums of flammable liquids grounded and bonded to containers when dispensing?			
5. Is there a portable fire extinguisher (rated at least 6# BC) located within 75' of any refueling area?			
P. Outside Areas	Yes	No	N/A
1. Is the outside of the building in good maintenance? Including eaves? Downspouts? Sidewalks?			
1. Are bushes and trees around the building trimmed to prevent damage to the building and access to the building as needed?			
2. Are damages reported to the County and Insurance company in a timely manner?			
3. Is all outside lighting in proper working order?			
4. Are any repairs needed, done in a timely manner?			

Corrective Actions to Be Taken

1. _____
 Date Completed: _____

2. _____
 Date Completed: _____

3. _____
 Date Completed: _____

4. _____
 Date Completed: _____

**Wheatland County
COURTHOUSE INSPECTION CHECKLIST**

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Comments:

EMS SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area				
A. Administrative		Yes	No	N/A
1. Is the department/building Emergency Plan in a known location and accessible to all?				
2. Is the Investigation Report Form and Hazard Report Form available to all and are the Procedures for Reporting Incidents known by all?				
3. Are training records maintained and available for review by employees, safety committees, departments and outside agencies?				
4. Are departmental safety inspection reports and corrections maintained and available for review by employees, safety committees, etc?				
B. General Work Environment		Yes	No	N/A
1. Is the workplace clean, sanitary and orderly?				
2. Does the noise level interfere with communication?				
3. Are photocopiers, printers, and scanners in well-ventilated areas?				
4. Is the air quality acceptable?				
5. Are all work areas adequately illuminated?				
C. Emergency Evacuation Plan (EEP)		Yes	No	N/A
1. Is your Emergency Evacuation Plan posted?				
a. Has there been a drill in the last year?				
b. Are emergency numbers posted?				
2. Are automatic fire detection systems tested on a regular basis? Smoke Alarms?				
3. Are flammable materials stored in a fire rated cabinet?				
4. Are doors that swing in both directions and are located between rooms where there is frequent traffic, provided with viewing ports in each door?				
D. First Aid		Yes	No	N/A
1. Are first aid cabinets and contents clean, orderly and properly stocked?				
2. Are emergency numbers accurate and clearly displayed?				
3. Is there a certified CPR/First-Aid personnel available?				
a. Does the staff know who is certified?				
4. Are eye wash stations inspected on a weekly basis?				
E. Fire Protection		Yes	No	N/A
1. Are fire extinguishers securely mounted and clearly identified?				
a. Are fire extinguishers charged, mounted and within 75' of all workstations?				
b. Is there an inspection card attached to each fire extinguisher, showing it's been inspected within the last 12 months?				
c. Are fire extinguishers inspected monthly?				
d. Are fire extinguishers recharged regularly and so noted on the visible inspection tag?				
2. Are employees instructed in fire protection procedures and use of equipment?				
F. Exits		Yes	No	N/A
1. Are all exits posted, illuminated and free of storage/debris?				
a. Is emergency lighting available and in working order (batteries tested)?				
2. Is the direction to exits, when not immediately apparent, visibly marked?				
3. Is there adequate walking space around each approaching exit?				

EMS SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
4. Does the exit door allow for immediate exit from the building during occupancy?			
5. Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, marked "Not an Exit"?			
6. Are special precautions taken to protect employees during construction or repair operations when exits are blocked, etc?			
7. Where exit doors open directly to a street, alley, etc, are adequate barriers and warning provided to prevent employees from stepping into the path of traffic?			
G. Floors, Walkways and Wall Openings	Yes	No	N/A
1. Are floors, aisles and passageways kept clean, dry and free of debris and tools?			
2. Are defective floor surfaces repaired as soon as possible?			
3. Are carpets well secured and free of work/frayed seams?			
4. Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?			
H. Stairs and Elevated Surfaces	Yes	No	N/A
1. Are aisles, stairs, doorways, corners and landings free of obstructions to permit visibility and movement?			
I. Personal Protective Equipment (PPE)	Yes	No	N/A
1. Has staff been trained on how to properly use PPE?			
2. Is PPE correctly stored and maintained so it's in a sanitary condition?			
3. Are protective gloves, aprons, shields, etc. provided and required when employees could be cut or exposed to blood or other potentially infectious materials?			
J. Hand Tools and Equipment Cont.	Yes	No	N/A
1. Is hoisting equipment available and used for lifting heavy objects?			
2. Are portable fans provided with full guards or screens with openings < 1/2"?			
K. Machine Guarding	Yes	No	N/A
1. Are provisions made to prevent machines from automatically restarting following a restoration of power after a power outage?			
L. Lockout/Tagout Procedures	Yes	No	N/A
1. Is there a written program that describes the procedures for safely locking out machinery and equipment prior to repairs, routine maintenance and setup?			
a. Are employees properly trained in the correct lockout techniques?			
b. Are lockout procedures being followed?			
2. Does the program include all energy sources such as electrical, pneumatic, hydraulic, etc?			
3. Can all power sources to each machine be locked out?			
M. Compressed Gas Cylinders	Yes	No	N/A
1. Are compressed gas cylinders stored in the upright position and secured to prevent them from being knocked over?			
2. Are fuel and oxygen cylinders stored at least 20' apart or separated by a non-combustible partition at least 5' high and with a fire rating of at least 1/2 hour?			

