

RESOLUTION # 63

Whereas, the Finance and Administration Committee for the City of Chesterfield has voted unanimously to recommend that the attached Safety Manual be adopted by City Council;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL FOR THE CITY OF CHESTERFIELD that the attached Safety Manual is hereby approved and in full force and effect from this date forward until and unless it is subsequently modified.

Adopted this 7<sup>th</sup> day of August, 1989.

Frederic M. Steinbach  
Mayor Frederic M. Steinbach

ATTEST:

Marty DeMay  
Marty DeMay, City Clerk

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INTRODUCTION

CITY OF CHESTERFIELD SAFETY POLICY

The City of Chesterfield prides itself on being an excellent place to live, work and play. This pride extends to all of our employees who are instrumental in helping achieve this goal.

In order to continue to achieve this goal, the City of Chesterfield is participating in a self-funded workers compensation pool to better control our accident and insurance costs. By participating in this pool, we are responsible for paying for our own accidents. Therefore, in an effort to minimize these accidents and their costs, we are committed to the success of our safety program.

This program requires your continued input and participation to be successful. We ask that you give us your wholehearted support as we attempt to control our accidents.

Signed \_\_\_\_\_

Michael G. Herring  
City Administrator  
City of Chesterfield

CHAPTER I  
SAFETY DESCRIPTION

Section 1.1 What is Safety?

Safety is attitude and action demonstrated by all employees to eliminate hazards in city facilities and work areas that could injure employees and the general public.

CHAPTER II  
SAFETY COORDINATOR AND DELEGATION  
OF RESPONSIBILITY

Section 2.1 Safety Coordinator - Appointment

A Safety Coordinator shall be appointed by the City Administrator to supervise all safety efforts in the city. The Safety Coordinator shall be the Assistant City Administrator/Personnel Director unless otherwise appointed.

Section 2.2 Safety Coordinator - Responsibilities

The Safety Coordinator shall head the Safety Committee, monitor all safety activities, meet with the risk management consultants, as required, and report to the SLAIT Board of Trustees.

The Safety Coordinator shall develop agenda items prior to Safety Committee meetings, ensure that adequate preparatory materials are distributed to all members prior to meetings, schedule meetings, see that recommendations are implemented after approval, and assist in prioritizing recommendations and establishing realistic target dates for the Safety Committee.

Section 2.3 Department Directors and Supervisors - Responsibilities

All Department Directors and supervisors are delegated safety responsibility and authority. Management participation is central to the success of the city's safety program. Supervisors are considered the "key links" in the program and their participation and support is vital.

Supervisor responsibilities shall include enforcement of all safety rules, accident investigation and self inspection, assistance in development of departmental safety rules, and providing a role model for good safety behavior.

CHAPTER III  
THE SAFETY COMMITTEE

3.1 Safety Committee - Purpose

The purpose of the City of Chesterfield Safety Committee is to create and maintain an active interest by the city and its employees in safety and to assist in the reduction of accidents in the workplace.

3.2 Safety Committee - Responsibilities

The responsibilities for final development and enforcement of a loss prevention program are that of top management and this responsibility is delegated to first-line supervisors.

The Safety Committee acts in an advisory and administrative capacity. They should:

- A. Determine the causes of accidents.
- B. Recommend hazard corrective action.
- C. Follow-up on prior assignments of corrective action.
- D. Solicit employee safety suggestions.
- E. Review all facilities in a self-inspection program.
- F. Review and initiate safety rules and guidelines.
- G. Develop safety promotion materials.
- H. Compare City of Chesterfield accident experience to the overall experience of the other municipalities participating in the self insurance program.
- I. Review any new and applicable federal, state or local laws.
- J. Arrange educational programs.

3.3 Safety Committee Code of Ethics

Attitudes have a substantial impact on employee safety and job performance. By adopting the following code of ethics, safety committee members will influence good or positive attitudes of others about worker safety. The Safety Committee shall:

- A. Believe working safely is a mark of skill. The Safety Committee will be proud of the city safety record.
- B. Exhibit positive attitudes for safety and health, they will rub off on whomever the committee associates with and become a part of the daily city routine.
- C. Believe attitudes are also influenced by example. If the Safety Committee sets an example for working safely, others will be influenced by what they see.



Particularly, new employees are influenced by behavior they see exhibited by other employees and those persons whom they look up to.

- D. Believe attitudes for safety will grow if people take part in discussions about how accidents can be prevented. It is natural for people on the job to talk about accidents. If the ideas expressed are sound, they tend to kill off any unsound practices.
- E. Believe accidents are caused and that they can be prevented.
- F. Believe accidents interfere with production. Safe work is efficient work.
- G. Believe the City of Chesterfield is truly interested in safety, and so are the other employees who work here.
- H. Believe our fellow employees will respect us as Safety Committee members if we show good judgment and work safely.

#### 3.4 Safety Committee Structure

The Safety Committee shall have a membership of key personnel assigned permanently to the committee, selection of some members, because of their interest in safety and their job responsibilities, and hourly employees who will be allowed to volunteer. Total membership shall be ten (10) employees.

The Assistant City Administrator/Personnel Director shall be a permanent member of the Safety Committee. The Personnel Director shall also serve as the Safety Coordinator for the city and the Chairperson of the Safety Committee.

The Administrative Assistant for the Personnel Department shall be a permanent member of the Safety Committee. The Administrative Assistant shall also serve as the Secretary for the Safety Committee.

Four (4) Department Heads, Executive Staff members, and mid-level managers or line supervisors representing either the Police, Public Works, Planning/Economic Development, or Administration/Finance departments shall serve on the Safety Committee in addition to the Assistant City Administrator/Personnel Director.

Four (4) hourly or line workers representing either the Police, Public Works, Planning/Economic Development, or Administration/Finance departments shall serve on the Safety Committee in addition to the Administrative Assistant in the Personnel Department. These appointments shall depend on interest, initiative shown to volunteer, and necessary balance to be given to the committee depending on other appointments.

### 3.5 Length of Terms for Safety Committee

Safety Committee members shall serve two (2) year terms with terms beginning on September 1 of each year; an exception shall be made for the 1989 year of appointments in which five (5) members shall be appointed to two (2) year terms and five (5) members shall be appointed to one (1) year terms. Committee members may be reappointed depending on interest, initiative shown to volunteer, and necessary balance to be given to the committee depending on other appointments.

Each department will be notified on August 1 each year of pending appointments to the Safety Committee. Each Department Head shall submit the names of persons in their department interested in an appointment to the Safety Coordinator. The Safety Coordinator shall compile all names and submit a recommendation for appointments to the City Administrator.

The City Administrator shall make all appointments to the Safety Committee.

### 3.6 Meeting Schedule

The Safety Committee will meet monthly unless there is no agenda item. The meetings shall usually be held on the third Wednesday of each month at 8:00 a.m. at the Government Center unless otherwise arranged due to shift personnel schedules.

### 3.7 Agenda Format

In order for the Safety Committee to function in a manner consistent with its objectives, a meeting agenda shall be developed by the Safety Coordinator and followed for each meeting which will include but not necessarily be limited to:

- A. Minutes of the previous meeting.
- B. Unfinished business from previous meetings.
- C. Reports on action taken regarding committee recommendations.
- D. Review of accidents and reports which occurred since the last meeting.
- E. Review of accident statistics or loss runs.
- F. Report on committee/department inspections or any inspections done by outside organizations.
- G. Discussion on outstanding unresolved safety problems.
- H. Educational programs as appropriate.
- I. Safety record recognition as appropriate.
- J. Development of any special programs as appropriate.

CHAPTER IV  
SUPERVISOR TRAINING AND RESPONSIBILITIES

Section 4.1 Schedule of Supervisor Training Meetings

Supervisor training sessions shall be held by each department, as necessary, to educate all supervisors regarding the basic components of the city safety program and to inform supervisors of their responsibilities to be effective participants in it.

Training seminars will also be held to educate supervisors in hazard recognition, accident investigation, and self-inspection. These seminars may be on-site or off-site as arranged by the Safety Coordinator in conjunction with the city risk management consultant.

Section 4.2 Report All Injuries and Accidents

Supervisors are responsible for ensuring that all injuries and accidents in their department are properly reported to the Personnel Department to avoid suspicion as to where or when an accident occurred. Any bills or statements for medical treatment of on-the-job injuries received by employees should be forwarded to the Personnel Department immediately. (See Chapter VII, Accident, Injury and Incident Reporting and Investigation).

Section 4.3 Report Defective Equipment

Supervisors are responsible for ensuring that all defects in equipment and/or vehicles are properly reported to their department director. Supervisors should encourage all employees to report hazards and defects when they are discovered during the use of such equipment or vehicles.

Section 4.4 Use of Equipment and Vehicles

Supervisors are responsible for reviewing the proper use of special equipment and vehicles when new or different features exist which may not be familiar to employees.

Supervisors should not assume an employee knows the correct way to handle a piece of equipment or vehicle. Supervisors should let an employee demonstrate the use of the equipment or vehicle to the supervisor. Supervisors should stop an employee if they notice incorrect use of the equipment or vehicle. The employee should know why they are being stopped and the supervisor should show the employee the correct way to use the equipment or vehicle.

Supervisors are responsible for presenting personal protective equipment, what types are available and how to use and maintain the equipment. Supervisors must set an example by using personal protective equipment in all appropriate instances.

#### Section 4.5 Job Hazard Analysis

Supervisors should conduct a "job hazard analysis" to ensure hazards of every job are evaluated and employees are given the necessary training to perform such jobs safely.

#### Section 4.6 Safety Meetings

Department Directors shall ensure that appropriate opportunities are given to supervisors in their department to conduct necessary safety meetings or to review safety information. Supervisors should document and keep accurate records of safety meetings in their department (Appendix A).

Supervisors should review all items concerning what constitutes safety awareness and use these issues to structure their safety meetings (Appendix B).

#### Section 4.7 Setting An Example

Supervisors should remember that by following proper safety guidelines and by promoting safety in their department, they are setting a good example for their employees. Employees are more likely to follow and use good safety practices when they see it demonstrated on a day-to-day basis in their department and city-wide.

CHAPTER V  
EMPLOYEE SELECTION AND TRAINING

5.1 Employee Selection

Employee selection methods in the City of Chesterfield shall be in accordance with the Personnel Rules and Regulations as approved and adopted. Such selection methods include but are not limited to any combination of written application, screening interviews, pre-employment tests (physical and written assessments), comprehensive interviews, a driver's license and criminal record check, medical examination, drug testing, and/or psychological examination. This selection process is used to determine if a prospective employee is qualified and physically/psychologically capable of performing the position available for hire.

5.2 New Employee Safety Checklist

It is the intent of the City of Chesterfield to maintain a safe work place for all employees and at all times, minimize the possibility of injury to any employee or to any member of the public.

It is necessary to provide special attention to new employees to ensure they will perform their jobs safely and efficiently. To meet this goal, all new employees will receive a New Employee Safety Orientation Form (Appendix C) in their pre-employment counseling session with the Personnel Department. The employee will be requested to present the form to his direct supervisor on the first day of employment. The form will be used to document a safety orientation for all employees. Once completed, the form shall be signed and returned to the Personnel Department for permanent filing in the employee's personnel file.

The pre-employment counseling session with the Personnel Department shall also include issuance of the City of Chesterfield Safety Manual and the On-the-job Injury and Vehicle Accident Procedure Card (Appendix D) to employees. Employees will be encouraged to review the information prior to their first day of employment. The direct supervisor of each department completing the New Employee Safety Orientation Form shall verify the receipt of this information on the employee's first day of employment.

5.3 Employee Training

Each department, via the department head and supervisors, is responsible for providing on-the-job safety orientation and on-

going training on topics which will enable employees to do their jobs safely and efficiently.

Safety orientation using the New Employee Safety Orientation Form will include:

1. City of Chesterfield Safety Manual issued.
2. City of Chesterfield Safety Program explained including emphasis on employee responsibility.
3. Department Safety guidelines reviewed.
4. Personnel protective equipment issued or description provided regarding storage location.
5. Location of first aid supplies.
6. Location of emergency telephones and/or radio procedures to use in case of emergency.
7. On-the-job Injury Procedure card issued and in employee possession. Card explained to employee.
8. Necessity to report every unsafe condition explained.
9. Necessity to report every injury explained.
10. Current hazardous or unusual situations noted and explained.
11. Correct procedures for performing certain jobs demonstrated to help avoid body injury.
12. Tool issuance policy explained, use explained and proper care demanded. Use of tools demonstrated.
13. Equipment operations and safeguards explained, proper care demanded. Use of equipment demonstrated.
14. Personal safety and safety of others expected relating to all work.
15. Employee instructed to report any revocation of driver's license to direct supervisor.

On-going training will include but not be limited to such items as:

1. In-house training seminars.
2. Out-of-house training seminars.
3. Films, magazines and other visual aid materials.
4. Discussion groups.
5. Performance workshops.
6. Emergency medical training. (ex. CPR)

All employees will be expected to request instruction in those tasks or for any equipment with which they are not familiar. All employees will also be informed as to the procedures for processing hospital/medical bills related to job-related injuries and sickness and the Workers Compensation claims processing and report filing procedures (see Chapter VII, Accident, Injury and Incident Reporting and Investigation).

CHAPTER VI  
SAFETY GUIDELINES AND PROCEDURES

6.1 Safety Guidelines - Purpose

City of Chesterfield Safety Guidelines and Procedures have been prepared for all employees and for each department. All employees should note the appropriate sections which pertain to them.

6.2 Safety Guidelines - Scope

The City of Chesterfield Safety Guidelines and Procedures are not all inclusive. They are guidelines and procedures to assist employees but may not cover all issues and concerns regarding safety.