EMS SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area

3. Are valve protection caps in place when cylinders are transported, moved or stored?			
4. Are gas cylinders regularly examined for obvious signs of defects, rusting or leakage?			
N. Electrical	Yes	No	N/A
1. Are live parts of all electrical equipment operating at 50+ volts adequately guarded to prevent accidental contact?			
2. Are provisions made to prevent machines from automatically restarting following a restoration of power after a power outage?			
3. Is there a minimum of 3 feet unobstructed access to electrical breaker panels? (Not blocked)			
4. Are all metal non-current carrying parts of fixed equipment grounded?			
5. Are exposed non-current carrying metal parts of cords and plugs connected to equipment grounded?			
6. Are all cord-connected, electrically operated tools and equipment effectively grounded or of the approved double insulated type?			
7. Are flexible (extension) cords being used in place of required fixed wiring?			
a. Are flexible cords free from splices, cracks in insulation and fraying?			
b. Are flexible cords connected to devices and fittings so that strain relief is provided which will prevent pull from being directly transmitted to the joints or terminal screws?			
8. Are ground fault circuit interrupters used on all 15-20 ampere circuits for construction sites that are not part of the permanent wiring of the building or structure?			
9. Is there a minimum of 3' unobstructed access to electrical breaker panels?			
a. Are disconnects in electrical service panels legibly marked to indicate their purpose?			
10. Are ground fault circuit interrupters available for use in wet areas?			
O. Outside Areas	Yes	No	N/A
1. Is the outside of the building in good maintenance? Including eaves? Downspouts? Sidewalks?			
2. Are bushes and trees around the building trimmed to prevent damage to the building and access to the building as needed?			
3. Are damages reported to the County and Insurance company in a timely manner?			
4. Is all outside lighting in proper working order?			
5. Are any repairs needed done in a timely manner?			

Corrective Actions to Be Taken

1. _____ Date Completed: _____	2. _____ Date Completed: _____
3. _____ Date Completed: _____	4. _____ Date Completed: _____

EMS SAFETY INSPECTION CHECKLIST

County: _____ Department: _____ Inspector: _____

Building: _____ Date Inspected: _____ Supervisor: _____

Comments: _____

FIRE HALL SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
A. Administrative			
1. Is the department/building Emergency Plan in a known location and accessible to all?	Yes	No	N/A
2. Is the Investigation Report Form and Hazard Report Form available to all and are the Procedures for Reporting Incidents known by all?			
3. Are training records maintained and available for review by employees, safety committees, departments and outside agencies?			
4. Are departmental safety inspection reports and corrections maintained and available for review by employees, safety committees, etc?			
B. General Work Environment			
1. Is the workplace clean, sanitary and orderly?	Yes	No	N/A
2. Does the noise level interfere with communication?			
3. Are photocopiers, printers, and scanners in well-ventilated areas?			
4. Is the air quality acceptable?			
5. Are all work areas adequately illuminated?			
C. Emergency Evacuation Plan (EEP)			
1. Is your Emergency Evacuation Plan posted?	Yes	No	N/A
a. Has there been a drill in the last year?			
b. Are emergency numbers posted?			
2. Are automatic fire detection systems tested on a regular basis? Smoke Alarms?			
3. Are doors that swing in both directions and are located between rooms where there is frequent traffic, provided with viewing ports in each door?			
D. First Aid			
1. Are first aid cabinets and contents clean, orderly and properly stocked?	Yes	No	N/A
2. Are emergency numbers accurate and clearly displayed?			
3. Is there a certified CPR/First-Aid personnel available?			
a. Does the staff know who is certified?			
E. Fire Protection			
1. Are interior standing pipes and valves inspected regularly?	Yes	No	N/A
2. Are fire extinguishers securely mounted and clearly identified?			
a. Are fire extinguishers charged, mounted and within 75' of all workstations?			
b. Is there an inspection card attached to each fire extinguisher, showing it's been inspected within the last 12 months?			
c. Are fire extinguishers inspected monthly?			
d. Are fire extinguishers recharged regularly and so noted on the visible inspection tag?			
3. Are employees instructed in fire protection procedures and use of equipment?			
4. Are floor and wall openings in fire resistive construction provided with self-closing doors or covers that are compatible with the fire rating of the structure?			
5. Are fire doors in good operating condition?			
a. Are fire doors unobstructed and protected against obstruction, including their counterweights?			

FIRE HALL SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
b. Are fire door fusible links in place?			
F. Exits	Yes	No	N/A
1. Are all exits posted, illuminated and free of storage/debris?			
a. Is emergency lighting available and in working order (batteries tested)?			
2. Is the direction to exits, when not immediately apparent, visibly marked?			
3. Is there adequate walking space around each approaching exit?			
4. Does the exit door allow for immediate exit from the building during occupancy?			
5. Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, marked "Not an Exit"?			
6. Are special precautions taken to protect employees during construction or repair operations when exits are blocked, etc?			
7. Where exit doors open directly to a street, alley, etc, are adequate barriers and warning provided to prevent employees from stepping into the path of traffic?			
G. Floors, Walkways and Wall Openings	Yes	No	N/A
1. Are floors, aisles and passageways kept clean, dry and free of debris and tools?			
2. Is slip-resistant protection used on stairways, etc?			
3. Are defective floor surfaces repaired as soon as possible?			
4. Are carpets well secured and free of work/frayed seams?			
5. Are floor openings guarded by a cover, guardrail?			
6. Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?			
H. Stairs and Elevated Surfaces	Yes	No	N/A
1. Are aisles, stairs, doorways, corners and landings free of obstructions to permit visibility and movement?			
2. Do all stairs (with 4+ steps high) have secure railings on both sides?			
a. Do handrails have at least 3" of clearance between the rail and the wall?			
b. Are handrails capable of withstanding a load of 200 pounds, applied within 3" of the top edge, in any downward or outward direction?			
3. Are stairways at least 22" wide?			
4. Are step risers uniform from top to bottom?			
5. Are signs posted, when appropriate, showing the elevated surface load capacity?			
6. Are all surfaces, elevated more than 30" above the ground, provided with a standard guard that prevent it from tipping, falling, collapsing or rolling?			
I. Personal Protective Equipment (PPE)	Yes	No	N/A
1. Has staff been trained on how to properly use PPE?			
2. Is PPE correctly stored and maintained so it's in a sanitary condition?			
3. Are hard hats provided and worn when there is a danger of falling objects?			
4. Is appropriate foot protection required where there is a risk of foot injuries?			
5. Is protection against occupational noise exposure provided when the sound levels exceed limits (85 dB)?			

FIRE HALL SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
6. Are protective gloves, aprons, shields, etc. provided and required when employees could be cut or exposed to blood or other potentially infectious materials?			
J. Portable Ladders	Yes	No	N/A
1. Is there a safety policy and procedure guideline in place regarding the proper use of ladders?			
a. Is it prohibited to place a ladder in front of doors opening toward the ladder, except when the door is blocked, locked or guarded?			
b. Is it prohibited to place ladders on boxes, barrels, or other unstable bases, in order to gain additional height?			
c. When portable ladders are used to gain access, does the ladder always extend at least 3' above the elevated surface?			
2. Are employees trained in the proper use of ladders?			
a. Are employees instructed to face the ladder while ascending or descending?			
b. Are employees instructed not to use the top step of the ladder as a step?			
c. Are employees prohibited from using ladders that are broken, missing steps, rungs or cleats, or are otherwise defective?			
3. Are all ladders inspected periodically and maintained in good condition?			
a. Are non-slip feet provided on each ladder?			
b. Are ladder rungs and steps free from grease or oil?			
K. Hand Tools and Equipment	Yes	No	N/A
1. Are all tools, used by employees at the workplace, in good condition?			
2. Are tools stored in dry, secure locations where they won't be tampered with?			
3. Are worn or bent tools replaced as necessary?			
4. Are broken or fractured handles on hammers, axes and similar tools replaced immediately?			
K. Hand Tools and Equipment Cont.	Yes	No	N/A
1. Is hoisting equipment available and used for lifting heavy objects?			
2. Are portable fans provided with full guards or screens with openings < 1/2"?			
3. Are rotating or moving parts of equipment guarded to prevent physical contact?			
a. Are power tools provided with appropriate safety guards or other attachments as recommended by the manufacturer?			
L. Machine Guarding	Yes	No	N/A
1. Is there a training program to instruct employees on the safe methods of machine operation?			
2. Is there a regular program of inspection to assure the safe operation of machinery and equipment?			
3. Are all moving chains and gears guarded?			
4. Are machine guards secure and arranged so that they do not pose a hazard?			
5. Are provisions made to prevent machines from automatically restarting following a restoration of power after a power outage?			