6.3 Safety Guidelines - Supervisory Guidance

If in doubt regarding these guidelines and procedures or if there is a question regarding proper safety action or procedures, employees should see their supervisor. Always think before you act.

6.4 Safety Guidelines - Posting

Each department should post or make these guidelines and procedures available in a prominent place where they may be conveniently accessed on a daily basis by employees.

**Safety Guidelines and Procedures  
for  
All Employees**

1. When lifting, use approved lifting methods, i.e., bend your knees, grasp the load firmly, then raise the load while maintaining the natural curve of your body line. Get help for heavy loads. Haste often causes thoughtless action; think before acting. (See Basic Body Mechanics directions in this section).
2. Stairs, aisles, and all other areas of pedestrian traffic must be kept clear and uncluttered at all times. Grease/oil/water spills must be cleaned up immediately. All exterior city property which is normally used for pedestrian traffic shall be kept clear of ice and snow. If not, notify your supervisor.
3. All desk drawers, locker doors, filing cabinet drawers, etc., shall be kept closed when not in use.
4. Many materials used in the workplace present physical and/or health hazards because they are toxic, ignitable, corrosive or reactive. Manufacturers provide information for your safety in the handling, use, storage and disposal of these materials in a document called a Material Safety Data Sheet (MSDS). These sheets are available at each facility for employees to read.

You should be familiar with the content of this information. Consult your supervisor.

5. To protect the environment and your health from materials which have spilled or leaked from their containers, the Material Safety Data Sheet (MSDS) should be consulted and the appropriate action taken as outlined in that document. Report spills or leaks immediately to your supervisor to determine if outside assistance is needed.
6. All prescribed safety and personal protective equipment shall be used when required and shall be maintained in good working condition.
7. Do not operate any equipment which you do not know how to operate or which, in your opinion, is not in a safe condition. Report the unsafe condition.



8. Always use the right tools and equipment for the job. Use them safely and only when authorized.
9. Good housekeeping must be practiced. Return all tools, equipment, materials, etc., to their proper places.
10. Never attempt to repair or replace parts on any city-owned power operated machine or device without first disconnecting/disabling/removing the source of power.
11. Any city employee entering any construction or other area where hard hats are required shall wear the required hard hat, unless on an emergency response. Consult the construction manager or supervisor of the site for other possible hazards.
12. No city equipment/machinery equipped with safety guards/devices shall be operated with said guards/devices disconnected or inoperable.
13. Any employee who, in the performance of an assigned task, is exposed to the possibility of eye injury shall wear approved safety glasses/goggles, or other approved face/eye protection device.
14. With the exception of certain emergency activities, no employee shall be assigned a "hazardous task" (whether moderate or severe hazard) to perform by himself - always work under such circumstances in pairs.
15. Any city vehicle left unattended shall be parked in "park" (automatic transmission) or in a low-range gear (manual transmission), and shall have the parking brake engaged. Ignition keys shall be removed, and the vehicle shall be locked (when lockable) unless it is a public safety vehicle under emergency code.
16. With the exception of Police "emergency vehicles", no city vehicle shall exceed any posted speed limit nor disregard any traffic law, light, signal or sign.
17. No new employee shall be assigned to operate any city vehicle until he/she has demonstrated competency in operating said vehicle and is in possession of a valid Missouri Operator's License.
18. No employee shall operate any city vehicle or some types of equipment while taking prescribed medicine, which warns the user not to operate motor vehicles after consuming said

medicine. Employees taking medication should notify their supervisor.

19. All vehicles shall be equipped with first aid kits and shall be labeled as to their location.
20. If a city vehicle has its visibility immediately to the rear of that vehicle restricted to side-view mirrors, or is obstructed in any manner, it is suggested while operating in reverse you should have another city employee positioned to the rear and left signalling directions to the driver of said vehicle. In isolated areas, the driver of any city vehicle must stop and get out to look for any obstructions around the area in which he intends to operated the vehicle in reverse gear.
21. No city employee shall position himself immediately behind any city vehicle while the vehicle is operated in reverse gear.
22. Driver and passengers in city vehicles or employees and passengers in personal vehicle on city business shall use/wear seat belts.
23. The installation/use of "back-up" alarms on all currently owned city vehicles except automobiles shall be required as budget considerations allow. All such vehicles purchased in the future shall include this requirement in the city specifications for such vehicles.
24. Unless otherwise provided in specific department rules and regulations, no city employee shall ride on any city vehicle anywhere except in the seats provided for that purpose, nor shall any unauthorized person be allowed to ride in or on any city vehicle.
25. The driver of any city vehicle which becomes stalled in traffic shall begin immediate operation of vehicle "flashers" and any other vehicle warning devices. Driver and passengers shall not remain inside or in the immediate vicinity of such disabled vehicle while waiting for help to arrive. No attempt shall be made to physically move such vehicles unless more than one employee is present or under assistance from police or firefighters if this can be done without danger to the employee.
26. Each city department shall train at least one (1) regular full-time employee in Advanced First Aid and Cardio Pulmonary Resuscitation (CPR) or be aware of who to contact for quick response.

27. Obey all city rules, regulations, signs, markings, and/or instructions. Be particularly familiar with those that apply directly to you or to your department.
28. Obey all other on-site safety signs or rules when doing city business off city properties.
29. Each individual city facility shall be provided with the proper quantity of fire extinguishers. The extinguishers shall be readily accessible with manufacturer's instructions and city codes.
30. All city vehicles shall be equipped with approved fire extinguishers. The extinguishers shall be readily accessible and labeled as to their location.
31. Do not block fire exits or keep fire doors open.
32. At least once a year, all city facilities shall be inspected for safety and in accordance with the city's fire codes.
33. Since no safety rules can cover everything, you are expected to use common sense and to work safely while performing any task assigned to you. When in doubt, ask your supervisor.

**Basic Body Mechanics  
for  
All Employees**

**Sitting:**

1. Knees higher than hips. If not possible, lower knees, lean forward and support back with arms on surface.
2. Use appropriate equipment for foot rests.
3. Do not twist. If an item falls to the floor, get up from the chair to pick it up.
4. When driving a vehicle or equipment, use your arm on the back of the seat to support your back when turning to look behind you.
5. Hold the telephone with your hand. Don't cradle the phone on your shoulder.
6. Move as close to your desk, steering wheel, controls, etc. as you can and maintain comfort. Adjust your chair or use a back support.
7. Do not sit for more than an hour. Stand up and move around. If possible, move every thirty (30) minutes.

**CRT Operators (VDT, CPT):**

1. Screen should be at eye level or not more than 15 degrees below horizontal level. Raise on a stand if too low.
2. Chair should fit under the desk. Arm rests are helpful for support, if available.
3. Use a back support item if chair is too deep or uncomfortable.
4. Put feet on foot rest to reduce pressure on back.

**Standing:**

1. Use a wide base of support. Put one foot in front of the other, bend knees slightly. Maintain natural curve line of body.

2. Use equipment to help support your body.
3. Change body positions frequently; if possible, raise one foot.
4. Stand on a rubber mat, particularly on concrete if standing for a long period of time.
5. Use cushioned footwear for extra protection.

Pushing (Recommended over Pulling):

1. Use your legs, not your back.
2. Start the push with your feet in a diagonal position.
3. Keep the objects in front of you.
4. Stay as close as possible.

Pulling:

1. Have a firm grip on the object.
2. Stay as close as possible.
3. Do not twist.
4. If an item is lightweight, pull with both hands behind you to keep from twisting.
5. Use the diagonal stance rather than a parallel stance if pulling an inanimate object.

Lifting:

1. Check intended path or route before lifting the load.
2. Keep the load in front of you.
3. Keep feet staggered (diagonal stance), one foot alongside and one behind object.
4. Get down to the level of the object.
5. A knee on the floor will give you leverage.
6. An elbow on the knee may give additional leverage.

7. Keep the load close.
8. Use your legs, not your back. Maintain natural curve of body line.
9. Control your load.
10. Do not turn quickly - pivot.
11. Do not pivot while still lifting.
12. Only lift the amount you can handle easily.
13. If an object is too heavy, get some help.

Turning/Pivoting:

1. Use your entire body. The lower back is not designed for turning.
2. Step in the direction of the turn. Pivot off the opposite foot: (a) if an object is being carried to your right, step first with the right foot into the turn and pivot off the left; (b) if an object is being carried to your left, step first with the left foot into the turn and pivot off the right.
3. Shift your weight in the direction you are moving.
4. Keep the load close to you.
5. Do not throw the load; this can cause twisting.
6. If the load is too heavy, get some help.

**Fire Procedures  
for  
All Employees**

1. Sound an alarm or advise everyone that evacuation may begin immediately.
2. Call the Fire Department (911).
3. If a fire is small and you can properly operate a fire extinguisher, you may fight it. **Keep yourself between a door and the fire for your escape.** Stay low - out of heat and smoke. Aim extinguisher stream at the base of the fire. Stay outside of closets and small areas and shoot extinguisher stream in. When the fire is out, leave the area. Close the doors. The Fire Department will assure that the fire is out and the area safe to re-enter.

If despite your efforts, a fire increases, the smoke becomes increasingly thicker, or you do not know how to properly operate a fire extinguisher, leave the area immediately. Close the doors. **Do not take any unnecessary chances.**

4. Protect yourself from heavy smoke by covering your mouth and nose with a cloth (wet, if possible) and move as closely to the floor as possible. Do not breathe smoke.
5. Know the location of fire extinguishers and fire alarms in your area (See Exhibits 6.5, 6.6, and 6.7) and know how to use them. If you do not know how to use them, seek assistance from your supervisor or the building management. Also know the location of all emergency exits.

**Electrical Fires**

1. Unplug electrical equipment, or turn off current at box.
2. Use CO<sub>2</sub> or dry chemical extinguisher. Never use water on an electrical fire. The potential of electric shock is too great.

**Clothes Fires**

1. Do not let the person run whose clothes are on fire; it fans the flames.
2. Smother the fire by rolling the victim up in a rug, blanket,

canvas (be sure the canvas has no oil or grease on it), or a heavy coat. Gently beat out the flames. As the victim is rolled in the smothering material, be sure his head is not covered up.

3. Get medical attention for the victim immediately.

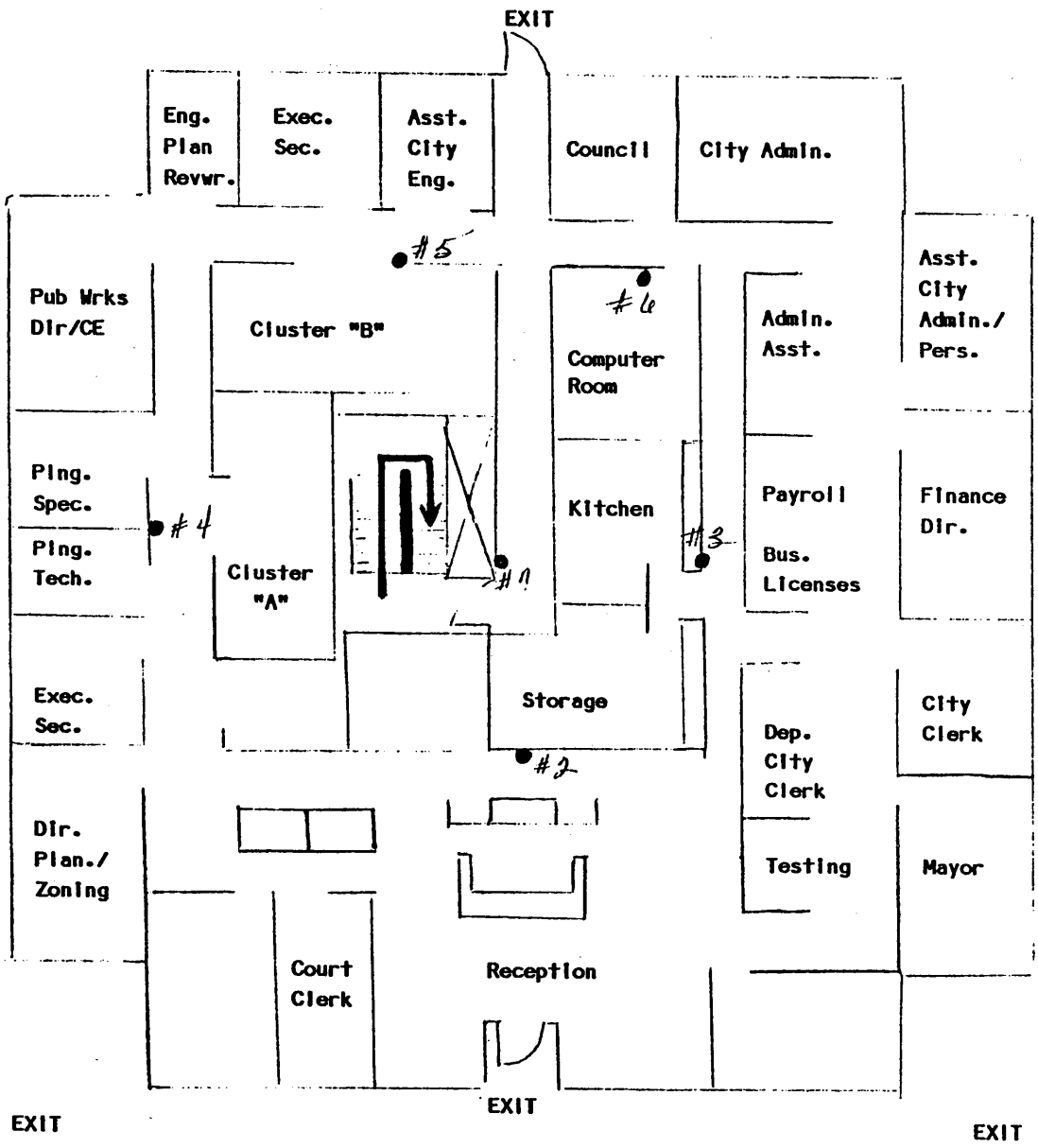
#### Car or Truck Engine Fires

1. Shut off the engine and disconnect the battery, if possible.
2. Use a dry chemical or CO<sub>2</sub> extinguisher.
3. Beware of spilled gasoline.