FIRE HALL SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
6. PPE: Is appropriate safety glasses, face shields, etc. used when using equipment that might be subject to breakage or could result in flying parts?			
M. Lockout/Tagout Procedures	Yes	No	N/A
1. Is there a written program that describes the procedures for safely locking out machinery and equipment prior to repairs, routine maintenance and setup?			
a. Are employees properly trained in the correct lockout techniques?			
b. Are lockout procedures being followed?			
2. Does the program include all energy sources such as electrical, pneumatic, hydraulic, etc?			
3. Can all power sources to each machine be locked out?			
N. Compressed Gas Cylinders	Yes	No	N/A
1. Are compressed gas cylinders stored in the upright position and secured to prevent them from being knocked over?			
2. Are fuel and oxygen cylinders stored at least 20' apart or separated by a non-combustible partition at least 5' high and with a fire rating of at least ½ hour?			
3. Are valve protection caps in place when cylinders are transported, moved or stored?			
4. Are gas cylinders regularly examined for obvious signs of defects, rusting or leakage?			
O. Flammable & Combustible Materials	Yes	No	N/A
1. Is combustible scrap/debris/waste removed from the worksite promptly?			
2. Are proper containers used for storing and handling flammable and combustible materials?			
a. Are metal waste cans used for oily and paint-soaked rags covered?			
3. Is the accumulation of combustible dust routinely removed from the area?			
4. Are drums of flammable liquids grounded and bonded to containers when dispensing?			
5. Is there a portable fire extinguisher (rated at least 6# BC) located within 75' of any refueling area?			
P. Electrical	Yes	No	N/A
1. Are live parts of all electrical equipment operating at 50+ volts adequately guarded to prevent accidental contact?			
2. Are provisions made to prevent machines from automatically restarting following a restoration of power after a power outage?			
3. Is there a minimum of 3 feet unobstructed access to electrical breaker panels? (Not blocked)			
4. Are all metal non-current carrying parts of fixed equipment grounded?			
5. Are exposed non-current carrying metal parts of cords and plugs connected to equipment grounded?			
6. Are all cord-connected, electrically operated tools and equipment effectively grounded or of the approved double insulated type?			
7. Are flexible (extension) cords being used in place of required fixed wiring?			
a. Are flexible cords free from splices, cracks in insulation and fraying?			
b. Are flexible cords connected to devices and fittings so that strain relief is			

FIRE HALL SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

provided which will prevent pull from being directly transmitted to the joints or terminal screws?			
8. Are ground fault circuit interrupters used on all 15-20 ampere circuits for construction sites that are not part of the permanent wiring of the building or structure?			
9. Is there a minimum of 3' unobstructed access to electrical breaker panels?			
a. Are disconnects in electrical service panels legibly marked to indicate their purpose?			
10. Are ground fault circuit interrupters available for use in wet areas?			
Q. Outside Areas	Yes	No	N/A
1. Is the outside of the building in good maintenance? Including eaves? Downspouts? Sidewalks?			
2. Are bushes and trees around the building trimmed to prevent damage to the building and access to the building as needed?			
3. Are damages reported to the County and Insurance company in a timely manner?			
4. Is all outside lighting in proper working order?			
5. Are any repairs needed done in a timely manner?			

Corrective Actions to Be Taken

- | | |
|--|--|
| 1. _____
Date Completed: _____ | 2. _____
Date Completed: _____ |
| 3. _____
Date Completed: _____ | 4. _____
Date Completed: _____ |

Comments:

ROADS SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
A. Administrative			
1. Is the department/building Emergency Plan in a known location and accessible to all?	Yes	No	N/A
2. Is the Investigation Report Form and Hazard Report Form available to all and are the Procedures for Reporting Incidents known by all?			
3. Are training records maintained and available for review by employees, safety committees, departments and outside agencies?			
4. Are departmental safety inspection reports and corrections maintained and available for review by employees, safety committees, etc?			
5. Are Safety Data Sheets (SDS), and an inventory sheet of all chemicals used in the workplace, on file and accessible to all?			
B. General Work Environment			
1. Is the workplace clean, sanitary and orderly?	Yes	No	N/A
2. Does the noise level interfere with communication?			
3. Is the air quality acceptable?			
4. Are all work areas adequately illuminated?			
C. Emergency Evacuation Plan (EEP)			
1. Is your Emergency Evacuation Plan posted?	Yes	No	N/A
a. Has there been a drill in the last year?			
b. Are emergency numbers posted?			
2. Are automatic fire detection systems tested on a regular basis? Smoke Alarms?			
3. Are flammable materials stored in a fire rated cabinet?			
4. Are doors that swing in both directions and are located between rooms where there is frequent traffic, provided with viewing ports in each door?			
5. Are doors on cold storage rooms provided with an inside release mechanism?			
D. First Aid			
1. Are first aid cabinets and contents clean, orderly and properly stocked?	Yes	No	N/A
2. Are emergency numbers accurate and clearly displayed?			
3. Is there a certified CPR/First-Aid personnel available?			
a. Does the staff know who is certified?			
4. Are eye wash stations inspected on a weekly basis?			
E. Fire Protection			
6. Are fire extinguishers securely mounted and clearly identified?	Yes	No	N/A
a. Are fire extinguishers charged, mounted and within 75' of all workstations?			
b. Is there an inspection card attached to each fire extinguisher, showing it's been inspected within the last 12 months?			
c. Are fire extinguishers inspected monthly?			
d. Are fire extinguishers recharged regularly and so noted on the visible inspection tag?			
7. Are employees instructed in fire protection procedures and use of equipment?			

ROADS SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
8. Are floor and wall openings in fire resistive construction provided with self-closing doors or covers that are compatible with the fire rating of the structure?			
F. Exits	Yes	No	N/A
1. Are all exits posted, illuminated and free of storage/debris?			
a. Is emergency lighting available and in working order (batteries tested)?			
2. Is the direction to exits, when not immediately apparent, visibly marked?			
3. Is there adequate walking space around each approaching exit?			
4. Does the exit door allow for immediate exit from the building during occupancy?			
5. Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, marked "Not an Exit"?			
6. Are special precautions taken to protect employees during construction or repair operations when exits are blocked, etc?			
7. Where exit doors open directly to a street, alley, etc, are adequate barriers and warning provided to prevent employees from stepping into the path of traffic?			
G. Floors, Walkways and Wall Openings	Yes	No	N/A
1. Are floors, aisles and passageways kept clean, dry and free of debris and tools?			
2. Is slip-resistant protection used on stairways, etc?			
3. Are defective floor surfaces repaired as soon as possible?			
4. Are floor openings guarded by a cover, guardrail?			
5. Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?			
H. Stairs and Elevated Surfaces	Yes	No	N/A
1. Are aisles, stairs, doorways, corners and landings free of obstructions to permit visibility and movement?			
2. Do all stairs (with 4+ steps high) have secure railings on both sides?			
a. Do handrails have at least 3" of clearance between the rail and the wall?			
b. Are handrails capable of withstanding a load of 200 pounds, applied within 3" of the top edge, in any downward or outward direction?			
3. Are stairways at least 22" wide?			
4. Are step risers uniform from top to bottom?			
5. Are signs posted, when appropriate, showing the elevated surface load capacity?			
6. Are all surfaces, elevated more than 30" above the ground, provided with a standard guard that prevent it from tipping, falling, collapsing or rolling?			
I. Personal Protective Equipment (PPE)	Yes	No	N/A
1. Has staff been trained on how to properly use PPE?			
2. Is PPE correctly stored and maintained so it's in a sanitary condition?			
3. Are hard hats provided and worn when there is a danger of falling objects?			
4. Is appropriate foot protection required where there is a risk of foot injuries?			
5. Is protection against occupational noise exposure provided when the sound levels exceed limits (85 dB)?			