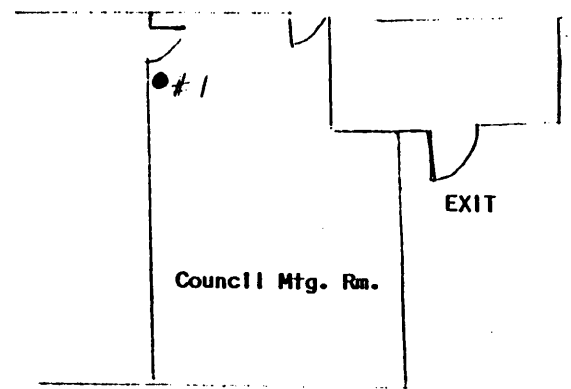
#### Outside Fires (Grass, Leaves, Brush, etc.)

1. Fight this type of fire by teamwork.
2. Rake, dig, or wet down a four (4) foot wide "fire-brake" between the fire and endangered buildings or equipment.
3. Working along the edge of the fire, knock down flames with brooms, shovels, or water.
4. Have someone follow-up to put out sparks.
5. Be especially cautious during windy weather.
6. Do not take chances. Always know how to escape from any area.





CHESTERFIELD GOVERNMENT CENTER



**FIRE EXTINGUISHERS**

- #1 - 5 LB. ABC
- #2 - 5 LB. ABC
- #3 - 5 LB. ABC

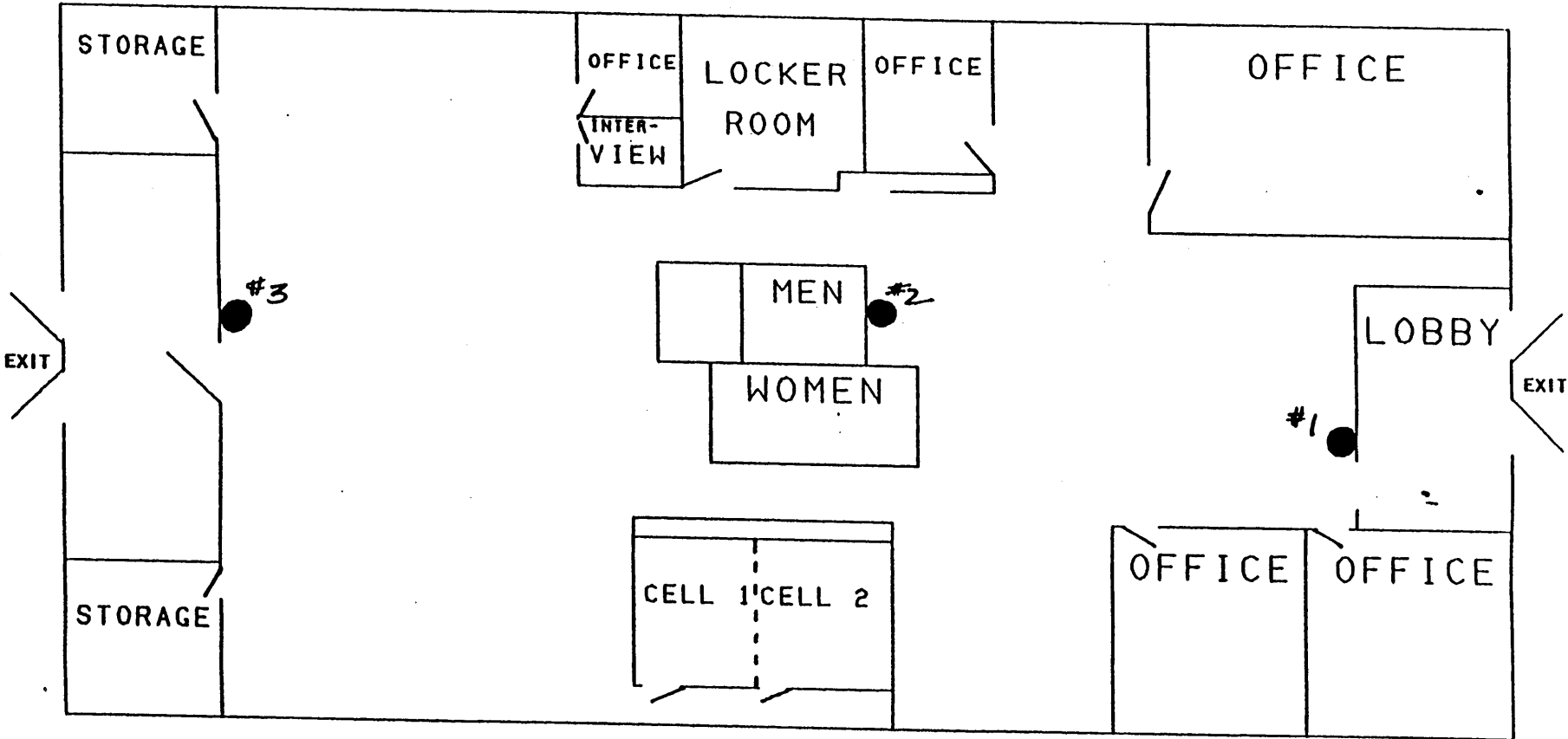
- #4 - 5 LB. ABC
- #5 - 5 LB. ABC

- #6 - 5 LB. 1211 HALON
- #7 - 10 LB. ABC (Sachs Installed)

NOTE: Building has sprinkler system.

S

# CHESTERFIELD POLICE DEPARTMENT

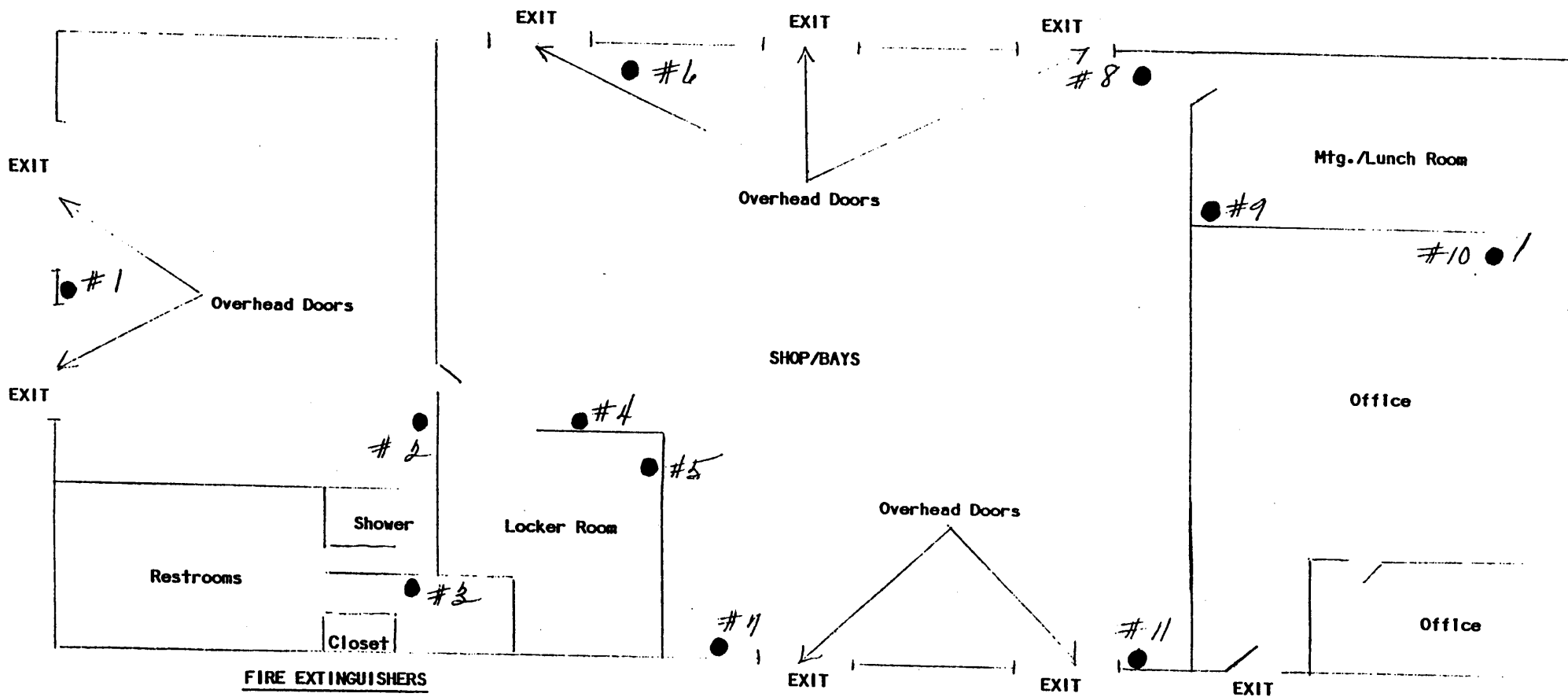


- FIRE EXTINGUISHERS**
- #1 - 5 LB. ABC
  - #2 - 5 LB. 1211 HALON
  - #3 - 5 LB. ABC



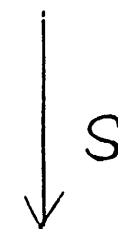
EXHIBIT 6.6  
21

# CHESTERFIELD PUBLIC WORKS FACILITY



## FIRE EXTINGUISHERS

- |                 |                  |
|-----------------|------------------|
| #1 - 20 LB. ABC | #7 - 20 LB. ABC  |
| #2 - 20 LB. ABC | #8 - 20 LB. ABC  |
| #3 - 20 LB. ABC | #9 - 20 LB. ABC  |
| #4 - 20 LB. ABC | #10 - 20 LB. ABC |
| #5 - 20 LB. ABC | #11 - 20 LB. ABC |
| #6 - 20 LB. ABC |                  |



**Safety Guidelines and Procedures  
for  
Administration Employees**

1. Before leaving for the day, make sure that all electrical equipment has been turned off, for example, computers, coffee-maker, calculators, typewriters.
2. All electrical equipment shall be properly grounded and all cords in good condition. Employees bringing personal electrical equipment to work must have the equipment approved by a supervisor. Report any problems.
3. When attempting to move any office machinery, supplies, or furniture which is heavy or bulky, get help. Do not attempt to move it by yourself. Accidental dropping of any electrical office machine may disturb the insulation system. Disconnect cord before picking up the machine.
4. Never open more than one drawer at a time of a filing cabinet. Close all desk drawers, filing cabinet drawers, locker doors, etc., when not in use.
5. Keep all aisles and pedestrian traffic areas clear of cartons, stacks of paper, waste cans, etc. Keep floor areas clean at all times.
6. Do not carry stacks of books, reports, etc. which are either too heavy or which are stacked so high that you cannot see where you are going. Rather, split the load and make two trips or get help.
7. Keep fingers out of the type basket (the area where the typing element strikes) on electric typewriters and computer printers. If you must reach into this area, unplug the typewriter or printer first. Never insert metal objects such as paper clips, nail files, etc., inside any electric office machine or appliance which is plugged in, as an electrical shock may result. If it needs fixing, call or ask your supervisor to call the authorized service repairman.
8. Never tilt or lean back in office chairs. Keep all chair legs in contact with or on the floor.
9. Make certain cigarettes/smoking materials are completely extinguished before leaving work areas and conference rooms. Never empty an ash tray into a waste receptacle. Leave it for the cleaning crew or place it in the kitchen sink.

10. Keep front door locked except during working hours (8:30 a.m. to 5:00 p.m.) or unless the City Government Center is in use for special meetings.
11. Lower and lock security screens at the end of each working day.
12. Keep the blades of paper cutters closed when not in use.
13. Paper can cut. Use a sponge or other wetting device for envelopes. Use rubber finger guards when working with stacks of paper.
14. Keep cords out of walking areas and aislesways.
15. Keep paper clips, thumb tacks and pins in a place where they cannot cause injury. Keep razor blades and "exacto" blades covered.
16. When dealing with irate or combative persons, ask a supervisor or work associate to assist you. Ask for Police assistance in difficult situations.
17. Any equipment malfunction or shock hazard should be reported to the supervisor immediately. The equipment's use should cease and the unit unplugged. No further use should be made until the equipment has been repaired. Faulty equipment should be tagged or noted until corrected.
18. If you must reach high to do any climbing, use a safe ladder or step stool and not make-shift boxes, cabinets, etc. Do not use a chair for climbing.
19. Many materials used in the workplace present physical and/or health hazards because they are toxic, ignitable, corrosive or reactive. Manufacturers provide information for your safety in the handling, use, storage and disposal of these materials in a document called a Material Safety Data Sheet (MSDS). These sheets are available at each facility for employees to read.

You should be familiar with the content of this information. Consult your supervisor.

20. To protect the environment and your health from materials which have spilled or leaked from their containers, the Material Safety Data Sheet (MSDS) should be consulted and the appropriate action taken as outlined in that document. Report

spills or leaks immediately to your supervisor to determine if outside assistance is needed.