ROADS SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area

6. Are protective gloves, aprons, shields, etc. provided and required when employees could be cut or exposed to blood or other potentially infectious materials?			
J. Portable Ladders	Yes	No	N/A
1. Is there a safety policy and procedure guideline in place regarding the proper use of ladders?			
a. Is it prohibited to place a ladder in front of doors opening toward the ladder, except when the door is blocked, locked or guarded?			
b. Is it prohibited to place ladders on boxes, barrels, or other unstable bases, in order to gain additional height?			
c. When portable ladders are used to gain access, does the ladder always extend at least 3' above the elevated surface?			
2. Are employees trained in the proper use of ladders?			
a. Are employees instructed to face the ladder while ascending or descending?			
b. Are employees instructed not to use the top step of the ladder as a step?			
c. Are employees prohibited from using ladders that are broken, missing steps, rungs or cleats, or are otherwise defective?			
3. Are all ladders inspected periodically and maintained in good condition?			
a. Are non-slip feet provided on each ladder?			
b. Are ladder rungs and steps free from grease or oil?			
K. Hand Tools and Equipment	Yes	No	N/A
1. Are all tools, used by employees at the workplace, in good condition?			
2. Are tools stored in dry, secure locations where they won't be tampered with?			
3. Are worn or bent tools replaced as necessary?			
4. Are broken or fractured handles on hammers, axes and similar tools replaced immediately?			
5. Are hand tools, such as chisels and punches which may develop mushroomed heads during use, reconditioned or replaced as necessary?			
6. Is hoisting equipment available and used for lifting heavy objects?			
7. Are portable fans provided with full guards or screens with openings < 1/2"?			
8. Are rotating or moving parts of equipment guarded to prevent physical contact?			
a. Are power tools provided with appropriate safety guards or other attachments as recommended by the manufacturer?			
b. Are circular saws equipped with guards above and below the blade?			
c. Are they checked to assure that the guard is not wedged in the up position?			
L. Machine Guarding	Yes	No	N/A
1. Is there a training program to instruct employees on the safe methods of machine operation?			
2. Is there a regular program of inspection to assure the safe operation of machinery and equipment?			

ROADS SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
3. Is sufficient clearance provided around and between machines to allow for safe operations, set up and servicing?			
4. Is there a power shut off switch within reach of the operator's station?			
5. Are foot-operated switches guarded or arranged to prevent accidental operation from personnel or falling objects?			
6. Are all emergency stop buttons colored red?			
7. Are all moving chains and gears guarded?			
8. Are machine guards secure and arranged so that they do not pose a hazard?			
9. Are provisions made to prevent machines from automatically restarting following a restoration of power after a power outage?			
10. Are saws used for ripping equipped with an anti-kickback device and spreader bar?			
11. Are radial arm saws arranged so that the cutting head will gently return to the back of the table when released?			
12. Are methods provided to protect the operator and other employees in the machine area from hazards created at the point of operation?			
13. PPE: Is appropriate safety glasses, face shields, etc. used when using equipment that might be subject to breakage or could result in flying parts?			
M. Welding, Cutting and Brazing	Yes	No	N/A
1. Are only authorized and trained personnel permitted to use welding, cutting and brazing equipment?			
2. Are all hoses, regulators and valves checked periodically for wear, tear or defects?			
3. Are electrodes removed from the holder when not in use?			
4. Are firewatchers assigned when welding or cutting is performed in locations where there is a danger of fires starting?			
5. Is there adequate ventilation when welding is being done?			
6. PPE: Is eye, face and skin equipment provided and used whenever such operations are being performed?			
N. Abrasive Wheel Equipment Grinders	Yes	No	N/A
1. Is the work rest adjusted to within 1/8" of the face of the abrasive wheel?			
2. Is the adjustable tongue guard on the top side of the grinder used and kept adjuster to within 1/4" of the wheel?			
3. Do side guards cover the spindle end, nut, flange and 75% of the wheel diameter?			
4. Are bench and pedestal grinders permanently mounted?			
5. Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the grinder motor?			
6. Are fixed or permanently mounted grinders connected to their supply system with metal conduit or other permanent wiring?			
7. Does each grinder have its own on/off control?			
8. Before new abrasive wheels are mounted, are they visually inspected and ring tested?			
9. PPE: Are goggles, safety glasses or face shields available and used when there is a risk of eye injuries, such as during grinding?			

ROADS SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

O. Lockout/Tagout Procedures	Yes	No	N/A
1. Is there a written program that describes the procedures for safely locking out machinery and equipment prior to repairs, routine maintenance and setup?			
a. Are employees properly trained in the correct lockout techniques?			
b. Are lockout procedures being followed?			
2. Does the program include all energy sources such as electrical, pneumatic, hydraulic, etc?			
3. Can all power sources to each machine be locked out?			
P. Flammable & Combustible Materials	Yes	No	N/A
1. Is combustible scrap/debris/waste removed from the worksite promptly?			
2. Are proper containers used for storing and handling flammable and combustible materials?			
a. Are metal waste cans used for oily and paint-soaked rags covered?			
3. Is the accumulation of combustible dust routinely removed from the area?			
4. Are drums of flammable liquids grounded and bonded to containers when dispensing?			
5. Is there a portable fire extinguisher (rated at least 6# BC) located within 75' of any refueling area?			
Q. Hazardous and Toxic Substances	Yes	No	N/A
1. Are all employees properly trained as required by the "Worker's Right to Know Law"?			
2. Are Safety Data Sheets (SDS) available for all hazardous materials used in the facility?			
3. Are all containers properly labeled to indicate their content?			
4. PPE: Is proper equipment, such as gloves and aprons, available and utilized to protect those employees working with hazardous/toxic materials?			
5. PPE: Do employees understand the limitations of specific PPE being used?			
6. PPE: Is there an eye wash station for quick drenching of the eyes in areas where employees are exposed to chemicals and corrosive materials?			
R. Electrical	Yes	No	N/A
1. Are live parts of all electrical equipment operating at 50+ volts adequately guarded to prevent accidental contact?			
2. Are provisions made to prevent machines from automatically restarting following a restoration of power after a power outage?			
3. Is there a minimum of 3 feet unobstructed access to electrical breaker panels? (Not blocked)			
4. Are all metal non-current carrying parts of fixed equipment grounded?			
5. Are exposed non-current carrying metal parts of cords and plugs connected to equipment grounded?			
6. Are all cord-connected, electrically operated tools and equipment effectively grounded or of the approved double insulated type?			
7. Are flexible (extension) cords being used in place of required fixed wiring?			
a. Are flexible cords free from splices, cracks in insulation and fraying?			

ROADS SAFETY INSPECTION CHECKLIST

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area			
b. Are flexible cords connected to devices and fittings so that strain relief is provided which will prevent pull from being directly transmitted to the joints or terminal screws?			
8. Are ground fault circuit interrupters used on all 15-20 ampere circuits for construction sites that are not part of the permanent wiring of the building or structure?			
9. Is there a minimum of 3' unobstructed access to electrical breaker panels?			
a. Are disconnects in electrical service panels legibly marked to indicate their purpose?			
10. Are ground fault circuit interrupters available for use in wet areas?			
S. Outside Areas	Yes	No	N/A
1. Is the outside of the building in good maintenance? Including eaves? Downspouts? Sidewalks?			
2. Are bushes and trees around the building trimmed to prevent damage to the building and access to the building as needed?			
3. Are damages reported to the County and Insurance company in a timely manner?			
4. Is all outside lighting in proper working order?			
5. Are any repairs needed done in a timely manner?			
Corrective Actions to Be Taken			

1. _____
Date Completed: _____

2. _____
Date Completed: _____

3. _____
Date Completed: _____

4. _____
Date Completed: _____

Comments: _____

**Wheatland County
SHERRIFF'S OFFICE INSPECTION CHECKLIST**

County: _____ Department: _____ Inspector: _____
 Building: _____ Date Inspected: _____ Supervisor: _____

Inspected Area			
A. Administrative			
1. Is the department/building Emergency Plan in a known location and accessible to all?	Yes	No	N/A
2. Is the Investigation Form and Hazard Form available and Procedures for Reporting Accidents known by all?			
3. Are training records maintained and available for review by employees, safety committees, departments and outside agencies?			
4. Are departmental safety inspection reports and corrections maintained and available for review by employees, safety committees, etc?			
B. General Work Environment			
1. Is the workplace clean, sanitary and orderly?	Yes	No	N/A
2. Does the noise level interfere with communication?			
3. Are photocopiers, printers, and scanners in well-ventilated areas?			
4. Is the air quality acceptable?			
5. Are all work areas adequately illuminated?			
C. Emergency Evacuation Plan (EEP)			
1. Is your Emergency Evacuation Plan posted?	Yes	No	N/A
a. Is the EEP practiced on a regular basis?			
2. Are fire extinguishers securely mounted and clearly identified?			
a. Are fire extinguishers charged, mounted and within 75' of all workstations?			
a. Are fire extinguishers recharged regularly and so noted on the visible inspection tag?			
b. Are fire extinguishers inspected monthly?			
3. Do all employees know where the manual fire alarms are located?			
4. Are doors that swing in both directions and are located between rooms where there is frequent traffic, provided with viewing ports in each door?			
D. First Aid			
1. Are first aid cabinets and contents clean, orderly and properly stocked?	Yes	No	N/A
2. Are emergency numbers accurate and clearly displayed?			
3. Are there displayed notices indicating the location of each first aid kit?			
4. Is there a certified CPR/First-Aid personnel available?			
a. Does the staff know who is certified?			
5. Are eye wash stations inspected on a weekly basis?			
E. Fire Protection			
2. If you have a fire alarm system, is it tested at least annually?	Yes	No	N/A
3. Are interior standing pipes and valves inspected regularly?			
4. Are employees instructed in fire protection procedures and use of equipment?			
F. Exits			
1. Are all exits posted, illuminated and free of storage/debris?	Yes	No	N/A
a. Is emergency lighting available and in working order (batteries tested)?			
2. Is the direction to exits, when not immediately apparent, visibly marked?			
3. Is there adequate walking space around each approaching exit?			