21. Avoid spilling or splashing liquids on the floor. This might cause someone to slip or fall.
22. Be cautious when standing in front of a closed door that may open to the outside, i.e., front door of the Government Center. Open door slowly from the inside.
23. In the event of a tornado or storm warning, please proceed to the nearest stairwell for cover until the warning is lifted.
24. Since no safety rules can cover everything, you are expected to use common sense and to work safely while performing any task assigned to you. When in doubt, ask your supervisor.

**Safety Guidelines and Procedures  
for  
Garage Division**

1. When welding, proper protective equipment must be worn. This includes gloves, hard safety shoes, long sleeve shirt and eye protection. Welder should always be aware of surrounding area and remove all flammable materials.
2. When working at the bench grinder, gloves, safety shoes, and goggles must be worn. Always use the guard over the wheel.
3. When raising a vehicle on a lift, be sure arms are securely placed on the vehicle's frame. Never get under a vehicle while it is in motion. When lift is up, always use the safety locks. Never get under a vehicle that is only supported by a hydraulic jack. Always use jack stands when getting under or working on a vehicle. Always wear safety goggles.
4. Never use a tool for something other than its purpose. Tools should be clean of grease. Always wear safety goggles. Report any defects in tools to the supervisor so they may be repaired.
5. When using impact tools, always wear safety goggles and hearing protection. Keep tools oiled and repaired.
6. Do not horseplay. Avoid distracting others and do not be the cause of accidents.
7. Stairs, aisles, and all other areas of pedestrian traffic must be kept clear and uncluttered at all times. Grease and oil spills must be cleaned up immediately. City property used for pedestrian traffic shall be kept clear of ice and snow.
8. All desk drawers, locker doors, filing cabinets shall be kept closed when not in use.
9. All city employees shall observe the "No Smoking" rule while dispensing or handling gasoline or any flammable liquid. No employee shall handle or dispense gasoline or any flammable liquid near an open flame, spark, or any other source of ignition.
10. Many materials used in the workplace present physical and/or health hazards because they are toxic, ignitable, corrosive or reactive. Manufacturers provide information for your safety in the handling, use, storage and disposal of these

materials in a document called a Material Safety Data Sheet (MSDS). These sheets are available at each facility for employees to read.

You should be familiar with the content of this information. Consult your supervisor.

11. To protect the environment and your health from materials which have spilled or leaked from their containers, the Material Safety Data Sheet (MSDS) should be consulted and the appropriate action taken as outlined in that document. Report spills or leaks immediately to your supervisor to determine if outside assistance is needed.
12. The quantity of gasoline or any flammable liquid used or stored at any city facility shall be kept to an absolute minimum. Storage of such liquids shall be confined to approved containers conspicuously labeled "Gas", "Gasoline", or "Flammable liquid". Gasoline and flammable liquids shall never be stored in a closed facility without proper ventilation.
13. All prescribed safety and personal protective equipment shall be used when required and shall be maintained in good working condition.
14. Always use the right tools and equipment for the job. Use them safely and always return tools, equipment, materials, etc. to their proper places.
15. Keep bystanders at a safe distance when operating power equipment or arc welding.
16. Shut off motor when fueling vehicles and do not smoke. Keep gasoline and all flammable liquids away from heat, flame sparks, etc.
17. Never operate fuel-powered equipment in closed area without proper ventilation.
18. When operating a city vehicle, the driver and all passengers shall have seat belts buckled at all times.
19. No employee shall operate any city vehicle or some types of equipment while taking prescribed medicine, which warns the user not to operate motor vehicles after consuming said medicine. Employees taking medication should notify their supervisor.



20. Each department equipped with city vehicles shall maintain a program of preventive maintenance inspections to ensure proper operation of all safety devices (brakes, lights, turn signals, etc.) and shall maintain records of such maintenance.
21. Do not operate any equipment which, in your opinion, is not in a safe condition. Report the unsafe condition immediately to your supervisor.
22. When using a grinder, always use safety shields and eye protection.
23. No employee shall position himself immediately behind any city vehicle while said vehicle is being backed up.
24. The installation of backup alarms on all currently owned city vehicles larger than an automobile shall be required.
25. No employee shall work beneath any vehicle that is supported only by a jack. Jack stands or other approved supporting devices shall be used.
26. When working in the garage, in all areas, everyone should be aware of surrounding flammable material and where all fire extinguishers are located. If an extinguisher has been used, someone should notify a supervisor to either replace or recharge the extinguisher.
27. When running a vehicle in an enclosed area, always use proper ventilation. Garage will be equipped with an exhaust fan and all vehicles should use exhaust hoses, run to an outdoor location.
28. When using arc welding equipment, always be aware of surrounding hazardous conditions. Protect yourself and other employees from flash and hot particles.
29. All dangerous equipment will be labeled as to its proper use with instruction at each location.
30. When working with batteries, always wear eye protection and gloves, batteries contain corrosive liquids and any spark could cause an explosion.
31. Never use solvent for cleaning hands. Use hand cleaners.
32. Soiled rags are to be stored in a closed container and clearly labeled as to its contents.

33. Oxygen and acetylene cylinders should be tightly secured.
34. Since no safety rules can cover everything, you are expected to use common sense and to work safely while performing any task assigned to you. When in doubt, ask your supervisor.

**Safety Guidelines and Procedures  
for  
Police Department**

1. Wearing a seat belt is required by all personnel while operating City owned vehicles or personal vehicles while on City business.
2. When fueling a vehicle, extinguish all smoking material and turn engine off.
3. Report any malfunction of equipment to your immediate supervisor as quickly as possible.
4. Always secure vehicle when left unattended.
5. When a marked police vehicle is parked on the roadway, officers should activate rear light bar flashers.
6. Many materials used in the workplace present physical and/or health hazards because they are toxic, ignitable, corrosive or reactive. Manufacturers provide information for your safety in the handling, use, storage and disposal of these materials in a document called a Material Safety Data Sheet (MSDS). These sheets are available at each facility for employees to read.  
  
You should be familiar with the content of this information. Consult your supervisor.
7. To protect the environment and your health from materials which have spilled or leaked from their containers, the Material Safety Data Sheet (MSDS) should be consulted and the appropriate action taken as outlined in that document. Report spills or leaks immediately to your supervisor to determine if outside assistance is needed.
8. Report any potential safety hazards to your immediate supervisor.
9. All office personnel should know the location of fire extinguishers in their area and know how to use them.
10. Never tilt or lean back in office chairs. Keep all chair legs in contact with or on the floor.
11. Report immediately any contact with person or persons suspected of having a serious communicable disease.

12. Use proper techniques while lifting or pushing heavy objects such as automobiles, incarcerated subjects, and evidence (See Body Basics section).
13. While handling blood in evidence collection or an injured person, wear protective gloves.
14. When dispatched to a call which requires two officers, attempt to wait for the second officer to arrive before handling the call.
15. When making a custodial arrest, make sure the prisoner is searched and properly restrained before transporting.
16. While responding to emergency calls, always use emergency lights, siren, and drive safely. Remember getting to a call a minute later is better than not getting there at all.
17. While directing traffic, some type of fluorescent outer clothing should be worn.
18. On vehicle stops, always park police vehicles in such a manner as to provide a safety zone for the officer at the vehicle being detained.
19. Secure weapons while processing prisoners at police headquarters.
20. While processing prisoners, all officers are encouraged to wear protective gloves.
21. While searching vehicles, be alert for sharp objects such as knives, razor blades, broken glass, or syringes.
22. While on the firing line at the range all personnel shall wear proper eye and ear protection.
23. Always unload firearms in a location designated for such activity.
24. "Horseplay" with weapons will not be tolerated.
25. Needles and syringes shall not be collected as evidence unless considered critical to the investigation, i.e., no other evidence available.
26. While on duty, officers are encouraged to wear their bulletproof vests.

27. Since no safety rules can cover everything, you are expected to use common sense and to work safely while performing any task assigned to you. When in doubt, ask your supervisor.

**Safety Guidelines and Procedures  
for  
Street Maintenance Division**

1. Use hearing protection while operating air compressor, jack hammers and chain saws. Ear plugs and head gear should be worn while performing duties where loud noise is a factor caused by machinery.
2. Use eye protection while using air compressor, jack hammer, concrete saw, chain saw, cutting torch, welding machine, grinders, and drills. Safety glasses were issued and should be worn! Face shields are also available to protect your face and eyes while sawing, grinding, blowing debris with air compressor, chisling, using a pick, painting, or whenever there is a possibility of exposing the eyes and face to flying particles.
3. Safety helmets should be used when in sewers, loading of material, cutting down trees, and in excavating areas. Approved hard hats were issued and should be worn while working around hazards of falling material.
4. Safety shoes should be worn at all times to prevent injury to feet. Safety shoes should be worn at all times since there is always danger of foot injury. Examples: hot tar, dropped rock or asphalt being removed from streets, machines rolling over toes, railroad ties or guard rails falling while loading or unloading. Safety shields on shoes should be worn when using a jack hammer.
5. Gloves should be worn when handling rock, asphalt, and tar. Also, gloves should be worn during tree removal, grinding, drilling, and cutting any material. Gloves are provided by the city and are required whenever you are handling any material that could injure your hands. (Rock, asphalt, hole prime, trees, calcium, salt, P.A.F., grinders, chain saws, railroad ties, etc.)
6. Many materials used in the workplace present physical and/or health hazards because they are toxic, ignitable, corrosive or reactive. Manufacturers provide information for your safety in the handling, use, storage and disposal of these materials in a document called a Material Safety Data Sheet (MSDS). These sheets are available at each facility for employees to read.

You should be familiar with the content of this information. Consult your supervisor.

7. To protect the environment and your health from materials which have spilled or leaked from their containers, the Material Safety Data Sheet (MSDS) should be consulted and the appropriate action taken as outlined in that document. Report spills or leaks immediately to your supervisor to determine if outside assistance is needed.
8. No smoking in unauthorized areas, i.e., storage trailer or rooms, around propane storage or fuel station, while handling propane and other flammable materials, or while using cleaning fluids, paints, or starting fluids. No smoking in unventilated areas. No smoking around asphaltic material.
9. Breathing apparatus should be used around sewage wells, during concrete cutting, painting, and dye separating for dye testing sewers. Consult supervisor to determine correct breathing apparatus to be worn.
10. Safety vest should be worn at all times when working on streets and right-of-ways and while working on roads or roadside. Employees were issued a vest and should maintain the vest for safety sake.
11. Barricades and safety cones should be placed around all work areas while work is being done and left at the end of the day. Safety tape should also be used to block off hazardous areas. Work areas are to be adequately marked by barricades, cones, marking tape, warning signs, lights and flags. Traffic must be aware of impending danger before they get to work area. Flagmen are required when lane narrowing or blind spot work area is present. Minimize your work area by removing unused equipment. Excavations should always be well marked and blocked from human and automobile traffic.
12. Flagmen should be used whenever possible to provide protection for road workers, as well as motorists.
13. "Men Working", "Fresh Oil", "Lane Change", and other safety signs should be used on road work to minimize safety hazards.
14. Warning lights and four-way flashers should be used on vehicles at all times when working on road. Also, where possible, workers should position work between two marked vehicles with safety lights in operation.

15. Vehicle and equipment familiarity lessens the chance of accidents and damage to personnel and equipment.
16. Tool familiarity is also a must to lessen injury and improve productivity.
17. Clean up around work areas and vehicles is a must to reduce risk of accidents.
18. Loose clothing should not be worn during operation of any equipment. Uniforms should be neatly buttoned and tucked in or zipped up while working around any machinery. The Department Head or Foreman will determine use of protective clothing due to job hazard, such as long sleeved shirts while welding or sawing wood or metal.
19. Safety is everyone's responsibility to prevent bodily injury and loss of life and limb. It is good business both morally and from the standpoint of efficiency to prevent accidents and injuries. All unsafe conditions should be noted and reported to the Supervisor and then to the Superintendent for rectification. All accidents will be reviewed by the Street Supervisor, Street Superintendent and Safety Committee. Department safety meetings will be held bi-weekly and should be solely for the purpose of safety and accident prevention.
20. Never lift anything too heavy or bulky for one man. Never lift with a sharp jerk. Lift with a good footing. Bend knees to help with the lift. Get a firm grip. Maintain natural curvature of your back. Lift gradually by straightening legs. When in doubt, get help! (See section on BODY BASICS.)
21. All job sites will be clear of debris and tools. A clean worksite is a safe worksite. Paper, cans, wood, clothing, extension cords, boots, hats, etc. all have proper storage areas and should be stored accordingly. Trash and rags will be placed in proper containers and dumped daily.
22. Four-way lights and beacons should be on while any road work is being performed. Transportation of slow moving, excess length or wide vehicles should be lighted and/or flagged.
23. Driver familiarity is a must to lessen the chance of accidents and injury or damage to personnel and property of City and taxpayers. Never operate a vehicle without checking it properly and thoroughly.
24. All operators will be familiar with complete operation of equipment and check over equipment before operating.



25. First aid kits are placed in every vehicle. Location of kits in vehicles and main first aid kit in shop should be known by everyone. Proper use and care is a must to provide adequate help.
26. Fire extinguishers are provided in all vehicles and in garage area. When small fires occur, put them out promptly. If a large fire occurs, evacuate area orderly and calmly, then call for emergency fire assistance. (See Fire Procedures section.)
27. Confined spaces in sewers and drains should be checked before entry for toxic or explosive atmospheres and monitored constantly while employees are present. The oxygen level must be adequate before entering and must be monitored while employees are present. A procedure policy has been developed by the Public Works Department.
28. In regards to excavations and trenching, utility notification is a must and the utility companies are to be notified before anything else is done. Shoring of any trench or excavation area where employees are present is a must to prevent injury or death.
29. Never operate a vehicle or equipment on any angle more than the manufacturer recommends.
30. Knowledge and proper use of tools is a must to prevent bodily injury. Never use a screw driver as a pry bar. Shovels are for picking up and digging, not for prying and hammering.
31. Whenever dust, vapors, mists, fumes or gases are present a respirator selected by your supervisor may have to be worn. Where possible, controls will be initiated to eliminate these hazards such as ventilation or substitution of a hazardous material. You are required to be evaluated and trained prior to using respiratory equipment.
32. Loading of vehicles should be done in open area where no employees are standing around loading area. Dumping of vehicles shall be done with guidance of ground personnel for safety.
33. Secure ladder on level surface to avoid tipping, falling, or slipping. Climbing trees, roofs, or down sewers should be assisted by safety harness and ladder. All ladders should be at a quarter angle. Hoisting of tools is recommended.

34. Always keep hands and feet from under mowers and deck to prevent loss of feet and hands. Also, check area before mowing to prevent injury to yourself or damage to equipment.
35. Since no safety rules can cover everything, you are expected to use common sense and to work safely while performing any task assigned to you. When in doubt, ask your supervisor.

CHAPTER VII  
ACCIDENT, INJURY AND INCIDENT REPORTING AND INVESTIGATION

7.1 Accident Notification

In the event of an accident, injury or incident involving a city employee, injury to an individual by a municipal operation, or the damage of any property, the immediate supervisor, Department Head and Personnel Department should be notified immediately or as soon as is reasonably possible. Those involved and supervising should remain calm and in control and should take the steps to obtain emergency assistance if needed. In the event of serious injury or incident, 911 should be called first. Others can be notified later when circumstances permit.

7.2 On-the-Job Injury Procedures

Report all injuries, regardless of severity, to your supervisor immediately. Failure to report immediately may result in loss of the benefits to which you may be entitled. In the event of serious injury, emergency services should be called immediately by telephoning 911 or using radio services.

Immediate medical attention should always be the first priority. Use the recommended medical facilities, as noted on the On-the-Job Injury and Vehicle Accident Procedure Card (Appendix D) issued to all employees.

When an injury involving medical treatment, lost time or death occurs, a First Report of Injury or Illness (Appendix E) must be completed as soon as possible. This form shall be completed by the Personnel Department with the assistance of the injured party or someone other than the injured party who has knowledge of the incident. Any serious injuries should be reported immediately by the Personnel Department to Corporate Claims Management Service.

In addition to, and as a supplement to the First Report of Injury or Illness form, a City of Chesterfield Injury Report and Investigation Form (Appendix F) must be completed by and signed by the injured employee's supervisor. The form should then be reviewed and distributed according to the staff indicated on the face of the form.

All Injury Report and Investigation Forms shall be reviewed by the Safety Committee. The Safety Committee shall also interview the employee(s) involved in the injury, their supervisor and Department Head to discuss the injury. A report of any findings or

suggestions shall be sent to the City Administrator by the Safety Committee.

### 7.3 Lost Time

If an employee will be off work beyond the day the injury occurred, the injury is considered a "lost-time injury." Employees are only permitted to be off work on a job-related injury if a doctor has certified the time off prior to the taking of the time. This certification of time off may be subject to concurrence by a physician employed by the municipality.

### 7.4 Follow-Up Visits

Employees are required to attend all scheduled follow-up visits unless other arrangements have been made and approved by the Personnel Department. Individuals who miss follow-up appointments and have not returned to their jobs because of their injury, may lose their continuing benefits, and also be considered absent without permission from their jobs. Individuals who have been hospitalized for job-related injuries must call or report their status to the Personnel Department immediately upon discharge from the hospital.

Each appointment for treatment, or a return visit, is to be considered the end of the period of care unless new instructions are given after the visit. Failure to keep appointments or to report status immediately after such visits is the same as not showing up for work and not calling in.

### 7.5 Consultations

Employees may seek consultations regarding their conditions from other doctors. A list of doctors by specialization is available in the Personnel Department. However, the City of Chesterfield will not be responsible for the cost of the consultations unless it is approved by the Personnel Department and Corporate Claims Management Service. No consultation will be paid for under any circumstance unless a complete medical report is submitted from that consultant. Please note, Chiropractic consultation or services are not provided for under the city's workers compensation coverage. Such services are solely at the employee's own expense.

### 7.6 Bills, Medical Reports

All documents received that relate to the injury or sickness must be submitted to the Personnel Department for forwarding to Corporate Claims Management Service. Do not assume that bills

received at your residence are copies and that originals have already been sent for payment.

#### 7.7 Light Duty

Occasionally, light duty is available so that employees may return to work quicker. This duty is available only with the consent of the individual's supervisor, Department Head and the City Administrator. Light duty may be assigned in a department other than the employee's own department. If no light duty is available, the employee must remain off the job until released by a doctor for full duty.

#### 7.8 Return to Work

No employee may return to work from any injury involving medical treatment or lost time without a doctor's release.

#### 7.9 Release of Medical Information

Employees may be requested to sign a release for medical information in order for the municipality and its agents to obtain pertinent medical information from private care providers or hospitals. This information is vital to the continuation and/or payment of benefits to which you may be entitled.

#### 7.10 On-the-Job Vehicle Accident Procedures

Report all vehicle accidents while on-the-job regardless of severity, to your supervisor, Department Head or Personnel Department immediately. In the event of serious injury, emergency services should be called immediately by using 911 or using radio services.

Immediate medical attention should always be the first priority.

A policing agency covering the jurisdiction of the accident scene should always be called for any accident involving a City of Chesterfield employee whether using a city vehicle or your own vehicle on city business. Request a copy of the Police Report at the scene or inquire about the procedure for having it forwarded to the City of Chesterfield.

In addition to, and as a supplement to the Police Report, a City of Chesterfield Vehicle Accident Report form (Appendix G) must be completed by the driver of the vehicle or someone other than the driver (if injured) who has knowledge of the accident. A supply of these reports are to be kept in all vehicles used for city business.

The Personnel Department is to complete a claims form (Appendix H) per the requirements of the Corporate Claims Management Service. Serious accidents should be reported immediately by the Personnel Department to Corporate Claims Management Service.

Accidents with vehicles not owned by the city should be reported to the driver's own insurance company by following procedures of that company. A copy of the report should be sent to the Personnel Department in order to protect the interests of the City of Chesterfield.

All Vehicle Accident Report forms shall be reviewed by the Safety Committee. The Safety Committee shall also interview the employee(s) involved in the accident, their supervisor and Department Head to discuss the accident. A report of any findings or suggestions shall be sent to the City Administrator by the Safety Committee.

#### 7.11 On-the-Job Property Damage Accident Procedures

Report all property damage while on-the-job to private and public property, regardless of severity, to your supervisor, Department Head, or Personnel Department immediately.

Immediate attention to the property damage should be given by the direct supervisor or appointed inspecting employee. Photographs of the property damage should be taken with notations of location, date and time of the accident.

Property damage occurring concurrent with a vehicle accident shall be accounted for on the Vehicle Accident Report Form. Property damage occurring as a result of other city tools and equipment shall be accounted for on the Property Damage Accident Report form (Appendix I) by the employee involved in the property damage or a supervisor who has direct knowledge of the accident.

The Personnel Department is to complete a claims form (Appendix J) per the requirements of the Corporate Claims Management Service. Serious property damage should be reported immediately by the Personnel Department to Corporate Claims Management Service.

All Property Damage Accident Report forms shall be reviewed by the Safety Committee. The Safety Committee shall also interview the employee(s) involved in the accident, their supervisor and Department Head to discuss the accident. A report of any findings or suggestions shall be sent to the City Administrator by the Safety Committee.

## 7.12 On-the-Job Non-Employee Accident Procedures

Report all injuries to a non-employee while on-the-job, regardless of severity, to your supervisor, Department Head or Personnel Department immediately.

Immediate medical attention should always be the first priority. Make the injured person comfortable. Arrange for first aid or necessary emergency treatment by calling 911 or using radio services. Do not promise to take care of any medical or hospital bills. Secure the injured person's version of the accident.

Secure the names and addresses of others in the vicinity whether they were eye witnesses to the incident or not. Note any names and addresses of other city employees. Have them fill out the witness report of incident at once.

If no employees saw the accident, get two or more employees to inspect scene and fill out witness report. **Avoid contacting the potential claimant unless directed by the Personnel Department in consultation with Claims Management Service.**

Inspect and verify the condition of the accident premises. Note:

- (a) Any defects
- (b) Clean and dry surfaces
- (c) Lightning presence
- (d) Any objects near the injured person
- (e) Improperly stacked or dropped falling objects by injured or other person
- (f) If equipment was operating properly
- (g) Fill out any necessary maintenance reports if involving city property.

Non-Employee Accident Report forms (Appendix K) shall be completed by the employee(s) observing the non-employee accident or a supervisor who has direct knowledge of the accident. Follow the guidelines below when reporting a non-employee accident:

- DO
- Do - Go to scene at once
- Do - Be courteous
- Do - Be businesslike
- Do - Inspect scene closely
- Do - Get all basic information - i.e., name(s), addresses and phone numbers and location
- Do - Erect warning barricades, signs, etc. if necessary, to secure a location prior to repairs.

DON'T

- Don't - Apologize for accident
- Don't - Argue with potential claimant
- Don't - Reprimand any employee(s) at scene
- Don't - Offer to pay medical expenses
- Don't - Admit responsibility
- Don't - Mention insurance
- Don't - In days or weeks following discuss accident with strangers

The Personnel Department shall complete any information requested by the Corporate Claims Management service including the general liability claims form (Appendix L). The Personnel Department will contact Claims Management Service for direction concerning any extensive investigations or personal contact with a potential claimant if required. Serious accidents should be reported immediately by the Personnel Department to Corporate Claims Management Service.

All Non-Employee Accident Report forms shall be reviewed by the Safety Committee. The Safety Committee shall also interview the employee(s) who observed the accident or completed the form, their supervisor and Department Head to discuss the accident. A report of any findings or suggestions shall be sent to the City Administrator by the Safety Committee.

7.13 Investigation of Accidents by Supervisor and the Safety Committee

Some accidents are caused by mechanical failure or unsafe conditions of equipment but a number of accidents are due to the manner in which employees work and the equipment is operated. In either event, it is necessary to determine why the accident occurred if we expect to prevent similar mishaps.

Furthermore, if all employees keep in mind that an accident is always an indication that something went wrong, it becomes obvious that an investigation is essential and that corrective action is the important outcome. Consequently, the following procedures should be used when conducting an accident investigation:

1. An investigation should be made of all accidents involving doctor care, property damage and first-aid cases which might have resulted in more serious consequences.
2. The investigation should be made first by the direct supervisor in charge of the affected employee or



the department which first becomes aware of an accident involving a non-employee.

3. The investigation should be made as soon as possible after the occurrence of the accident, or incident, at least within twenty-four (24) hours.
4. The direct supervisor should record the results of the investigation on the appropriate forms. In completing all forms, the direct supervisor should avoid using such general expressions as "carelessness." Instead, he should name the specific careless act that led to the accident or incident.
5. The direct supervisor's report should, of course, indicate the corrective action which has been taken or is being recommended.
6. When making the investigation, it should be remembered that its purpose is not to fix blame, but rather to find out how a similar accident or incident can be avoided in the future.
7. Normally, the investigation should proceed as follows:
  - (1) Discuss the accident or incident with the affected employee. Do not discuss the accident with a non-employee; simply record any statements or information provided if on-the-scene at the time of the accident.
  - (2) Interrogate other employees who may have seen the accident or incident.
  - (3) Consideration should be taken of:
    - (a) What the employee or non-employee was doing just prior to and at the time of the accident or incident.
    - (b) Was this in pursuit of his regular duties (if an employee).
    - (c) Was the employee properly instructed as to the manner in which to perform his duties. Did the non-employee fail to observe any obvious safety rules.

- (d) Did the employee follow instructions.
- (e) Did the employee or non-employee have any physical handicap.
- (f) Were any other employees or non-employees involved in the accident or incident.
- (g) Were the equipment or machinery used by the employee or non-employee in good condition. Was the premises or location of the accident affected by weather, disrepair, neglect, etc.
- (h) Was all equipment properly guarded.
- (i) Was the equipment suited for the purpose for which it was used.
- (j) Was the accident area adequately lighted.
- (k) Was housekeeping a factor in the accident.
- (l) Is the same work done by other employees in another way (if accident involved employee).
- (m) Is there a safer way in which this work could be done (if accident involved employee).
- (n) Was the employee in good health when reporting for work on the day of the accident or incident. Was the non-employee healthy prior to the date of accident or incident.

8. When so called "near misses" occur, even though no one is injured, they should be investigated thoroughly to determine the cause in order to prevent similar mishaps.

If the facts of this nature have been determined, it should not be difficult to decide what action is necessary to prevent other employees having similar duties or being exposed to the same conditions, from having the same kind of accident or incident. The report will also protect the public from having accidents on city property and prevent unnecessary liability on behalf of the city.

The Safety Committee shall review the supervisor's report to insure that all the above issues were reviewed and taken into account in the recommendations. A finding shall be made by the Safety

Committee for each accident or incident and it shall be forwarded to the City Administrator for review.

## CHAPTER VIII SELF INSPECTION PROGRAM

### 8.1 Self-Inspection Policy

Accidents and injuries result from unsafe acts and unsafe conditions. To ensure a safe workplace for city employees and safe premises for the public, it is the city's policy to perform periodic self-inspections of city facilities and equipment.

### 8.2 Purpose of Tours and Inspections

Tours and inspections of the city facilities and equipment should produce realistic recommendations for corrective action or improvements. Recommendations from the self-inspection program will not be ignored and will be appropriately documented with timetables to address problems discovered.

### 8.3 Types of Self-Inspection Programs

Two general types of self-inspection programs will be used by the city. They are (1) a general management audit by the Safety Committee and (2) general safety inspections at the department and line operations level.

### 8.4 General Management Audit

The general management audit will be conducted by the Safety Committee. This general audit will include a team of representatives from the Safety Committee assigned to a specific city location or facility. This team shall be responsible for conducting the general management audit at that location once per year. The audit will be coordinated with one of the general safety inspections scheduled for the department, division, or location. All general management audits will be reported back to the Safety Committee through the Safety Inspection Report (Appendix M).

Tour routes should be established and followed each time general management audit inspections are made. Key hazard points should be listed to be sure the general management audit team observes all major potential hazards.

### 8.5 General Safety Inspections

The general safety inspections at the department and line operations level will be conducted by safety tour/inspection teams developed by department or location. The inspection teams should consist of a mix of personnel. Hourly workers, supervisors and the

department head should be scheduled on a rotating basis to participate in departmental or location inspection tours.

General safety inspections shall be scheduled quarterly by each department or location unless it is established that such area or location does not require this frequency. Every department or location must be inspected annually at the minimum.

Safety inspections may exceed the routine Safety Inspection Report. Each department or location may develop additional checklists for specific types of inspection goals such as electrical, office, chemical, industrial hygiene, material handling, fire and machine inspections.

Members of safety inspection teams may be injured and/or exposed to hazardous conditions because they are unfamiliar with a facility or process. It is essential that people who participate in safety inspections take special precautions. Team members should be adequately equipped to protect themselves and must set a good example when they enter an area, by wearing safety glasses and goggles, hard hats, protective clothing, gloves, or other protection required by area safety rules.

All general safety inspections shall be reported back to the Safety Committee.

#### 8.6 Vehicle Safety and Inspections

The city has developed a specific program for vehicle safety and inspections (see Chapter IX, Vehicle Safety and Inspections).

#### 8.7 Employee Safety Hazard Report

An Employee Safety Hazard Report (Appendix N) has been developed to encourage employees to report safety hazards as they are observed or occur without waiting for a general safety inspection tour. The Employee Safety Hazard Report relies on the participation of each employee to be observant and to report an unsafe and hazardous condition to their supervisor and Department Head. Copies of the report shall also be forwarded to the City Administrator and Safety Committee for their review and recommendations for corrective action.

**Serious hazards must be reported immediately.**

CHAPTER IX  
VEHICLE SAFETY AND INSPECTIONS

Section 9.1 Vehicular Driver Safety Practices

Vehicle safety practices are outlined in Chapter VI, Safety Guidelines and Procedures for all employees to read. Emphasis shall be given, however, to the use of seatbelts by drivers and passengers any time a vehicle is operated for city business. Passengers and the driver shall also sit on the seats designated for rider purposes and in no other location when the vehicle is in operation.

Each Department Head shall also prepare a checklist of control features for every city vehicle operated in their department. All employees shall be instructed in the use of these control features, if they will be operating such vehicle.

Section 9.2 Insurance for Non-Owned Vehicles

The city's self-insurance program does not provide automobile insurance for non-owned vehicles. Employees using their own vehicles on city business must provide their own insurance for that vehicle.

Employees have the responsibility to verify to the Personnel Department that they have the minimum insurance coverage with limits of \$100,000/\$300,000 by providing a copy of such coverage if they are using their own vehicles for city business.

Employees should advise their insurance agent that they are driving their personal car on city business.

Section 9.3 Responsibility to Maintain Non-Owned Vehicles

Employees using their own vehicles on city business must satisfactorily maintain their vehicles. Such vehicles shall be subject to an annual state inspection to observe their condition. Employees have the responsibility to verify to the Personnel Department that they have received their annual state inspection by providing a copy of their inspection ticket.

Section 9.4 City Vehicle Preventive Maintenance Program

The city shall maintain a preventive maintenance schedule and program for all city-owned vehicles. Department Heads shall receive a copy of the preventive maintenance schedule from the

Equipment Maintenance Supervisor, Garage Division, Public Works Department.

#### Section 9.5 Drivers Vehicle Condition Report

Employees operating city vehicles will be responsible for reporting any and all deficiencies on the Drivers Vehicle Condition Report (Appendix O). This report shall be filed with the Garage Division, Public Works Department either in a designated receipt area or by leaving the report on the inside dashboard of a parked vehicle at the Garage Division.

The Equipment Maintenance Supervisor will have a designated contact in the Police Department to help coordinate fleet maintenance and repairs.

#### Section 9.6 Driver Record Checks

The city shall review all employee state driving records annually to determine the status of each employee's driving record. This review is necessary to maintain the city's participation in the Property and Casualty Insurance Trust.

Employees are responsible for reporting any revocation of their driver's license to their direct supervisor. No employee shall operate a vehicle on city business without a valid operator's license.

Employees with driving violation records shall be counseled per the policy established by the Property and Casualty Insurance Trust.

CHAPTER X  
LOSS ANALYSIS AND RECORD KEEPING

Section 10.1 - City Maintenance of Records

The city will produce and maintain the following records: New Employee Safety Orientation Report, First Report of Injury, Accident Investigation Reports, Driver Vehicle Condition Reports, Self-Inspection Reports, Employee Safety Hazard Reports, Driver Record Checks, Minutes of the Safety Committee meetings, and Department Safety Meeting Reports.

The Safety Coordinator shall be the custodian of these record files except for the Driver Vehicle Condition Reports and Department Safety Meeting Reports which shall be maintained by the appropriate departments.

Section 10.2 - Responsibility to Process Reports

The Safety Committee Secretary shall ensure that all First Report of Injury Forms and Accident Investigation Reports are sent to the city's claims management service as promptly as possible. All safety reports will be forwarded by the Safety Committee Secretary to the city's designated risk management consultant.

Section 10.3 - Responsibility of Risk Management Consultant

The risk management consultant will attend safety committee meetings when possible. He shall provide advice and direction to the Safety Committee regarding safety practices and procedures.

Section 10.4 - Responsibility of Risk Management Firm

The Risk Management firm selected by the St. Louis Area Insurance Trust and Property Casualty Trust will provide the City of Chesterfield with complete loss runs on a monthly and quarterly basis.

Section 10.5 - Safety Incentive Program

The Safety Committee shall establish a Safety Incentive Program to recognize good safety records and to encourage good safety practices.

For recognition purposes, "lost time" shall be defined as time recorded for one complete day of scheduled work lost and only those days lost for which an employee is scheduled to work.



DEPARTMENT SAFETY MEETING REPORT

Department \_\_\_\_\_ Date \_\_\_\_\_

Presenter \_\_\_\_\_ Job \_\_\_\_\_

Person(s) Attending \_\_\_\_\_  
\_\_\_\_\_

Time Start \_\_\_\_\_ Time Finish \_\_\_\_\_

1. Discussed safety violations found in my area by others and corrections.

N/A \_\_\_\_\_ Yes \_\_\_\_\_ Discussion \_\_\_\_\_

2. Discussed accidents or "near misses" happening in my area and prevention.

N/A \_\_\_\_\_ Yes \_\_\_\_\_ Discussion \_\_\_\_\_

3. Discussed hazards coming up in the future in my area and safe procedures to be followed.

N/A \_\_\_\_\_ Yes \_\_\_\_\_ Discussion \_\_\_\_\_

4. Talks should relate to current activities. Some suggested topics are listed below.

- a) Accident reporting and investigating.
- b) Recognizing and reporting unsafe conditions.
- c) Ladders, scaffolds.
- d) Lifting and material handling.
- e) Head, eye, foot protection.
- f) Welding hazards.
- g) Fire protection.
- h) Worker's and material hoists.
- i) Heavy equipment hazards.
- j) Housekeeping.
- k) Electrical hazards.
- l) Safe driving.
- m) Fleet maintenance safety.
- n) Equipment operation.
- o) Fire extinguisher.

Remarks: \_\_\_\_\_

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

---

WHAT CONSTITUTES SAFETY AWARENESS?

---

WHAT HOURLY EMPLOYEES  
SHOULD KNOW

---

- o emergency evacuation
- o reporting a fire/emergency
- o how to report injuries immediately
- o company safety policies
- o rights and responsibilities
- o safety resources
- o department safety activities
- o city/department safety activities
- o job hazard analysis procedure
- o reporting hazards and close calls
- o personal protective equipment use
- o electrical safety policy
- o off-the-job safety
- o management's safety concerns on and off the job
- o machinery hazards
- o all injuries are preventable
- o safety is part of employee performance
- o health hazards
- o site emergency equipment operation and location

---

WHAT DEPARTMENT HEADS/SUPERVISORS  
SHOULD KNOW

---

- o how to investigate accidents
- o written safety/accident reports
- o reporting and correcting unsafe conditions and procedures
- o job safety analysis
- o process hazard reports/permits
- o how to conduct safety meetings
- o safety resources
- o city safety policies and program
- o department/division/city accident statistics
- o on-the-job vs. off-the-job accidents
- o machinery, chemical hazards
- o training
- o basic safety policies
- o electrical safety policies and hazards
- o city legal responsibilities
- o accident vs. injury

City of Chesterfield  
New Employee Safety Orientation Form

APPENDIX C

Employee Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_

Note to Employee: On your first day of work, you will be provided with a safety orientation by your supervisor. Please give your supervisor this form to complete and return to the Personnel Department.

Note to Supervisor: Please review each item listed below with your new employee and check off each item as covered. Note the date the item was covered. Return original form to the Personnel Department when complete and signed by Department head.

	<u>Date</u>
<input type="checkbox"/> 1. City of Chesterfield Safety Manual issued.	_____
<input type="checkbox"/> 2. City of Chesterfield Safety Program explained including emphasis on employee responsibility.	_____
<input type="checkbox"/> 3. Department Safety guidelines reviewed.	_____
<input type="checkbox"/> 4. Personal protective equipment issued or description provided regarding storage location.	_____
<input type="checkbox"/> 5. Location of first aid supplies.	_____
<input type="checkbox"/> 6. Location of emergency telephones and/or radio procedures to use in case of emergency.	_____
<input type="checkbox"/> 7. On-the-job Injury Procedure card issued and in employee possession. Card explained to employee.	_____
<input type="checkbox"/> 8. Necessity to report every unsafe condition explained.	_____
<input type="checkbox"/> 9. Necessity to report every injury explained.	_____
<input type="checkbox"/> 10. Current hazardous or unusual situations noted and explained.	_____
<input type="checkbox"/> 11. Correct procedures for performing certain jobs demonstrated to help avoid body injury.	_____
<input type="checkbox"/> 12. Tool issuance policy explained, use explained and proper care demanded. Use of tools demonstrated.	_____
<input type="checkbox"/> 13. Equipment operations and safeguards explained, proper care demanded. Use of equipment demonstrated.	_____
<input type="checkbox"/> 14. Personal safety and safety of others expected relating to all work.	_____
<input type="checkbox"/> 15. Employee instructed to report any revocation of driver's license to direct supervisor.	_____
<input type="checkbox"/> 16. Other _____	_____

Supervisor/Employee Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee: I have been given and completed the above orientation on \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Employee Signature

Supervisor: I have completed items 1 through 15 on \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Supervisor Signature

Department Head: I have reviewed this form and items 1 through 15 have been completed with the above-noted employee on \_\_\_\_\_, 19\_\_.

**IN CASE OF AN  
ON-THE-JOB-INJURY:**



- Notify your direct supervisor or contact the Personnel Department (537-4000).
- If needed, use the medical facilities listed below:

<b>MINOR INJURY</b>	Deaconess Med Center	537-0377
8 a.m. - 8 p.m.	Clarkson Square Shopping Center	
Mon.-Sat;	1751 Clarkson Road	
Noon-5 p.m. Sun.		
<b>MAJOR INJURY OR MINOR INJURY IF MED CENTER CLOSED</b>	St. Luke's Hosp. Emergency Rm. 232 South Woods Mill Road -OR- St. John's Mercy Medical Center 615 South New Ballas (Use for all burns or trauma cases.)	434-1500  569-6000
<b>PRESCRIPTION DRUGS</b>	Walgreens or Medicare-Glaser Drug Co.	



**IN CASE OF AN ON-THE-JOB VEHICLE ACCIDENT:**

- Notify your direct supervisor or contact the Personnel Department (537-4000)
- Seek medical attention first, if needed.
- Contact City of Chesterfield Police Department or department covering jurisdiction to secure a police report.
- Note witnesses - names and telephone numbers.
- Record circumstances of accident on City of Chesterfield Vehicle Accident Report
- **DO NOT ADMIT CITY OF CHESTERFIELD LIABILITY OR APOLOGIZE FOR THE ACCIDENT. DO NOT COMMIT THE CITY OF CHESTERFIELD TO PAY FOR MEDICAL EXPENSES, REPAIRS OR ARGUE WITH POTENTIAL CLAIMANT.**

Insurer's No \_\_\_\_\_

Employee's Case No \_\_\_\_\_

Division of Worker's Compensation  
 DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
 OF MISSOURI  
 JEFFERSON CITY, MISSOURI

**Report of Injury**

This form is both the notice and the report of the injury as required by Section 287.380 RSMo. 1969. Do not report any occurrence unless it causes personal injury serious enough to require medical aid. This report must be sent in whether or not the employer is under the Law. If not under it, no further reports are required unless requested. Mail to the Division of Worker's Compensation, Jefferson City, Missouri. Do not accompany by letter.

**AN ANSWER SHOULD BE MADE TO EVERY QUESTION**

(DO NOT FILL IN)

**APPENDIX E**

Injury No \_\_\_\_\_  
 Rec Ack Form \_\_\_\_\_  
 Under Law \_\_\_\_\_  
 Compensable \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Checked By \_\_\_\_\_

<b>EMPLOYER</b>	1 NAME OF EMPLOYER:		2 MAILING ADDRESS (NO & ST) (CITY) (STATE) (ZIP CODE)				<b>DO NOT USE</b>
	3 LOCATION OF ESTABLISHMENT IF DIFFERENT FROM MAILING ADDRESS				4. MISSOURI U.I. ACCOUNT NO.		
	5 NATURE OF BUSINESS & SPECIFIC PRODUCT					6 PHONE NUMBER:	
	7 INSURANCE CARRIER AND ADDRESS:						
	8 DAYS PER YEAR BUSINESS OPERATES			9 NUMBER OF EMPLOYEES			
<b>INJURED EMPLOYEE</b>	10 DATE OF ACCIDENT OR INCIDENT OF DISEASE:		11 TIME A M P M	12 PLACE OF ACCIDENT (ST CITY, COUNTY, STATE)			<b>11</b>
	13 NAME: FIRST MIDDLE LAST				14 SOCIAL SECURITY NUMBER:		
	15 HOME ADDRESS (NO & ST) (CITY OR TOWN) (STATE) (ZIP CODE) (PHONE NUMBER)					16 AGE	
	17 SEX	18 MARITAL STATUS ____ SINGLE ____ MARRIED		19 YEARS EMPLOYED	20 REGULAR OCCUPATION	21 REGULAR DEPARTMENT	
	22 OCCUPATION WHEN INJURED		23 HOW LONG AT CURRENT OCCUPATION?	24 WORK DAYS PER WEEK?	25 WEEKLY WAGE?		
<b>OCCURRENCE OF INJURY</b>	26 WAS ACCIDENT OR EXPOSURE ON EMPLOYER'S PREMISES?		27 TIME WORK BEGAN FOR EMPLOYEE ON INJURY DATE.				<b>12</b> <b>19</b> <b>22</b> <b>23</b> <b>28</b> <b>29</b> <b>30</b> <b>31</b>
	28 HOW DID THE ACCIDENT OCCUR? (DESCRIBE FULLY)						
	29 WHAT WAS EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC)						
	30 NAME THE OBJECT OR SUBSTANCE WHICH DIRECTLY INJURED THE EMPLOYEE						
	31 DESCRIBE THE INIURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED:						
<b>NATURE OF INJURY</b>	32 DID INIURY RESULT IN DEATH? _____ IF SO ANSWER QUESTIONS 47 AND 48 ON REVERSE SIDE HEREOF						
	33 WAS THERE ANY DISMEMBERMENT, DISFIGUREMENT, OR OTHER PERMANENT DISABILITY _____; IF SO, STATE NATURE						
	34 HAS EMPLOYEE RETURNED TO WORK?		35 DATE:	36 AT WHAT WEEKLY WAGE? \$			
	37 WHEN DID TEMPORARY DISABILITY BEGIN?			38 END?			
<b>OTHER</b>	39 NAME AND ADDRESS OF ATTENDING PHYSICIAN						
	40 NAME AND ADDRESS OF HOSPITAL						
	41 ACTUAL OR ESTIMATED COST OF MEDICAL AID \$			42 IS FURTHER MEDICAL AID REQUIRED?			
	43 NAME AND ADDRESS OF INDIVIDUAL TO WHOM COMMUNICATIONS SHOULD BE ADDRESSED						
	44 DATE OF REPORT		45 REPORT COMPLETED BY (SIGNATURE)		46 TITLE		

CITY OF CHESTERFIELD  
INJURY REPORT AND INVESTIGATION FORM

Date: \_\_\_\_\_ Employee's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

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

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_ P.M. \_\_\_ Date Injury Reported: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Job Assignment at time of Accident: \_\_\_\_\_

(Note: This Section to be completed by the employee, if possible.)

Did you have an accident on the job: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_ P.M. \_\_\_

Describe how accident occurred: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

**DISPOSITION**

- DISABLING INJURY
- SENT TO HOSPITAL
- SENT TO COMPANY DOCTOR
- FIRST-AID
- RETURN TO REGULAR JOB
- RETURN TO LIGHT DUTY JOB
- SENT HOME - RELEASED
- TIME LOST

YES	NO

**BODY PART INJURED**

LEFT  RIGHT

- EYE
- HEAD
- CHEST
- BACK
- ABDOMEN
- ARM
- HAND - FINGER
- LEG
- FOOT - TOE
- RESPIRATORY SYSTEM
- \_\_\_\_\_



**TYPE OF INJURY**

- LACERATION
- ABRASION
- PUNCTURE
- BURN
- FRACTURE
- STRAIN - SPRAIN
- AMPUTATION
- FOREIGN BODY
- HERNIA
- CONTUSION
- \_\_\_\_\_

Supervisor's Description of Accident: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Department Head's Signature: \_\_\_\_\_

Safety Coordinator or Personnel  
Director's Signature

City Administrator's Signature

**CITY OF CHESTERFIELD  
VEHICLE ACCIDENT REPORT FORM**

APPENDIX G

**PERSONAL INFORMATION**

**WITNESSES**

My Name \_\_\_\_\_ Age \_\_\_\_\_  
 Driver's License \_\_\_\_\_ State \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Department \_\_\_\_\_  
 My Vehicle \_\_\_\_\_  
                   Year                    Make  
 \_\_\_\_\_  
 Unit No.            License No.            State \_\_\_\_\_  
 City Owned            Owner Operator  
 Business Use        Personal Use  
 \*Personal Insurance Must Cover

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_

**POLICE OFFICER ASSISTING**

Name \_\_\_\_\_  
 Department \_\_\_\_\_  
 DSN \_\_\_\_\_

Police report made?  Yes  
 (Note: A Police Report should always be made unless  
 refused in jurisdiction. Always attach a City of Ches-  
 terfield police report.)  
 Citations issued: \_\_\_\_\_

**ACCIDENT INFORMATION**

Date \_\_\_\_\_ Time \_\_\_\_\_  A.M.  Daylight  
 P.M.  Dark

**DIRECTION:**

Yours  N  S  E  W           Other \_\_\_\_\_  
 Other                             \_\_\_\_\_

**LOCATION:**

(Name of Street or Highway Number) \_\_\_\_\_ (Closest Intersection or Landmark) \_\_\_\_\_  
 \_\_\_\_\_ (City, Town, County) \_\_\_\_\_ (State)

**SPEED:**

Yours \_\_\_\_\_ Posted \_\_\_\_\_ Actual when  
 Other \_\_\_\_\_ danger noticed \_\_\_\_\_

**WEATHER:**

Clear                    Raining                    Snowing                    Fog  
 Sleeting                Dust/Smoke/Fog        High wind                Other \_\_\_\_\_

**TRAFFIC CONTROL:**

Stop sign:  
 1 Way                    2 Way  
 3 Way                    4 Way  
 Yield                    Semaphore  
 Police/Flag Person    Railroad  
 Uncont. Intersection  Not an Intersec.

**AREA:**

Residential            Commercial            Rural                    Other \_\_\_\_\_

**PAVEMENT:**

Asphalt                Concrete                Gravel/Dirt            Brick/Stone  
 Steel                    Wood                    Other \_\_\_\_\_

**CONDITION:**

Dry                    Wet                    Slippery                Pot Holes  
 Other \_\_\_\_\_

**SEAT BELT:**

Used                    Not used

**ACCIDENT DESCRIPTION**

Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken and length and position of any skid marks.

# acord AUTOMOBILE LOSS NOTICE

SET TAB STOPS AT ARROWS  
DATE (MM/DD/YY)

PRODUCER <input type="checkbox"/>	PRODUCER PHONE (A/C. NO., EXT.)	FOR COMPANY USE ONLY			
		<b>APPENDIX H</b>			
CODE	SUB CODE	COMPANY	POLICY NUMBER	CAT. #	
		POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	DATE (MM/DD/YY) & TIME OF LOSS	
				A.M.	YES
				P.M.	NO

<b>INSURED</b>		
NAME AND ADDRESS	INSURED'S RESIDENCE PHONE (A/C. NO.)	INSURED'S BUSINESS PHONE (A/C. NO., EXT.)
	PERSON TO CONTACT	WHERE TO CONTACT
		WHEN
	CONTACT'S RESIDENCE PHONE (A/C. NO.)	CONTACT'S BUSINESS PHONE (A/C. NO., EXT.)

<b>LOSS</b>		
LOCATION OF ACCIDENT (INCLUDING CITY & STATE)	AUTHORITY CONTACTED & REPORT NO.	VIOLATIONS/CITATIONS
DESCRIPTION OF ACCIDENT (USE REVERSE SIDE, IF NECESSARY)		

<b>POLICY INFORMATION</b>					
ODILY INJURY	PROPERTY DAMAGE	SINGLE LIMIT	MED. PAY.	OTHER THAN COLL. DED.	OTHER COVERAGES & DEDUCTIBLES (UM, NO-FAULT, TOWING, ETC.)
LOSS PAYEE				COLLISION DED.	

<b>INSURED VEHICLE</b>					
VEH. NO.   YEAR, MAKE, MODEL	V.I.N. (VEHICLE IDENTIFICATION)			PLATE NO.	
OWNER'S NAME & ADDRESS			PHONE (A/C. NO., EXT.)		
DRIVER'S NAME & ADDRESS (CHECK IF SAME AS OWNER)			RESIDENCE PHONE (A/C. NO.)	BUSINESS PHONE (A/C. NO., EXT.)	
RELATION TO INSURED (EMPLOYEE, FAMILY, ETC.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	PURPOSE OF USE	USED WITH PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE CAN VEHICLE BE SEEN	WHEN	OTHER INSURANCE ON VEHICLE	

<b>PROPERTY DAMAGED</b>					
DESCRIBE PROPERTY (IF AUTO, YEAR, MAKE, MODEL, PLATE NO.)			OTHER VEH. OR PROPERTY INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY NAME & POLICY NO.	
OWNER'S NAME & ADDRESS			BUSINESS PHONE (A/C. NO., EXT.)	RESIDENCE PHONE (A/C. NO.)	
OTHER DRIVER'S NAME & ADDRESS (CHECK IF SAME AS OWNER)			BUSINESS PHONE (A/C. NO., EXT.)	RESIDENCE PHONE (A/C. NO.)	
DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE CAN DAMAGE BE SEEN			

<b>WITNESSES OR PASSENGERS</b>					
NAME & ADDRESS	PHONE (A/C. NO.)	PED.	INS. VEH.	OTHER VEH.	AGE

NAME & ADDRESS	PHONE (A/C. NO.)	INS. VEH.	OTHER VEH.	OTHER (SPECIFY)

ADJUSTERS (INCLUDE ADJUSTER ASSIGNED)		
REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED



CITY OF CHESTERFIELD  
PROPERTY DAMAGE REPORT FORM

---

1 REPORT DATE \_\_\_\_\_  
DATE OF DAMAGE \_\_\_\_\_  
TIME \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
EMPLOYEE NAME \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_  
LOCATION \_\_\_\_\_  
PHONE \_\_\_\_\_  
SUPERVISOR'S NAME \_\_\_\_\_  
OWNER'S NAME \_\_\_\_\_

---

2 DID PROPERTY DAMAGE OCCUR WHILE YOU WERE PERFORMING ON-THE-JOB  
FOR THE CITY OF CHESTERFIELD? Yes \_\_\_\_\_ No \_\_\_\_\_

WAS THE PROPERTY DAMAGE TO PRIVATE :  ; OR PUBLIC :  ; PROPERTY?

DESCRIBE HOW THE ACCIDENT OCCURRED: \_\_\_\_\_

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

\_\_\_\_\_  
Employee's Signature

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3 SUPERVISOR'S DESCRIPTION OF ACCIDENT: (Detail what employee was  
doing (if involved) and what tools and/or equipment involved.)

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

\_\_\_\_\_  
Supervisor's Signature

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4 Attach pictures of property damage with descriptions. Note date  
and location on the pictures.

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\_\_\_\_\_  
Personnel Director/Safety  
Coordinator's Signature

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
City Administrator's Signature

# ACORD PROPERTY LOSS NOTICE

SET TABS TO SAT ARROWS  
DATE (MM/DD/YY)

PRODUCER		PRODUCER PHONE (A/C. NO., EXT.)	FOR COMPANY USE ONLY		
		<b>APPENDIX J</b>			
COMPANY		POLICY NUMBER		CAT. #	
CODE	SUB CODE	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	DATE (MM/DD/YY) & TIME OF LOSS	
				A.M.	PREVIOUSLY REPORTED
				P.M.	YES
					NO

INSURED'S RESIDENCE PHONE (A/C. NO.)		INSURED'S BUSINESS PHONE (A/C. NO., EXT.)	
PERSON TO CONTACT		WHERE TO CONTACT	
		WHEN	
CONTACT'S RESIDENCE PHONE (A/C. NO.)		CONTACT'S BUSINESS PHONE (A/C. NO., EXT.)	

DESCRIPTION OF LOSS	POLICE OR FIRE DEPT. TO WHICH REPORTED
DESCRIPTION OF LOSS (FIRE, WIND, EXPLOSION, ETC.)	PROBABLE AMOUNT ENTIRE LOSS
	\$
DESCRIPTION OF LOSS & DAMAGE (USE REVERSE SIDE, IF NECESSARY)	

## POLICY INFORMATION

STORAGE, IF NONE SO INDICATE

OWNER POLICIES SECTION I ONLY (COMPLETE FOR COVERAGES A, B, C, D & ADDITIONAL COVERAGES. FOR HOMEOWNERS SECTION II LIABILITY LOSSES, USE ACORD 3.

COVERAGE A	COVERAGE B	COVERAGE C	COVERAGE D	DESCRIBE ADDITIONAL COVERAGES PROVIDED
DWELLING	APPURTENANT PRIVATE STRUCTURES	UNSCHEDULED PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	\$ ON
	\$	\$	\$	\$ ON

REFLECT TO FORMS. (INSERT FORM NOS. & EDITION DATES, SPECIAL DEDUCTIBLES)	DEDUCTIBLES
---	-------------

ALLIED LINES & MULTI-PERIL POLICIES (COMPLETE ONLY THOSE ITEMS INVOLVED IN LOSS)

FORM	AMOUNT	BLDG.	CONTENTS	OTHER	% COINS	DEDUCTIBLE	COVERAGE AND / OR DESCRIPTION OF PROPERTY INSURED
	\$						
	\$						
	\$						

REFLECT TO FORMS. (INSERT FORM NOS. & EDITION DATES, SPECIAL DEDUCTIBLES)

## CELLANEOUS INFORMATION

OTHER INSURANCE (LIST COMPANIES, POLICY NUMBERS, COVERAGES & POLICY AMOUNTS)

WORKS

DATE ASSIGNED	DATE ASSIGNED (MM/DD/YY)
REPORTED BY	REPORTED TO
SIGNATURE OF PRODUCER OR INSURED	

CITY OF CHESTERFIELD  
NON-EMPLOYEE ACCIDENT REPORT FORM

1 DATE OF ACCIDENT _____ NO DAY YR	2 TIME _____ A.M. P.M.	3 DATE OF THIS REPORT _____ NO DAY YR
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4 PERSONS INVOLVED IN THE ACCIDENT:

NAMES	AGE	ADDRESS	TELEPHONE
1ST _____	_____	_____	_____
2ND _____	_____	_____	_____
3RD _____	_____	_____	_____

5 MEDICAL ATTENTION

	1st Person	2nd Person	3rd Person
<input type="checkbox"/> First Aid Given	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
<input type="checkbox"/> Declined Medical Attention	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
<input type="checkbox"/> Will go to own Doctor	___ Yes ___ Unknown	___ Yes ___ Unknown	___ Yes ___ Unknown
<input type="checkbox"/> Injury apparent	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
<input type="checkbox"/> Describe Injury	_____	_____	_____
<input type="checkbox"/> Transported by Ambulance	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

6 WITNESSES

NAMES	EMPLOYEE	ADDRESS	TELEPHONE
_____	___ Yes ___ No	_____	_____
_____	___ Yes ___ No	_____	_____
_____	___ Yes ___ No	_____	_____

7 LOCATION WHERE ACCIDENT OCCURRED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# GENERAL LIABILITY LOSS NOTICE (OTHER THAN AUTOMOBILE)

SET TAB STOPS AT ARROW  
DATE (MM/DD/YY)

PRODUCER <input type="checkbox"/>		PRODUCER PHONE (A/C. NO., EXT.)	FOR COMPANY USE ONLY	
CODE		SUB CODE		APPENDIX L
COMPANY			POLICY NUMBER	
POLICY EFF. DATE (MM/DD/YY)		POLICY EXP. DATE (MM/DD/YY)		DATE (MM/DD/YY) & TIME OF LOSS
				A.M. YES
				P.M. NO

### INSURED

NAME & ADDRESS		INSURED'S RESIDENCE PHONE (A/C. NO.)	INSURED'S BUSINESS PHONE (A/C. NO., EXT.)
PERSON TO CONTACT		WHERE TO CONTACT	
		WHEN	
CONTACT'S RESIDENCE PHONE (A/C. NO.)		CONTACT'S BUSINESS PHONE (A/C. NO., EXT.)	

### LOSS

LOCATION OF ACCIDENT (INCLUDE CITY & STATE)	AUTHORITY CONTACTED
DESCRIPTION OF ACCIDENT (USE REVERSE SIDE, IF NECESSARY)	

### POLICY INFORMATION

COVERAGE PART OR FORMS, (INSERT FORM NOS. & EDITION DATES)

LIMITS	PREMISES/OPERATIONS	MED. PAY.	PRODUCTS/COMPLETED OPERATIONS	CONTRACTUAL	OTHER:	DEDUCTIBLE
BI						
PD						
CSL						

UMBRELLA/EXCESS POLICY IN FORCE?  UMBRELLA  EXCESS  CARRIER: \_\_\_\_\_ LIMITS: \_\_\_\_\_

### TYPE OF LIABILITY

PREMISES: INSURED IS	OWNER	TENANT	OTHER	TYPE OF PREMISES
OWNER'S NAME & ADDRESS (IF NOT INSURED)				OWNERS PHONE: (A/C. NO., EXT.)
PRODUCTS: INSURED IS	MANUFACTURER	VENDOR	OTHER:	TYPE OF PRODUCT
MANUFACTURER'S NAME & ADDRESS (IF NOT INSURED)				MANUFACT. PHONE: (A/C. NO., EXT.)

WHERE CAN PRODUCT BE SEEN? \_\_\_\_\_

OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (EXPLAIN): \_\_\_\_\_

### INJURED/PROPERTY DAMAGED

NAME & ADDRESS (INJURED/OWNER)			PHONE (A/C. NO., EXT.)
AGE	SEX	OCCUPATION	EMPLOYERS NAME & ADDRESS
			PHONE (A/C. NO., EXT.)
DESCRIBE INJURY	FATALITY <input type="checkbox"/>	WHERE TAKEN	WHAT WAS INJURED DOING?
DESCRIBE PROPERTY (TYPE, MODEL, ETC.)	ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?	WHEN?

### WITNESSES

NAME & ADDRESS	BUSINESS PHONE (A/C. NO., EXT.)	RESIDENCE PHONE (A/C. NO.)

REMARKS

REPORTED BY	REPORTED TO	SIGNATURE OF PRODUCER OR INSURED
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SAFETY INSPECTION REPORT

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

Responsible Department Head:	_____ (Signature)	Date:	_____
Action taken:	_____ _____		
City Administrator:	_____ (Signature)	Date:	_____
Directions:	_____ _____		
Action taken:	_____ _____		
Safety Coordinator/Personnel Director:	_____	Date:	_____
Safety Committee Review:	_____	Date:	_____
Inspection:	_____	Date:	_____
Cleared Up:	_____	Date:	_____
Further Recommendations:	_____ _____		

## SAFETY INSPECTION REPORT

**INSTRUCTIONS:** Check each item below "Satisfactory" or "Not Satisfactory". For each item checked "Not Satisfactory", submit recommendation to correct condition or unsafe practice. Describe, under Item 16, other unsatisfactory conditions or unsafe practices you observe.

Department or Location:

Address:

Date of Inspection:

Date of Last Inspection:

Names of Inspection Personnel:

	<u>Satisfactory</u>	<u>Not Satisfactory</u>	<u>Recommendation</u>
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**EMPLOYEE EDUCATION**

New Employees	<input type="checkbox"/>	<input type="checkbox"/>	
Change in Duties	<input type="checkbox"/>	<input type="checkbox"/>	
On-Going Education	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

**WALKING/WORKING SURFACES**

General Conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Floor and Wall Openings	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed Stairs and Ramps	<input type="checkbox"/>	<input type="checkbox"/>	
Portable Ladders	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed Ladders	<input type="checkbox"/>	<input type="checkbox"/>	
Scaffolds, Fixed and Mobile	<input type="checkbox"/>	<input type="checkbox"/>	
Yards and Parking Lots	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

**MEANS OF EGRESS**

Sufficient Exits	<input type="checkbox"/>	<input type="checkbox"/>	
Exits Clear and Accessable	<input type="checkbox"/>	<input type="checkbox"/>	
Exits Properly Marked	<input type="checkbox"/>	<input type="checkbox"/>	
Illumination	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm Facilities, As Required	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

**FIRE PROTECTION**

Extinguishers, Adequate No. & Type	<input type="checkbox"/>	<input type="checkbox"/>	
Extinguishers, Location	<input type="checkbox"/>	<input type="checkbox"/>	
Extinguishers, Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Brigades	<input type="checkbox"/>	<input type="checkbox"/>	
Standpipe and Hose	<input type="checkbox"/>	<input type="checkbox"/>	
Automatic Sprinklers	<input type="checkbox"/>	<input type="checkbox"/>	
Other Fixed Extinguishing Systems	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Alarm Systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Satisfactory      Not Satisfactory

Recommendation

**GENERAL ENVIRONMENT**

- Housekeeping
- Toilet and Washing Facilities
- Changing and/or Lunchrooms
- Color Coding, Signs, Tags
- General Ventilation
- Local Exhaust Systems
- Noise Exposure
- Radiation Exposure and Control
- Adequate Lighting
- Other

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**PERSONAL PROTECTIVE EQUIPMENT**

- Eye and Face Protection
- Respiratory Protection
- Head Protection
- Hand Protection
- Foot Protection
- Other Equipment for Specific Hazards

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**FIRST AID**

- First Aid Kits and Rooms
- Trained First Aiders Each Shift
- Emergency Showers
- Emergency Medical Procedures
- Emergency Eye Wash Facilities
- Other

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**VEHICLE OPERATION**

- Driving Records Checked
- Vehicle Maintenance & Condition
- Driver Controls Enforced
- Other

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**ELECTRICAL**

- Workmanship, Clearance, Markings
- Overcurrent Protection
- Grounding
- Outlets, Switches and Boxes
- Flexible Cords
- Transformers
- Hazardous Equipment Location
- Other

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**MACHINE GUARDING**

- Woodworking Machines
- Abrasive Wheels and Grinding
- Other Machinery

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CITY OF CHESTERFIELD  
EMPLOYEE SAFETY HAZARD REPORTLOCATION OF UNSAFE OR HAZARDOUS CONDITION

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

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

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

Brief Description of Problem:

Vehicle: \_\_\_\_\_

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

Other: \_\_\_\_\_

Submitted by: \_\_\_\_\_

(Signature not required)

REPORT RECEIVED BY

Name: \_\_\_\_\_ (Signature)

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

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

Report must be forwarded to:

Responsible Department Head: \_\_\_\_\_ (Signature)

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

Action taken: \_\_\_\_\_

City Administrator: \_\_\_\_\_ (Signature)

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

Directions: \_\_\_\_\_

Action taken: \_\_\_\_\_

Safety Coordinator/Personnel Director: \_\_\_\_\_

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

Safety Committee Review: \_\_\_\_\_

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

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

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

Cleared Up: \_\_\_\_\_

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

Further Recommendations: \_\_\_\_\_

**DRIVERS VEHICLE CONDITION REPORT**

Vehicle Number \_\_\_\_\_ Date \_\_\_\_\_

Department or Division \_\_\_\_\_ Hours Used \_\_\_\_\_

Mileage (Start) \_\_\_\_\_ Mileage (End) \_\_\_\_\_ Total \_\_\_\_\_

**DRIVERS INSPECT FOLLOWING ITEMS**

\_\_\_\_\_ Tires      \_\_\_\_\_ Oil Pressure      \_\_\_\_\_ Temperature Gauges

**CHECK ITEMS NEEDING ATTENTION**
**ENGINE**

 \_\_\_\_\_ Knocks  
 \_\_\_\_\_ No Power  
 \_\_\_\_\_ Overheats  
 \_\_\_\_\_ Noise  
 \_\_\_\_\_ Missing

**BRAKES**

 \_\_\_\_\_ Grab  
 \_\_\_\_\_ Squeal  
 \_\_\_\_\_ Insufficient  
 \_\_\_\_\_ Don't Release  
 \_\_\_\_\_ Hard Pedal  
 \_\_\_\_\_ Spongy Pedal

**CAB EQUIPMENT**

 \_\_\_\_\_ Temperature Gauge  
 \_\_\_\_\_ Gas Gauge  
 \_\_\_\_\_ Ammeter  
 \_\_\_\_\_ Tachometer  
 \_\_\_\_\_ Windshield Wipers  
 \_\_\_\_\_ Heater

**CLUTCH**

 \_\_\_\_\_ Slips  
 \_\_\_\_\_ Grabs  
 \_\_\_\_\_ Chatters

**ELECTRICAL**

 \_\_\_\_\_ Lights  
 \_\_\_\_\_ Horn  
 \_\_\_\_\_ Battery  
 \_\_\_\_\_ Starter

**MISCELLANEOUS**

 \_\_\_\_\_ Doors  
 \_\_\_\_\_ Mirrors  
 \_\_\_\_\_ Windows  
 \_\_\_\_\_ Power Take-Off  
 \_\_\_\_\_ Hydraulic Pump  
 \_\_\_\_\_ Hydraulic Cylinder  
 \_\_\_\_\_ Hydraulic Ram  
 \_\_\_\_\_ Tailgate

**TRANSMISSION**

 \_\_\_\_\_ Noisy  
 \_\_\_\_\_ Disengages  
 \_\_\_\_\_ Leaks Oil

**FUEL &  
EXHAUST**

 \_\_\_\_\_ Accelerator  
 \_\_\_\_\_ Pump  
 \_\_\_\_\_ Lines  
 \_\_\_\_\_ Carburetor  
 \_\_\_\_\_ Leaks  
 \_\_\_\_\_ Muffler  
 \_\_\_\_\_ Tailpipe

**STEERING**

 \_\_\_\_\_ Wanders  
 \_\_\_\_\_ Shimmy  
 \_\_\_\_\_ Hard  
 \_\_\_\_\_ Free Play

Explain items needing attention: (including any items not listed above): \_\_\_\_\_

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

DRIVERS SIGNATURE \_\_\_\_\_