**Wheatland County
SHERRIFF'S OFFICE INSPECTION CHECKLIST**

County: _____ **Department:** _____ **Inspector:** _____
Building: _____ **Date Inspected:** _____ **Supervisor:** _____

Inspected Area

4. Does the exit door allow for immediate exit from the building during occupancy?			
a. Are exit doors operable without the use of a key or any special knowledge?			
5. Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, marked "Not an Exit"?			
6. Are special precautions taken to protect employees during construction or repair operations when exits are blocked, etc?			
G. Floors, Walkways and Wall Openings	Yes	No	N/A
1. Are floors, aisles and passageways kept clean, dry and free of debris and tools?			
2. Are defective floor surfaces repaired as soon as possible?			
3. Are carpets well secured and free of work/frayed seams?			
H. Stairs and Elevated Surfaces	Yes	No	N/A
1. Are aisles, stairs, doorways, corners and landings free of obstructions to permit visibility and movement?			
I. Portable Ladders	Yes	No	N/A
1. Is there a safety policy and procedure guideline in place regarding the proper use of ladders?			
a. Is it prohibited to place a ladder in front of doors opening toward the ladder, except when the door is blocked, locked or guarded?			
b. Is it prohibited to place ladders on boxes, barrels, or other unstable bases, in order to gain additional height?			
c. When portable ladders are used to gain access, does the ladder always extend at least 3' above the elevated surface?			
2. Are employees trained in the proper use of ladders?			
a. Are employees instructed to face the ladder while ascending or descending?			
b. Are employees instructed not to use the top step of the ladder as a step?			
c. Are employees prohibited from using ladders that are broken, missing steps, rungs or cleats, or are otherwise defective?			
3. Are all ladders inspected periodically and maintained in good condition?			
a. Are non-slip feet provided on each ladder?			
b. Are ladder rungs and steps free from grease or oil?			
J. Electrical Requirements	Yes	No	N/A
1. Are there any exposed live electrical equipment, e.g., switch/receptacle plates missing, frayed wires, etc.			
2. Are extension cords and multiple outlet strips plugged directly in a wall outlet?			
3. Are extension cords at a minimum 14 gauge (heavy-duty) and servicing only one appliance or fixture?			
4. Are employees instructed not to use extensions cords in place of permanent wiring.			

**Wheatland County
SHERRIFF'S OFFICE INSPECTION CHECKLIST**

County: _____ Department: _____ Inspector: _____
 Building: _____ Date Inspected: _____ Supervisor: _____

Inspected Area			
5. Are extension cords prevented from running through walls, ceiling and doors?			
6. Are all electrical appliances and equipment properly grounded or double insulated?			
7. Are phone lines, electrical cords, and extension cords secured under desk or alongside baseboards?			
8. When cords do run into walkways, are they covered by runners or cord protectors?			
9. If there are coffee makers, space heaters, radios, or other personal items in your office, are they turned off at night?			
10. Is there a minimum of 3 feet unobstructed access to electrical breaker panels? (Not blocked)			
11. Are all circuit breaker panels with each breaker appropriately labeled?			
12. Are ground fault circuit interrupters available for use in wet areas?			
13. Are lockout procedures being followed?			
K. Outside Areas	Yes	No	N/A
1. Is the outside of the building in good maintenance? Including eaves? Downspouts? Sidewalks?			
1. Are bushes and trees around the building trimmed to prevent damage to the building and access to the building as needed?			
2. Are damages reported to the County and Insurance company in a timely manner?			
3. Is all outside lighting in proper working order?			
4. Are any repairs needed done in a timely manner?			

Corrective Actions to Be Taken

1. _____ 2. _____
 Date Completed: _____ Date Completed: _____
 3. _____ 4. _____
 Date Completed: _____ Date Completed: _____

Comments:

