City of Stevenson
Safety Manual
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Foreword

The purpose of this manual is to provide information about the City’s Accident Prevention Program, as well as to provide you with general safety rules and practices that you are expected to follow. By complying with the information and procedures contained within this manual, the safety and health of City employees will be maximized and hazards in the work place and financial losses incurred from accident will be minimized.

All levels of management are responsible for the safety and health of the employees in their respective area of authority. The standards and procedures in this manual, along with practical application of job knowledge and experience, will provide the necessary assistance to meet that responsibility. The information presented in this manual should assist supervisors in planning safe work operations, implementing safe work practices and procedures, and monitoring employees’ safety performances on the job.

Each employee of the City is responsible for planning and carrying out job assignments in a safe manner, and for using every reasonable precaution to ensure his/her personal safety and that of co-workers.

It is impossible to adopt standards and procedures that apply to every situation that might arise on the job. There is no substitute for good judgment and common sense. However, this manual sets forth safety and health standards and procedures to serve as a guide in the formation of safe work habits.

It must be recognized that safety and job efficiency go hand in hand. This will be attained with the cooperation of everyone within the City.

These procedures do not supersede or replace existing state and federal legislations, but rather complement them, and are subject to change. If conflict arises between information contained in this manual and federal or state regulation, the federal or state regulations shall take precedence.
Chapter 1 - Accident Prevention & Safety Program

GOAL

The City of Stevenson will provide for all Employees, a work environment which is free from recognized hazards, causing or likely to cause death or serious physical harm. Additionally, the safety and health standards under DOSH and NFPA 1500 will be complied with for the full benefit of the Employees of the city.

SCOPE

This chapter is applied to all Employees, departments, facilities, and equipment of the City.

RESPONSIBILITIES

1. Management Responsibility

   The City Administrator shall be appointed as the Health & Safety Officer (HSO) for the city. As such he or she shall be responsible to develop, implement, administer and supervise the city Health & Safety Program.

   All management personnel will consider accident prevention and job safety to be an integral part of their management responsibilities. Management will support and direct the written Accident Prevention & Health & Safety program, which will include the following;
   a. A safe and healthy work environment for all Employees
   b. Responsibility overseeing scheduling of required training
   c. Training programs to improve the skills and competency of employees in the exercise of the health and safety responsibilities and in understanding the city’s total safety program. Training will include task orientation prior to job assignment as much as possible
   d. A system of regular safety meetings
   e. Investigation of accidents and/or incidents
   f. A planned program of facility and equipment inspections for unsafe conditions, unsafe practices and health hazards
   g. Enforcement of safety rules and guidelines, within the parameters of the policy regarding discipline of Employees
   h. An examination of the causes of accidents, to implement corrective action when required
   i. The maintenance of accurate records on all components of the safety program, i.e. OSHA 300 series forms, safety meetings, safety inspections, accident reporting, safety training, accident investigations and other safety activities shall be maintained in the Clerk-Treasurer office.
j. The availability of sufficiently trained first-aid personnel to be present or within reach. First aid kits, size and quantity will be determined by the number of personnel normally present.

k. The development of necessary Emergency Planning which will include;
   i. Proper action following accidental exposure to any hazardous gases, chemicals or materials
   ii. Routes of exiting from building areas during emergencies

2. Supervisory Responsibility
   All management personnel or designated supervisors have the direct responsibility of providing personal leadership in safety issues. Supervisors must keep the line of communications open by on-the-job safety contacts with Employees; also by receiving safety recommendations and seeing that safety suggestions are carried out. Essential safety responsibilities include;
   a. Safety orientation covering all job hazards to each employee prior to assignment to duty.
   b. Enforcement of all rules of safety which have been adopted by City policy and which are in effect, by disciplinary action if necessary. No compromise should ever be made with safety regulations which have been adopted. Disciplinary action for violations of these rules and regulations may be implemented per City Personnel Policy, or seceded policy
   c. Regular supervision of employees to ensure proper use and maintenance of personal protective clothing and equipment.
   d. Inspections of facilities, equipment and apparatus, to eliminate unsafe acts, conditions or potential accident elements.
   e. Anticipation of the risks and/or hazards that may arise from changes in equipment or methods.
   f. Investigation of all incidents and prompt reporting of incidents which result in injuries to employees or damage to facilities or equipment.
   g. Implementation of an effective plan of good housekeeping with high standard of operational readiness throughout the department. Maintain an environment conducive to accident prevention.

3. Employee Responsibility
   Every Employee has an important role in the Health & Safety Program and is expected to cooperate fully in all activities and measures for safety. Employee duties include;
   a. It is the duty of the worker to stop process and seek assistance from supervisors or co-workers if they do not know how to safely operate a machine or undertake a task
   b. Active participation and cooperation in the safety program
   c. Knowledge and skill in the job(s) assigned
   d. Application of the principals of accident prevention in all work, and the use of proper safety devices and protective clothing/equipment as required
e. Adherence to all safe work practices governing their work
f. Compliance with city rules and regulations
g. Concern for the life and safety of self, co-workers and the public
h. Notification to supervisor(s) of unsafe work practices and/or conditions
i. Immediate reporting to supervisor of all accidents/incidents. This includes minor first aid cases where blood or other potentially infectious material may be present (see Blood borne Pathogens Program)
j. Consider safety meetings, education and training as part of their regular duties
k. Proper care of all personal protective clothing and equipment
l. Wearing of proper clothing, protective clothing or equipment appropriate to the current task
m. It is the duty of the worker to stop a process and seek assistance from supervisors or co-workers if they do not know how to safely operate a machine or undertake a task
Chapter 2 - Safety Suggestion Forms

GOAL

To enhance Employee participation in the overall safety program, a system of reporting hazards and developing suggestions for correction will be in place.

SCOPE

This chapter is applied to all Employees, departments, facilities, and equipment of the City.

RESPONSIBILITIES

1. Safety Suggestions/Hazard Reports

   A Safety Suggestion/Hazard Report form* will be developed and made available to all worksites. Employees who desire to make a safety suggestion, or report any unsafe act; condition or equipment will complete this report and place it in the Suggestion Box which will be readily available in the City Hall break room. Suggestions may also be submitted to the department safety representative or the Employee’s supervisor. The HSO shall be responsible to maintain the security of the suggestion box and to retrieve reports from it for forwarding to the HSO and Management.

   Reports may be submitted anonymously and will be forwarded to the City HSO in all cases for review and possible action. Reported results will be posted on all employee bulletin boards. In cases where the person making the report has identified themselves, the HSO will make a report to the person on their findings and any action that they have taken or recommended.

   All Safety Suggestions/Hazard reports will be kept on file at the Clerk-Treasurer’s office, and will be accompanied by a report from the HSO indicating their review and suggested actions(s).
Chapter 3 - Accident Reports/Personal Injury

GOAL

As an integral part of the overall general safety program, a system will be in place for the uniform and effective reporting of accidents, an examination of the causes of accidents, the investigation of all accidents and/or incidents, and the implementation of corrective action when determined necessary.

SCOPE

This chapter is applied to all Employees, departments, facilities, and equipment of the City.

RESPONSIBILITIES

1. Accident Reporting -Personal Injury Accidents & Medical Exposure Incidents
   a. If injured while on the job, all Employees must immediately report the incident to their supervisor and - regardless of severity of the injury – complete an Accident/Incident Report* as soon as possible. The completed report will be presented to the Employees' supervisor and forward to the Clerk-Treasurer.
   b. If exposed to hazardous chemicals or substances, all Employees must immediately report the incident to their supervisor and complete an Incident Exposure Record*, as soon as possible. The completed report will be presented to the Employees' supervisor.
   c. If exposed to blood or other potentially infectious body fluids or substances, all Employees must immediately report the incident to their supervisor and complete a Communicable Disease Post Exposure Report* as soon as possible. The completed report will be presented to the Employees' supervisor.
   d. In the event such accident/injury involved city vehicles, apparatus or equipment, such items will be taken out of service and secured for inspection by Supervisor.
   e. The immediate supervisor of the injured Employee must review the Incident Report or Exposure Record completed by the Employee, sign where provided, and immediately deliver the form to the department head for review. (This must be completed within 24 hours of the incident/injury.)
   f. In the event that such accident/incident required medical treatment other than first aid, the department head and HSO will be immediately notified and will investigate to determine the cause of the accident or incident and complete a “Personal Injury/Illness Investigation Report.” As much as is possible, the scene of the accident/incident should not be altered, until sufficient investigation or photographs can be made. It is when they involve the following:

*See Appendix for form
i. A death
ii. In-patient hospitalization
iii. Loss of an eye or
iv. Amputation

For a and b, reporting to L & I is required within 8 hours, 24 hours is given for events involving c and d.

If an accident leads to one of the four scenarios listed above, you should not move equipment involved in the accident until the DOSH investigator arrives. As an exception to this rule you can move equipment if it is to remove victims or prevent another accident.

g. If the injured Employee is a career employee, or volunteer covered under Labor & Industries, the supervisor will ensure that the appropriate L & I Report of Injury form is completed and filed as required. (Hospital will usually complete this form for you.)

h. The Employee, Supervisor and/or Department Head will file the Accident and Supervisor Report* with the Clerk-Treasurer within 72 hours, or sooner, if possible. Upon completion of the investigation – sooner if necessary – all reports will be forwarded to the for review by the and distribution as follows;
   i. Original to City Clerk-Treasurer for filing with appropriate insurance carrier(s). (Hospital will forward L & I form to Department of Labor & Industry)
   ii. Copies to: Employees Medical File and Clerk-Treasurer’s Files for archives.

2. Investigation & Follow-up
   A system of investigation and proper follow up is established in the Accident Investigation & Follow-up* policy located in this manual.

*See Appendix for form
Chapter 4 - Accident Reporting (general)

GOAL
As an integral part of the overall general safety program, a system will be in place for the uniform and effective reporting of accident, an examination of the causes of accident, the investigation of all accidents and/or incidents, and the implementation of corrective action when determined necessary.

SCOPE
This chapter is applied to all Employees, departments, facilities, and equipment of the City.

RESPONSIBILITIES
1. Accident Reporting, Investigation & Follow-up
   a. In the event a city owned vehicle is involved in a traffic accident, the driver shall immediately notify the law enforcement having jurisdiction and request dispatch of a Law Enforcement Officer. No vehicle shall be moved from the scene until the law enforcement arrives, unless a greater hazard would be created by failure to remove said vehicle(s) from the scene.
   b. All drivers are instructed to request a law enforcement investigation, when outside the city, of any of the following type incidents:
      i. Collision with any object or person involving department owned or leased vehicles, or other vehicles being used on official business.
      ii. Any event wherein damage results to a vehicle being operated by a department Employee while on official business, whether being driven or parked, including while out of the City.
      iii. Any involvement in an accident where damage claims may be made against the city, even though your vehicle had no contact with other objects or vehicles.
      iv. Damage or loss to the city owned or leased vehicle or contents due to fire or theft.
   c. All drivers, when involved in such accidents or incidents, will complete the Vehicle Accident Report* as soon as possible (within 24 hours) and present it to their supervisor/department head. The supervisor/department head shall complete the Vehicle Accident Report* and immediately forwarded to the Clerk-Treasurer’s office (within 24 hours).
   d. The “Vehicle Accident Report” will then be immediately forwarded to the HSO and distribution as follows:
      i. Original to the Clerk-Treasurer’s office and file a copy with the City insurance carrier
      ii. Copies to: Accident Review Committee, Health and Safety Officer, and Clerk’s Files
2. Investigation & Follow-up
   A system of investigation and proper follow up is established in the Accident Investigation* & Follow-up policy located in this manual.

*See Appendix for form
Chapter 5 - Accident Investigation & Follow-Up

GOAL
As an integral part of the overall general safety program, a system will be in place for the uniform and effective reporting of accident, an examination of the causes of accident, the investigation of all accidents and/or incidents, and the implementation of corrective action when determined necessary.

SCOPE
This chapter is applied to all Employees, departments, facilities, and equipment of the City.

RESPONSIBILITIES
1. Investigation follow-up, Review & Reports
   a. Accident Prevention Committee Review & Report
      i. A sub-committee will be formed as the Accident Review Committee (ARC). This sub-committee will consist of a minimum of two employees, who will review all reports and facts pertaining to vehicular or personal injury accidents as reported, and determine whether the accident was preventable or non-preventable on the part of the employee. The employee may be invited to give their testimony and will be excused after all facts and testimonies have been presented regarding the accident. If in the opinion of the ARC the reports are not complete enough to render a judgment, the reports will be referred to the employee’s supervisor with a request for additional information.

         A. A “Preventable Accident” is one where the Employee did not do everything possible to avoid the accident. A “Non-Preventable Accident” is one in which the Employee did everything reasonably possible to avoid the accident.

      ii. Should the committee determine the accident to be preventable, it will be the responsibility of the committee to establish the degree of employee error relative to the factual information presented, based on the following categories;

         A. MINOR – No danger to life, or minor property damage as a result of accident.
         B. MODERATE – Potential danger to life, or moderate property damage (excess of $500)
C. MAJOR – Actual danger to or loss of life, major property damage (excess of $1500), serious violation of motor vehicle laws or department rules, or operation of equipment known to be unsafe.

iii. A report of all accidents/incidents reviewed by the ARC committee shall be made to the HSO, as well as to the department head and supervisors involved. This report will include the type of accident, the facts of the accident, the committee’s determination of preventability and the degree of error on the part of the employee. The report should also include any recommendation from the committee regarding changes in action, policy, equipment, etc., that may help prevent future accidents of this nature.

b. Management/Supervisory Follow-up

i. On all moderate and major preventable accidents, the supervisor and the department head will meet with the HSO as soon as possible, after receiving the report from the Accident Review Committee. The department head and supervisor will then determine what preventative, corrective or disciplinary action is necessary.

ii. The Employee’s supervisor will schedule a meeting with the Employee upon receipt of recommend follow-up action from the HSO. The purpose of the meeting will be to;

A. Discuss the incident with the Employee to help prevent further incidents and injury.

B. Analyze and determine the necessary steps required to help prevent a recurrence of the incident by the Employee or other persons within the City involving similar circumstances.

C. Recommendations will be discussed and agreed upon during this meeting and may include;

1. Changes in policy, rules or procedures
2. Training in, or consideration of additional safety policies
3. Assignment to training specifically related to the incident
4. Steps necessary to determine Employee’s physical abilities
5. Determine the Employee’s fitness to continue assignment should there be indications that physical or emotional ability or attitudes would be severely hampered
6. The supervisor will prepare a written report of the meeting with a summation of actions taken, and forward it to the department head with a copy to the Employee’s personnel file

*See Appendix for form*
c. Appeals
   i. An Employee may request a second review of the accident/incident and appear at the next Accident Review Committee meeting if he/she believes that there may be other factors to consider.
   ii. Nothing in this policy will preclude the Employee from pursuing further appeals through the normal discipline process.

*See Appendix for form*
Chapter 6 - General Safety Rules

GOAL
To enhance Employee participation in the overall safety program, a process will be in place to provide training to all new Employees in regards to the city general safety program and other safety related topics.

SCOPE
This chapter is applied to all Employees, departments, facilities, and equipment of the City.

RESPONSIBILITIES

1. Employee Orientation

An effective Employee orientation program shall be in place, in order to put Employees at ease and to familiarize them with important aspects of the organization and its operations. Such orientation will include the following;

   a. Explanation of the policies regarding Employee safety and safe work practices as well as a review of the overall safety program to include:
      i. Reporting of unsafe acts and conditions
      ii. Reporting of accidents or incidents
      iii. Personal protective equipment
      iv. First aid resources
      v. Intentional unsafe acts not tolerated
      vi. Handling of hazardous materials
      vii. Emergency procedures, including evacuation of facilities
      viii. Blood borne Pathogens Plan / Infection Control Plan

   b. Specific safety rules for the job which the Employee will be assigned and found in Job Hazard Analysis

   c. Supervisor's positive endorsement of the safety program

   d. Prohibited activities:
      i. Alcohol and illicit drugs are strictly forbidden, as is being under the influence of alcohol/drugs while engaged in any city activity or at any city facility according to the laws of the State of Washington and Federal Laws in the United States.
      ii. NO HORSEPLAY!

   e. Disciplinary procedures for violations of the above rules and regulations may be implemented when warranted per City Personnel Policy (Ord 1375) or seceded policy

*See Appendix for form
Chapter 7 - Office Safety Policy

GOAL
To establish requirements for the recognition and prevention of office hazards and related injuries.

SCOPE
This chapter is applied to all Employees, departments, facilities, and equipment of the City.

RESPONSIBILITIES

1. General Safety (Housekeeping)
   a. Spills shall be wiped up immediately
   b. Notify supervisor and facilities upon discovering broken floor tiles, worn stair treads, missing hand rails, slippery work surfaces, unsafe rugs or buckled carpeting, or other hazards that could cause slips, trips or falls
   c. Drawers of desk and filing cabinets shall be closed immediately after use
   d. Aisles, exits, stairwells and doorways shall be kept clear at all times
   e. Building exits shall not be blocked
   f. Ensure breaker boxes are not blocked

2. General Office Safety
   a. Careful selection of footwear may prevent serious falls, employees are responsible for wearing appropriate footwear for assigned tasks or duties
   b. Running in the office is prohibited

3. Recognized Chair Hazards
   a. Avoid sitting on the front edge of a chair seat
   b. Swivel chairs or other office furniture shall not be used as step stools or ladders
   c. Ensure chairs are properly placed behind you before sitting down
   d. Do not tilt back in a straight chair or lean excessively backwards in a swivel chair
   e. Chairs shall be inspected regularly for broken casters or other defects

4. Recognize Stair Hazards
   a. Running on stairways is prohibited
   b. Using handrails whenever possible is recommended
   c. Employees should never carry items down or upstairs that prevent the use of handrails (i.e. Carrying with both hands)
   d. Avoid carrying any load that would obstruct your vision
   e. Report loose stair treads, broken handrails, torn carpet or objects stacked in the stairway to your supervisor

5. Prevention of Muscle Strain

*See Appendix for form
a. Do not move office equipment such as desks, filing cabinets, or large bookshelves over 50 pounds. Maintenance personnel or someone qualified to utilize material handling equipment shall do the job.
b. Do not move electronic equipment such as computers or printers.

6. Recognized Office Equipment Hazards
   a. When using multiple drawer cabinets, loads shall be balanced so those heavy loads are evenly distributed. Only one drawer shall be opened at a time
   b. Large bookcases and file cabinets shall be secured
   c. No items shall be stored or placed on workstation overheads
   d. Faulty drawer slide handles or locks shall be reported to the supervisor
   e. File drawers shall be opened and closed with the handle to prevent injuries to the hand or fingers
   f. Operate only those pieces of equipment for which you have been trained
   g. Machinery that is inoperable shall be turned to the off position, unplugged at the receptacle and a warning sign shall be placed on the equipment
   h. Equipment shall not be operated until all appropriate guards are in place. Guards that are installed on machinery shall not be removed
   i. Sharp objects such as pencils, exacto knives, thumb tacks, scissors, knives and blades should be placed in separate containers so as to avoid hazards when reaching into desk drawers
   j. Employees shall use care when handling paper cutters and ensure the blade is in the down position and latch is engaged (if one exists) when the cutter is not in use

7. Precautionary Measures Used in Handling Electrical Sources
   a. Cords shall not be placed in aisles and around workplaces with protective coverings
   b. Defective cords shall not be used:
      i. Damaged/Defective cords shall be removed, tagged unusable, and reported to the supervisor
   c. When floor-mounted telephone or electrical outlet box is exposed after moving furniture, the box shall be marked with a “trip hazard” sign
   d. Outlets shall be inspected and maintained as necessary.
   e. Only approved surge protected extension cords with multiple plug outlets shall be used
   f. Extension cords (flexible cords) should not be used as permanent wiring or outlets
   g. Multiple extension cords plugged into each other creating a “daisy chain” effect shall not be used.

8. Fire Response and Building Safety
   a. Emergency numbers shall be posted plainly (fire, sheriff, and hospital, ambulance, aid car) on the safety and health bulletin boards.
   b. Office emergency evacuation procedures shall be explained to each employee.

*See Appendix for form*
c. Fire doors shall not be blocked and shall be inspected frequently to insure proper operation
d. Exits shall be plainly marked and be kept clear of stored materials
e. Doors that may be confused as an exit shall be marked “NOT AN EXIT”

Please see Chapter 8 for Facility Evacuation Procedures.

*See Appendix for form
Chapter 8 - Facility Evacuation Procedures

IN THE EVENT THAT THE FIRE ALARM SOUNDED, OR YOU ARE INSTRUCTED TO EVACUATE THE BUILDING FOR ANY REASON, THE FOLLOWING PROCEDURES WILL BE FOLLOWED;

1. All employees shall evacuate immediately through the nearest exit. Care shall be taken to ensure that customers and visitors are also evacuated.

2. Each facility will have a “Fire Monitor” assigned who will be responsible to check restrooms, conference rooms, etc., prior to evacuating themselves. Monitors should also ensure that all office doors are closed before leaving the building, if possible.

3. Upon exiting the building all employees shall gather in the pre-designated spot for roll call completed by fire monitor, and to await further instruction from the Fire Department or supervisor.

   Fire Station: Eagles parking lot

   City Hall: North City parking lot, by flag pole

   Public Works Shop: Equipment/storage yard, directly south

   Water Plant: NW of building, by settling pond

   WWTP: Outside fence at roadside

   **Important:** Monitors should stay a safe distance away from the building but be able to ensure that citizens and employees do not enter building during the process.

4. If there are individuals with a disability that would prohibit quick egress from the building the following steps shall be taken;
   a) Individual shall be assisted by the assigned personal assistant or alternate/designee to the nearest exit.
   b) Employees shall assist individual to designated safe area.
   c) If situation presents that individual cannot be evacuated, immediately notify the fire department or sheriff’s department Employees on scene.

*See Appendix for form*
Chapter 9 - First Aid Training

GOAL

The purpose of this policy is (1) to establish minimum training guidelines to ensure that all City employees can be afforded first-aid treatment and (2) to ensure compliance with applicable DOSH standards.

POLICY

Supervisors shall be responsible to ensure that the appropriate number of employees are trained in First Aid CPR (including refresher training) in accordance with the requirements of this policy.

PROCEDURES

City Department Heads and Supervisors shall make sure there are an appropriate number of First-Aid/CPR trained employees throughout their department.

Public Works shall train all employees and provide training to maintain their certification. Administrative Department (“Clerk/Treasurer”) shall have a minimum of one employee who will be trained.

We encourage all our employees to be trained and the City will provide First-Aid/CPR training for individuals who would like to be certified.

Although this policy sets forth minimum requirements for First-Aid/CPR coverage, City employees regardless of training are not responsible to actually administer assistance in a medical emergency.

Accordingly, any performance of First-Aid/CPR treatment would be considered to be incidental and defined as a “Good Samaritan” act.

Each supervisor is required to assess the specific training needs in their respective work area(s) in order to ensure compliance with this policy.

*See Appendix for form*
Chapter 10 - Infectious Disease Control Plan

GOAL
The general philosophy of the City of Stevenson Infection Control Program is to:

1. Provide fire, rescue, and emergency medical services to the public without discrimination to known or suspected diagnoses of communicable disease
2. Regard all body fluids as potentially infectious. Universal precautions will be observed at all times commensurate to all body fluids and other potentially infectious material (body substance isolation).
3. Provide all personnel with the necessary training, immunizations, testing, and personal protective equipment needed for protection from communicable diseases.
4. Establish work hazard controls that protect personnel from exposure.
5. Regard all medical information as strictly confidential. No personal health information will be released without signed consent of the individual.
6. To review this program annually and with a copy available in each department.

SCOPE
This chapter is applied to all Employees, departments, facilities, and equipment of the City.

RESPONSIBILITIES
The City shall provide personnel with the appropriate level of protection against communicable diseases, especially in the provision of personal protective equipment (PPE) used to prevent the spread of communicable diseases shall meet all the applicable requirements.

The City shall provide appropriate personal equipment, training, and approved immunizations to all applicable personnel for protection from communicable diseases. Immunizations shall be provided at no cost to the individual.

The City shall provide appropriate information and follow-up health care for any personnel who became involved in an exposure-related incident. Employee will need to complete Communicable Disease Post Exposure Report Form* after an exposure.

The City shall maintain Personal Health Files, in a confidential manner, for the duration of employment/membership plus thirty years.

The City shall maintain a written Infection Control Program, which clearly explains the intent, benefits, and purpose of the plan*.

Personnel are hereby directed to utilize the appropriate level of standard precautions prior to initiating any contact with potentially infectious substances.

*See Appendix for form
Personnel shall be individually responsible for utilizing the appropriate level of standard precautions prior to initiating any such contact.

The City shall designate a specific individual who shall be responsible for serving as the Infection Control Officer. Generally, the HSO will serve in this role unless otherwise designated by the Mayor.

Infection Control Officer Responsibilities include:

1. Maintaining protocols for managing exposures
2. Maintaining compliance with routine inspection, testing, and record keeping requirements
3. Serving as a notification liaison between treatment facilities and personnel who may have been exposed to a suspected communicable disease.
4. Implementing exposure protocols immediately following a report of exposure
5. Maintaining confidentiality as required by WAC 296-100
6. Annually reviewing, and as needed, updating the Infection Control Program

Department Heads shall be responsible for ensuring that prior to assignment and annually thereafter, all applicable personnel complete training on the measures to be taken to minimize the risk of occupational infectious disease exposure.

Personnel may refuse infectious disease control immunizations, or may submit proof of previous immunization. Personnel who refuse immunizations will be counseled on the occupational risk of communicable diseases, the ramifications of refusing the immunization and will be required to sign a refusal of immunization statement. Personnel who refuse immunization may later receive immunization upon request.

Individuals should assist the City in its efforts to maintain current Personal Health Files by providing up-to-date information for their immunization record.

Individual personnel shall be responsible for reporting all exposures to their immediate supervisor. This includes completing the appropriate forms required for reporting an exposure as well as any other associated forms required for follow-up treatment.

Supervisors shall be responsible for ensuring that exposures to their assigned personnel are properly documented with all the applicable report forms. Supervisors shall also ensure that the Infection Control Officer and the Health Safety Officer are notified as soon as possible.

All personnel shall be responsible for protecting the confidentiality of any individuals who are suspected to be a source of infectious disease exposure.

The City Records Custodian (Clerk/Treasurer) shall maintain Personal Health/Medical files. Personal Health/Medical files shall be maintained as confidential.

*See Appendix for form
STANDARD GUIDELINES

Personnel shall don approved medical gloves and eye protection prior to initiatiing any form of emergency first-aid, patient care, clean-up or other contact with potentially infectious substances.

Personnel shall don disposable medical garments and face protection prior to any patient care during which splashes of body fluids can occur. Examples include: situations involving spurting blood, childbirth, and so on.

Personnel shall wear an approved particulate respirator when entering areas occupied by individuals with suspected or confirmed Tuberculosis; when performing high risk procedures; or when transporting such individuals.

Contaminated clothing, gloves, protection devices, and equipment shall be cleaned and disinfected, or disposed of, in accordance with applicable requirements.

In the event of an exposure, personnel shall:

1. Initiate immediate self-care to disinfect the exposure with disinfectant, soap and hot water, and flushing exposed areas with water.
2. Verbally report the exposure to their immediate supervisor and/or partner
3. At the earliest appropriate opportunity, initiate an exposure report form.
4. Report exposure to the Infection Control Officer and/or Safety Officer/Risk Manager.
5. Follow-up treatment shall follow the procedures established in the Infection Control Program*.

*See Appendix for form
Chapter 11 - Vehicle Safety

GOAL

The goal of this policy is to establish requirements for safe motor vehicle operation and defensive driver training.

POLICY

All City employees who operate a motor vehicle both personal and City owned in the course of city business are covered by the city requirements of this policy. Employees are expected to operate vehicles safely to prevent accidents that may result in injuries and/or property loss.

It is the policy of the City to provide and maintain a safe working environment to protect our employees and the citizens of the community. The City is committed to promoting a high level of safety awareness and responsible driving behavior in its employees.

Our efforts and commitment of employees will help prevent accidents and reduce personal injury and property loss claims. This program requires the full cooperation of each driver to operate vehicles safely and to adhere to the responsibilities outlined in the following program and the state model traffic ordinance.

City of Stevenson is not liable for the loss or damage of personal property in City vehicles or in personal vehicle being used for City business.

RESPONSIBILITIES

Employees that operate a motor vehicle on city business for an average of two to three times per week shall complete a certified defensive driver course approved by the City (Video or Webinar) as required by the Department Head. Employees who use city vehicles and/or don’t meet the above guidelines are welcome to take the driver training at the City’s expense as authorized by their supervisor.

Supervisors are responsible to ensure that new permanent employees covered by this policy complete a driver training course within 120 days of being employed. Temporary and part-time employees that meet the above driving requirements shall complete the course within 30 days of employment or as scheduled by their supervisor. Employees shall repeat this training at intervals not to exceed 5 years.

A formal review of each driver’s motor vehicle record (MVR) will be conducted at least annually by the City insurance carrier. The review will consist of running an abstract on employee’s license

*See Appendix for form
to check the status of the driver’s license. All drivers are required to maintain a valid driver’s license.

Employees that require a Commercial Driver’s License (CDL) will need to meet the requirements set forth by Department of Licensing (DOL).

City of Stevenson employees shall immediately notify management if their license status is changed from valid to otherwise (i.e. Suspended, Revoked, Probationary, etc.)

All employees shall have in their possession a current valid driver’s license while operating city vehicles, or private vehicles being used for city business.

City employees shall not operate commercial vehicles (i.e. dump trucks) without a valid CDL.

SAFETY

Drivers and all occupants are required to wear safety belts when the vehicle is in operation or while riding in a vehicle. The driver is responsible for passengers wearing their safety belts.

Disciplinary procedures for violations of these rules and regulations may be implemented when warranted per City Personnel Policy or seceded policy.

Drivers must not operate a vehicle at any time when his/her ability to do so is impaired, affected, influenced by alcohol, illegal drugs, prescribed or over-the-counter medications, illness, fatigue, or injury.

Drivers must abide by all applicable laws when operating city vehicles or private vehicles on city business.

City employees shall not use cellular phones while driving in vehicles for City business unless there is an emergency. If you must use a cell phone, pull off the road at a safe place and park.

Employees are not permitted to:

1. Pick up hitch-hikers
2. Accept payment for carrying passengers or materials
3. Allow passengers in vehicles that don’t pertain to city business
4. Push or pull another vehicle or tow anything not related to city business

ACCIDENTS

Responsibilities of city employees involved in motor vehicle accidents are outlined in the Accident Reporting Policy located in Chapter 5 this manual.

*See Appendix for form
Chapter 12 - Hazard Communication Program

GOAL

To establish a formal training and information program for employees that may be potentially exposed to hazardous chemicals in the performance of their work duties.

BACKGROUND

Required that all employees that work in an establishment where hazardous chemicals are used must receive information regarding the facilities hazard communication program and Globally Harmonized System (GHS). Additionally, those workers in the establishment who are directly exposed (or potentially exposed) to hazardous chemicals on the job must receive additional information and training on the particular hazards of chemicals to which they are exposed.

POLICY

Each City employee shall receive information regarding the City’s Hazard Communication Program. In addition, those employees who are exposed (or potentially exposed) to hazardous chemicals as a result of their work duties shall receive additional information and training as required by this policy.

Employees shall be trained in these procedures and are required to strictly adhere to them. It is the responsibility of each affected employee’s supervisor to ensure that trained employees understand and adhere to the instructions and procedures of this policy. It is also the responsibility of each employee covered by this policy to bring to his or her supervisor’s attention any unsafe or hazardous conditions or practices that may cause injury to either themselves or any other employees. The Health and Safety Officer must approve any changes to this Hazard Communication Policy.

DEFINITIONS

Chemical - means any element, chemical compound or mixture of elements and/or compounds.

Exposure or exposed - means that an employee is subjected in the course of employment to a chemical that is a physical or health hazard, and includes potential (e.g. accidental or possible) exposure. “Subjected” in terms of health hazards includes any rout of entry (e.g. inhalation, ingestion, skin contact or absorption).

Hazardous chemical - means any chemical that is physical hazard or a health hazard.

Health hazard - means a chemical for which there is significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. The term ‘health hazard’ includes chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers,

*See Appendix for form
hepatoxins, hephrotoxins, neurotoxins, agents which act on the hematopoietic system, and agents which damage the lungs, skin, eyes, or mucous membranes.

Label - means any written, printed, or graphic material displayed on or affixed to containers of hazardous chemical(s).

Physical hazard - means chemical for which there is scientifically valid evidence that it is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, and oxidizer, pyrophoric, unstable (reactive) or water reactive.

Work area - means a room or defined space in a workplace where hazardous chemicals are produced or used, and where employees are present.

RESPONSIBILITIES

Accident Prevention Program

The Health and Safety Officer is responsible for the overall administration of the City hazard communication policy and will maintain a master list of safety data sheets (SDS) used throughout the City.

Supervisor

All supervisors are responsible for ensuring that their respective employees receive adequate information and training in accordance with the requirements of this policy.

1. Conducting and inventory of all hazardous chemicals in each department.
2. Implementation of written Hazard Communication and GHS plan for the entire city.
3. Maintaining current copies of SDS’s for all hazardous chemicals that are used in their respective department/facility
4. Ensuring that a copy of the written program, chemical inventory and SDS’s are immediately available for employee review at each facility.

PROCEDURES

Hazardous Chemical Inventory

Each supervisor is responsible for preparing and maintaining a current list of hazardous chemicals in their respective offices.

Container Labeling

Supervisors or managers (as designated in the written hazard communication program) will ensure that all hazardous chemicals received in their area of responsibility are labeled to include the following:

1. The identity of the hazardous chemical(s) used on the SDS including pictograms.

*See Appendix for form
2. The appropriate hazard warning.
3. The name and address of the manufacturer.

Secondary containers into which hazardous chemicals are transferred must be labeled, tagged or marked with the identity of the hazardous chemical(s) and hazard warning(s). The identity may be any chemical or common name that is indicated on the SDS and will permit cross-referencing to be made among the list of hazardous chemicals, the label and the SDS.

Safety Data Sheets (SDS’s)

The SDS is used to relay chemical hazard information from the manufacturer to the user and must be maintained at the workplace in which it is used. A copy of the written hazard communication program and applicable SDS’s shall be kept in a central location (PW Shop) and at City Hall to ensure that employees can immediately access the information contained in these documents. The Department Supervisor shall be responsible for ensuring that all SDS’s are complete and accurate.

Employee Training

All City employees will be informed of both the Hazard Communication Program and the requirements of this policy. Those employees who are directly exposed (or potentially exposed) to hazardous chemicals on the job must receive additional information and training on the particular hazards of the chemicals to which they are exposed or potentially exposed and need to be included in the training program. Supervisors will coordinate and ensure the information and training of identified employees which will include the following:

1. The hazard communication standard requirements.
2. Any operations in their work areas where hazardous chemicals are present.
3. The location and availability of this policy and the written hazard communication program including the chemical inventory list and SDS’s.

Training

Exposed (or potentially exposed) employee training shall include:

1. Methods and observations that may be used to detect the presence or release of hazardous chemicals.
2. Physical and health hazards of the chemicals in the work area.
3. Measures employees can take to protect themselves from the hazards present.
4. The details of this policy and written hazard communication program.
5. Signing of the training certification document.

*See Appendix for form*
Field Staff Requirements
City employees that perform field activities in various industries shall avoid chemical exposure and utilize their hazard communication training when reading properly labeled containers or warning signs. In the absence of labels, employees shall obtain information from the employer concerning the contents. In cases of inadequate, improper or missing labels, employees shall contact the employer to request and obtain the necessary information. Industrial hygienists that need to sample unknown chemicals shall use profession judgments as the potential class of chemicals that may be involved and take all appropriate protective precautions. In the absence of information regarding the type or identification of chemicals involved, employees shall report to their supervisor for future guidance.

*See Appendix for form*
Chapter 13 - Smoke-Free Work Environment

GOAL

The City seeks to promote a safe, healthy and pleasant work environment for all employees. In response to increased evidence from medical studies showing that tobacco smoke creates a health hazard for persons exposed to the smoke, all City facilities, including City-owned buildings, vehicles, individual employee offices, and offices or other facilities rented or leased by the City will be smoke free.

PROCEDURE

1. No smoking signs will be posted at all City locations and all City employees will participate in creating a smoke-free environment. Ash receptacles will be placed in convenient locations for those employees who wish to step outside a building to smoke.

2. The City will offer assistance and support to employees who wish to quit smoking by providing periodic stop smoking classes sponsored by the City’s wellness program.

3. Visitors to any of the City’s facilities will be requested to comply with the City’s efforts to maintain a smoke-free environment.

4. The City of Stevenson conforms to Washington State laws and Federal laws relating to smoke-free environments. Chapter 70.160 RCW, SMOKING IN PUBLIC PLACES (Formerly Washington clean indoor air act)

5. Tobacco Use. (See Resolution No. 353). The State Legislature by its adoption of Chapter 70.160 of the Revised Code of Washington recognized that tobacco smoke creates danger to the health of some citizens of the State. RCW prohibits persons from smoking in public places except in designated areas. The City Council seeks to regulate the emanation of tobacco smoke and to also regulate the use of other tobacco products on City premises.

   a. The use of tobacco products is prohibited in City facilities and vehicles except in designated areas as identified by the Mayor.

   b. Said use of tobacco products shall also be prohibited in the City Library, Stevenson Community Center, and City Shops except in designated areas identified by the Mayor.

   c. City parks and other outdoor facilities of the City shall be excluded from the prohibitions set forth in Sections 1 and 2 above.

*See Appendix for form*
Chapter 14 - Confined Space Entry Program Policy

OVERVIEW
This confined space entry program:

1. Identifies all permit-required confined spaces in our workplace.
2. Describes our procedures for worker safety and health in permit-required confined spaces.

Employees will participate in developing and implementing the program in the following ways:

Employees will assist in identifying confined space areas, reviewing confined space entry procedures, participating in necessary confined space training, and completing appropriate procedures when entering confined spaces.

The City of Stevenson will treat all confined spaces as permit-required spaces.

ROLES AND RESPONSIBILITIES
The Public Works Director has overall responsibility for the Confined Space Program. The following shows which employees are responsible for the tasks outlined:

<table>
<thead>
<tr>
<th>Responsibility:</th>
<th>Person assigned this responsibility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate our work locations and determine:</td>
<td>Public Works Director</td>
</tr>
<tr>
<td>✓ [Check appropriate box(es)]</td>
<td></td>
</tr>
<tr>
<td>• Confined space(s) exist at the worksite.</td>
<td></td>
</tr>
<tr>
<td>• Permit-required confined space(s) exist at the worksite.</td>
<td></td>
</tr>
<tr>
<td>Evaluate the confined space(s) to determine whether hazards are present.</td>
<td>Field Supervisor</td>
</tr>
<tr>
<td>Evaluate hazards and determine the appropriate entry procedure for the space.</td>
<td>Field Supervisor</td>
</tr>
<tr>
<td>Re-evaluate the space when the use, configuration, or hazards of a confined space change.</td>
<td>Field Supervisor</td>
</tr>
<tr>
<td>Monitoring and testing as follows:</td>
<td>Public Works Director, or Field Supervisor</td>
</tr>
<tr>
<td>• Conduct initial monitoring to identify and evaluate any potentially hazardous atmospheres</td>
<td></td>
</tr>
</tbody>
</table>

*See Appendix for form*
- Complete atmospheric testing in the following order:
  - Oxygen
  - Combustible gases
  - Toxic gases and vapors
- Record the data in spreadsheet and save on City Server
- Keep these records at the Public Works Administration Office

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform exposed or potentially-exposed employees of the existence and hazards of confined spaces using the methods described below under “Control Confined Space Entry.”</td>
<td>Field Supervisor</td>
</tr>
<tr>
<td>Provide employees entering confined spaces, or their designated representative, an opportunity to observe pre-entry testing and any subsequent testing.</td>
<td>Field Supervisor</td>
</tr>
<tr>
<td>- All test results will be provided to the entrants or their representatives upon request.</td>
<td></td>
</tr>
<tr>
<td>- The space will be re-evaluated if entrants or their representatives believe that the permit space was inadequately tested.</td>
<td>Field Supervisor</td>
</tr>
<tr>
<td>Make sure that all equipment needed for safe entry into any confined space is available and in proper working order.</td>
<td>Field Supervisor</td>
</tr>
<tr>
<td>Conduct a review using the canceled entry permits to identify and correct any deficiencies in our program.</td>
<td>Field Supervisor</td>
</tr>
</tbody>
</table>

*See Appendix for form
IDENTIFY CONFINED SPACES AND HAZARDS

POTENTIAL HAZARDS

Employees could be exposed to the following hazards:

1. Engulfment and drowning (E&D)
2. Presence of toxic gases (TG)
   Equal to or more than 10 ppm hydrogen sulfide measured as an eight-hour time-weighted average. If the presence of other toxic contaminants is suspected, specific monitoring programs will be developed.
3. Presence of explosive/flammable gases (FG)
   Equal to or greater than ten percent of the lower flammable limit (LFL)
4. Oxygen deficiency (OD)
   A concentration of oxygen in the atmosphere equal to or less than 19.5% by volume.

The following table lists the City of Stevenson’s confined spaces and hazards:

<table>
<thead>
<tr>
<th>Location</th>
<th>Area</th>
<th>Purpose</th>
<th>Hazard(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Treatment Plant</td>
<td>Clearwell</td>
<td>Disinfection</td>
<td>E&amp;D</td>
</tr>
<tr>
<td>Ruellen Road</td>
<td>Reservoir Drain Manhole</td>
<td>Reservoir Drain</td>
<td>OD</td>
</tr>
<tr>
<td>Ryan Allen Road</td>
<td>Rock Creek Pump Station</td>
<td>Water Pumping</td>
<td>OD</td>
</tr>
<tr>
<td>Base Reservoir Gropper Road</td>
<td>Reservoir</td>
<td>Drinking Water Storage</td>
<td>E&amp;D, OD</td>
</tr>
<tr>
<td>Catholic Church Reservoir</td>
<td>Reservoir</td>
<td>Drinking Water Storage</td>
<td>E&amp;D, OD</td>
</tr>
<tr>
<td>Hi Level Reservoir</td>
<td>Reservoir</td>
<td>Drinking Water Storage</td>
<td>E&amp;D, OD</td>
</tr>
</tbody>
</table>

*See Appendix for form*
<table>
<thead>
<tr>
<th>Location</th>
<th>Category</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Reducing Stations</td>
<td>City Wide</td>
<td>Valve Vault</td>
<td>E&amp;D, OD</td>
</tr>
<tr>
<td>Wastewater Plant</td>
<td>Oxidation Ditch</td>
<td>Wastewater Treatment</td>
<td>E&amp;D, OD, FG, TG</td>
</tr>
<tr>
<td>Rock Creek Drive</td>
<td>Digester</td>
<td>Wastewater Sludge</td>
<td>E&amp;D, OD, FG, TG</td>
</tr>
<tr>
<td></td>
<td>Clarifiers</td>
<td>Wastewater Sludge</td>
<td>E&amp;D, OD, FG, TG</td>
</tr>
<tr>
<td></td>
<td>Effluent Channel</td>
<td>Effluent Monitoring</td>
<td>E&amp;D, OD, FG, TG</td>
</tr>
<tr>
<td></td>
<td>Inplant Pump Station</td>
<td>Wastewater Pumping</td>
<td>TG, OD</td>
</tr>
<tr>
<td>Lift Station</td>
<td>Wet Well</td>
<td>Wastewater Pumping</td>
<td>E&amp;D, OD, TG</td>
</tr>
<tr>
<td>Kanaka</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lift Station</td>
<td>Wet Well</td>
<td>Wastewater Pumping</td>
<td>E&amp;D, OD, TG</td>
</tr>
<tr>
<td>Cascade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lift Station</td>
<td>Wet Well</td>
<td>Wastewater Pumping</td>
<td>E&amp;D, OD, TG</td>
</tr>
<tr>
<td>Rock Creek</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lift Station</td>
<td>Wet Well</td>
<td>Wastewater Pumping</td>
<td>E&amp;D, OD, TG</td>
</tr>
<tr>
<td>Fairgrounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewer Manholes</td>
<td>City Wide</td>
<td>Sewer Collection</td>
<td>E&amp;D, OD, TG</td>
</tr>
<tr>
<td>Storm Manholes</td>
<td>City Wide</td>
<td>Stormwater Collection</td>
<td>E&amp;D, OD, TG</td>
</tr>
<tr>
<td>Catch Basins</td>
<td>City Wide</td>
<td>Stormwater Collection</td>
<td>E&amp;D, OD, TG</td>
</tr>
</tbody>
</table>

*See Appendix for form*
CONTROL OF CONFINED SPACE ENTRY
We use the following method(s) to inform employees about the existence and hazards of confined spaces, and prevent unauthorized entry:

1. Posting danger signs at each permit space reading "Danger-Confined Space - Do Not Enter"
2. All confined spaces have barriers such as covers or guardrails to prevent unauthorized entry.
3. All employees that would have the potential to enter confined spaces will have confined space training and be trained to not enter the spaces unless it is part of a permitted entry.

CONFINED SPACE PERMIT ENTRY PROCEDURES
Our entry procedures for all permit spaces include the following:

1. All locations in the table on the previous pages are considered permit-required confined spaces.
2. Any employee required to pre-check or enter a confined space has successfully completed, at a minimum, the training outlined in our training procedures.
3. A written copy of operating and rescue procedures as required by these procedures is at the worksite for the duration of the job.
4. The entry permit is completed before approval is given to enter the confined space.
5. The permit verifies completion of items required to protect employees.
6. The permit is kept at the job site for the duration of the job.
7. If circumstances cause an interruption in the work or a change in the working conditions for which entry was approved, a new entry permit needs to be completed.
8. Prior to entry the job supervisor must survey the surrounding area to avoid hazards such as drifting vapors from sewers and ensure the job can be completed safely.
9. Set up temporary guardrails for jobs around confined spaces that do not have existing guardrails.

Atmospheric Testing

10. The confined space atmosphere is tested to determine whether dangerous air contamination or oxygen deficiency exists prior to any entry.
11. A direct reading gas monitor is used and will be calibrated as needed.
12. Testing is performed by a supervisor familiar with the City of Stevenson gas monitor.
13. The minimum parameters to be monitored are oxygen deficiency, Lower Explosive Limit (LEL), hydrogen sulfide concentration, and carbon monoxide concentration.
14. A written record of the pre-entry test results is made and kept at the worksite for the duration of the job.
15. The gas monitor will be attached to an entrant and in operation at all times during the job.

*See Appendix for form
when someone is in the confined space.
16. Affected employees are able to review the testing results.
17. The City will not enter more than one confined space at a time.

Space ventilation

18. Mechanical ventilation systems, where required, are set at one hundred percent of the outside air.
19. Where possible, open additional manholes to increase air circulation.
20. Use portable blowers to increase natural circulation if needed.
21. After a suitable ventilation period, repeat the testing.
22. Entry is not allowed until testing has demonstrated that a hazardous atmosphere does not exist, or the hazardous atmosphere has been eliminated.

Lockout/Tagout

23. City of Stevenson lockout/tagout procedures must be followed prior to entry of any confined space where mechanical equipment or piping requiring lockout is present.

CONFINED SPACE TRAINING

The City of Stevenson will provide confined space training to employees with the potential to enter confined spaces at the following times:

1. When hired new employees will be made aware of the City’s confined spaces and the confined space program including entry procedures.
2. Before an employee is assigned permit space entry duties they will complete Confined Space Entry Training through the Northwest Regional Training Center or another equivalent outside vendor. This training will cover atmospheric testing, potential hazards, respiratory equipment, entry supervisor, authorized attendant, and authorized entrant requirements.
3. When an employee who previously did not need permit space training has their assigned duties change resulting in a need for confined space training.
4. When there is a change in a space that creates hazards for which they have not been trained. A change in space will require training for all employees with the potential to enter a confined space.

OUR RESPONSIBILITIES FOR CONTRACTORS

A copy of this Confined Space Entry Program will be provided to each contractor involved in permit space entry work for the City of Stevenson. Each contractor will be briefed on the following:

1. The locations of City of Stevenson permit spaces within the contractor’s project area.
2. Entry into permit spaces is only allowed by following the written entry program.

*See Appendix for form
3. The reasons for listing the space as a permit space, including the identified hazards and the City’s experience with the particular space.
4. Precautions we have implemented to protect employees working in or near the space.
5. Who will debrief the contractor at the completion of entry operations, or during entry if needed, on whether any hazards were confronted or created during their job.
6. If there are permit spaces within the project area but the contractor is not required to enter those spaces to complete their work, the contractor will be notified he is not allowed to enter those spaces.

The specific procedures for completing rescues for the City of Stevenson are:

Harness and Lifeline Use

1. All entrants will wear a full-body harness attached by a lifeline to an appropriate hoisting device at all times while in the confined space.
2. All work must be completed in a manner that allows the attendant to appropriately use the hoisting device if needed.
3. If there is work that can’t be completed without detaching the lifeline, the entrant will not complete that work and will remove themselves from the space. The entry supervisor will determine what is needed to complete the work with a lifeline and will redesign the job accordingly. If additional equipment is needed to complete the work that isn’t readily available, the entry supervisor will close the permit. The space will be entered under a new permit once the appropriate equipment is in place to complete the work with a lifeline.

Entrant Monitoring

1. If the gas monitor attached to the entrant indicates atmospheric issues, the entrant will leave the space and ventilation will be done until the atmosphere is safe to enter.
2. When dangerous air contamination is attributable to flammable or explosive substances, lighting and electrical equipment needs to be Class 1, Division 1 rated per National Electrical Code (NEC) and no ignition sources may be introduced into the area.
3. If there is any questionable action or non-movement by the entrant, the attendant will perform a verbal check to see if they are ok. If there is no response or a questionable response from the entrant the attendant will immediately remove the worker from the space via use of the lifeline and hoisting device.

Rescues

1. If the entrant(s) is disabled due to falling or impact the attendant will notify Skamania County Dispatch at 509-427-9490 immediately and then use the hoisting device to remove the entrant(s) from the space with the lifeline.
2. If the lifeline does not work and sending a second entrant is not suitable then

*See Appendix for form*
employees must wait for Clark County Fire and Rescue to arrive to complete the rescue.

PERMIT-REQUIRED CONFINED SPACE PROGRAM REVIEW
At least every 12 months the City will conduct a review using canceled entry permits to identify any deficiencies in the program. The City will conduct a review immediately if there is reason to believe that the program does not adequately protect our employees, such as the following situations:

1. Unauthorized entry of a permit space
2. Discovery of a hazard not covered by the permit
3. Detection of a condition prohibited by the permit
4. An injury or near-miss during entry
5. Change in the use or configuration of the space
6. Employee complaints of permit space program ineffectiveness.

Corrective measures will be documented by revising the program. Employees will participate in revising the program, and will be trained on any changes.

If no permit space entry operations are conducted during the year, no review is needed.
Chapter 15 - Excavation, Trenching, and Shoring

GOAL

The purpose of this program is to relate the general and specific safety precautions to be taken by City employees when involved in excavation work. It is intended that this program will comply with the Washington Administrative Code 296-155-650.0

SCOPE

This chapter is applied to all Employees, departments, facilities, and equipment of the City, involved in excavations made in the earth’s surface. Excavations are to include trenches.

GENERAL PROTECTION REQUIREMENTS

Surface Encumbrances

All surface encumbrances that create a hazard to employees shall be removed and/or supported, as necessary, to safeguard employees.

Underground Installations

The location of utility installations, such as sewer, telephone, fuel, electric, water, lines, or any other underground installations may reasonably be expected to be encountered during excavation work, shall be located prior to opening an excavation.

Utility companies or owners shall be advised of the proposed work, and asked to locate the underground utility installation prior to the start of the actual excavation.

When excavation operations approach the location of underground installations, the exact location of the installations shall be determined by safe and acceptable means.

While the excavation is open, underground installations shall be protected, supported, or removed as necessary to safeguard employees.

Access and Egress Ramps Structural Ramps

Structural ramps that are used solely by employees as a means of access or egress from excavations shall be designed by a competent person.

Structural ramps used strictly for equipment shall be designed by a competent person qualified in structural design, and shall be constructed in accordance with the design. Ramps and runways constructed of two or more structural Employees shall have the structural Employees connected together to prevent displacement.

Structural Employees used for ramps and runways shall be of uniform thickness.

Cleats or other appropriate means used to connect runway structural Employees shall be attached to the bottom of the runway or shall be attached in a manner to prevent tripping.

*See Appendix for form
Structural ramps used in lieu of steps shall be provided with cleats or other surface treatments on the top surface to prevent slipping.

Means of Egress from Trench Excavations - A stairway, ladder, ramp or other safe means of egress shall be located in trench excavations that are 4 feet or more in depth so that employees are not required to travel more than 25 feet between where they are working and the means of egress.

Exposure to Vehicular Traffic - Employees exposed to public vehicular traffic shall be provided with, and shall wear warning vest or other suitable garments marked or made with reflectorized or high-visibility material. Hard hats shall be worn when exposed to public traffic.

Exposure to Falling Loads - No employee shall be permitted underneath loads handled by lifting or digging equipment. Employees shall be required to stand away from vehicles being loaded or unloaded to avoid being struck by any spillage or falling materials. Operators may remain in the cabs of vehicles being loaded or unloaded if the vehicles are equipped, in accordance with WAC 296-155-610(2)(g) to provide adequate protection for the operator during loading and unloading operations.

Warning Systems for Mobile Equipment - When mobile equipment is operated adjacent to an excavation, or when such equipment is required to approach the edge of the excavation, and the operator does not have a clear and direct view of the edge of the excavation, a warning system shall be utilized such as barricades, hand or mechanical signals, or stop logs. If possible, the grade should be away from the excavation.

HAZARDOUS ATMOSPHERES

Testing and Controls - To prevent exposure to harmful levels of atmospheric contaminants and to assure acceptable atmospheric conditions, the following requirements shall apply:

1. Where oxygen deficiency (atmospheres containing less than 19.5% oxygen) or a hazardous atmosphere exists or could reasonably be expected to exist, such as in excavations in landfill areas or excavations in areas where hazardous substances are stored nearby, the atmosphere in the excavation shall be tested before the employees enter excavations greater than 4 feet in depth. If the testing indicates an atmospheric hazard(s) and cannot be corrected by ventilation, entrance is “Prohibited”. A competent person must be consulted at this time.

2. Adequate precaution shall be taken such as providing ventilation, to prevent employee exposure to an atmosphere containing a concentration of a flammable gas in excess of 10% of the lower flammable limit of the gas.

   a. When controls are used that is intended to reduce the level of atmospheric contaminants to acceptable levels, testing shall be conducted as often as
necessary to endure that the atmosphere remains safe. Tests shall be performed every two hours at a minimum.

Emergency rescue equipment

1. Emergency rescue equipment, such as breathing apparatus, a safety harness and line, or a basket stretcher, shall be readily available where hazardous conditions exist or may reasonably be expected to develop during work in an excavation. This equipment shall be attended when in use.
2. Employees entering pier holes, or other similar deep and confined footing excavations, shall wear a harness with a lifeline securely attached to it. The life line shall be separate from any line used to handle materials, and shall be individually attended at all times while the employee wearing the lifeline is in the excavation.

Protection from hazards associated with water accumulation

1. Employees shall not work in excavations in which there is accumulated water, or in excavations in which water is accumulating, unless adequate precautions have been taken. The precautions necessary to protect employees adequately vary with each situation, but could include special support or shield systems to protect from cave-in; water removal to control the level of accumulating water, or use safety harness and lifeline.
2. If water is controlled or prevented from accumulating by the use of water removal equipment, the water removal equipment and operation shall be monitored by a competent person to ensure operation.
3. If excavation work interrupts the natural drainage of surface water, such as streams, diversion ditches, dikes, or other suitable means shall be used to prevent surface water from entering the excavation and to provide adequate drainage of the area adjacent to the excavation. Excavations subject to runoff from heavy rains will require an inspection by a competent person.

Stability of adjacent structures

Where the stability of adjoining buildings, walls or other structures is endangered by excavation operations, support systems shall be provided to ensure the stability of such structures for the protection of employees.

Excavation below the level of the base or footing of any foundation or retaining wall that could be reasonably expected to pose a hazard to employees shall not be permitted except when;

1. A support system is provided to ensure the safety of employees and the stability of the structure; or

*See Appendix for form
2. The excavation is in solid rock; or
3. Registered professional engineer has approved the determination that the structure is sufficiently removed from the excavation so as to be unaffected by the excavation activity; or
4. Registered professional engineer has approved the determination that such excavation work will not pose a hazard to the employees.
5. Sidewalks, pavements, and appurtenant structures shall not be undermined unless a support system or another method of protection is provided to protect employees from the possible collapse of such structures.

Protection of employees from loose rock or soil

Adequate protection shall be provided to protect employees from loose rock or soil that could pose a hazard by falling or rolling from an excavation face. Such protection shall consist of scaling to remove loose material; installation of protective barricades at intervals as necessary on the face to stop and contain falling material; or other means that provide protection.

All materials and equipment shall be kept at least 2 feet from the edge of the excavation, otherwise retaining devices sufficient to prevent materials or equipment from falling or rolling into the excavation shall be used. A combination of both methods shall be used if necessary.

Inspections

Daily inspections of excavations, the adjacent area made by a competent person for evidence of a situation that could result in possible cave-ins, indications of failure of protective systems, hazardous atmospheres, or hazardous conditions. An inspection shall be conducted prior to start of work as needed throughout the shift after every rainstorm or other hazard increasing occurrences. These inspections are only required when employee exposure can be readily anticipated.

When a competent person finds evidence of a hazard as defined above, exposed employees shall be removed from the hazardous area until the necessary precautions have been taken to ensure their safety.

Fall protection

Where employees or equipment are required or permitted to cross over excavations, walkways, or bridges, standard guardrails shall be provided.

Adequate barrier physical protection shall be provided at all remotely located excavations. All wells, pits, shafts, etc. shall be barricaded or covered and backfilled upon completion.

REQUIREMENTS FOR PROTECTIVE SYSTEMS

Protection of employees in excavations:

*See Appendix for form
Each employee in an excavation shall be protected from cave-ins by an adequate protective system designed in accordance with the following program except when:

Excavations are made entirely in stable rock: or

Excavations are less than 4 feet in depth and examination of the ground (by competent person) concludes that there is no potential of a cave-in.

Each excavation job will be reviewed by the supervisor and a competent person for that site with respect to:

1. Surface encumbrances
2. Underground utilities & notification
3. Means of egress
4. Exposure to vehicular traffic and controls the type of protective system that will be used if required special equipment for water control
5. The possibility of the job becoming a confined space project. In this case the following shall be reviewed.
6. Atmosphere testing and sir monitoring equipment
7. Emergency rescue equipment needed
8. Qualified entry observer
9. Permits for required work (entry, hot work)

Confined space Conditions- When a trench over 4 feet deep is subject to the accumulation of toxic or flammable contaminants or an oxygen deficient atmosphere, the procedures in part 4 of the confined space entry program shall be followed.

Protective systems

Protective Systems shall have the capacity to resist without failure all loads that are intended or could reasonably be expected to be applied or transmitted to the system.

Use of support systems, shield systems shall be in accordance with manufacturers engineering rating for the system. Any deviation to them must be approved by the manufacturer in writing and kept at the job site.

The equipment must be free of damage or defects that would impair their proper functioning, and shall be inspected prior to each use by the competent person.

There are three types of systems that could be utilized for protecting employees from cave-ins. Sloping, Shoring, and Shielding.

*See Appendix for form
Sloping and Benching Systems

The sloping and benching systems can be selected after the soil classification is completed in accordance within this policy and only if the excavation is less than 20 feet deep.

There are three options available for sloping:

Option A  Determination of sloped and configurations in accordance with illustration 4 or 5 C type soil, and figure 6~9 for B type soil.

Option B  Slope at an angle not greater than one and one-half horizontal to one vertical.

Option C  Designed by a registered engineer.

The design shall be in written form and shall include:

The magnitude of the slope that was determined to be safe for that job.

The configurations that were determined to be safe for that project.

The identity of the registered engineer approving the design.

Aluminum Hydraulic Shoring

The hydraulic shoring shall be used in accordance with the tabulated data for that system.

Shoring shall be installed in accordance with the requirements as set forth in Figure 1 and the following illustrations as shown for typical aluminum shoring installations in Figure 2.

The use of plywood for prevention of raveling between shores shall be 1.125-inch-thick soft wood, or 0.75-inch-thick (14) ply arctic white birch.

Shoring shall be installed from the top of the excavation to the bottom. Shoring shall be removed from the bottom to the top. Caution should be taken in removing the last shore, watching for ground cracking as the pressure is released from the shore.

Employees of the support system shall be securely connected together to prevent sliding, falling, kick outs, or other predictable failure.

Shielding

Shields or coffins are systems that protect workers from a cave-in. They do not prevent cave-ins. The shield is an engineered system that is engineered to withstand a certain force. Shields are rated for use at certain depths.

Shield systems shall not be subjected to loads, which the system was not designed to withstand.

Shields shall be installed in a manner to restrict lateral or other hazardous movement of the shield in the event of the application of a sudden lateral load.

*See Appendix for form
Employees shall be protected from the hazard of cave-ins when entering or exiting the area protected by the shield.

Employees shall not be allowed in the shield when they are being installed, moved or removed.

Shields should be placed so that there is 18 inches of the shield protruding out of the trench to prevent material from falling into the shield.

When stacking shields make sure that they are properly locked together and that the shields are rated for the depth they are being used at.

SOIL CLASSIFICATION

Definitions

Cemented soil - A soil in which the particles are held together by a chemical agent, such as calcium carbonate such that a hand-size sample cannot be crushed into powder or individual soil particles by finger pressure.

Cohesive soil - Clay, or soil with a high clay content, which has cohesive strength. Cohesive soil does not crumble, can be excavated with vertical side slopes, and is plastic when moist. Cohesive soils include clayey silt, sandy silt, clay, clay and organic clay.

Dry soil - Soil that does not exhibit visible signs of moisture content.

Fissured - A soil material that has a tendency to break along definite planes of fracture with little resistance, or a material that exhibits open cracks, such as tension cracks in an exposed surface.

Granular soil - Gravel, sand, or silt with little or no clay content. Granular soil has no cohesive strength.

Layered system - Two or more distinct soil or rock types arranged in layers.

Moist soil - A condition, in which a soil looks and feels damp. Moist cohesive soil can easily be shaped into a ball and rolled into thin strings before crumbling.

Plastic - A property of soil, which allows the soil to be deformed or molded without cracking or appreciable volume change.

Saturated soil - A soil in which the voids are filled with water. Saturation does not require flow.

Soil classification system - A method of categorizing soil and rock deposits in a hierarchy of stable rock, type A, type B, and type C.

Stable rock - Natural solid mineral matter that can be excavated with vertical sides and remain intact while exposed.

Submerged soil - Soil, which is underwater or is free seeping.

*See Appendix for form
**TYPE A**

Cohesive soils with an unconfined compressive strength of 1.5 ton per square foot or greater, such as clay, sandy clay, clay loam, silty clay, and cemented soils.

*Soil is not type A if:*

1. The soil is fissured
2. It is subject to vibration from heavy traffic, pile driving or similar effects The soil has been previously disturbed

**TYPE B**

Cohesive soil with an unconfined compressive strength greater than 0.5 but less than 1.5 tons per square foot:

Granular cohesion-less soils including: angular gravel, silt, silt loam, sandy loam.

Previously disturbed soils except those, which would otherwise be classified as type C soil.

Dry rock that is not stable

Soil that meets type A standards but is fissured or subject to vibration.

**TYPE C**

Cohesive soil with unconfined strength of less than 0.5 tons per square foot.

Granular soil including gravel, sand, and sandy loam.

Submerged soil or soils from which water is freely seeping.

Submerged rock that is not stable.

**SOIL TESTING REQUIREMENTS**

Each soil and rock deposit shall be classified by a competent person as Stable rock, type A, type B, or type C soil.

The basis of classification of the deposits shall be made based on the results of at least one visual and at least one manual analysis. Such analysis shall be conducted by a competent person using recognized testing methods for soil classification adopted by the American Society of Testing Materials or the U.S Department of Agriculture texture classification system.

If after classifying the soil the conditions, factors, or properties change, the soil must be reclassified by the competent person.

*See Appendix for form*
VISUAL AND MANUAL TESTS

Visual Tests

Visual analysis is conducted to determine qualitative information regarding the excavation site in general, the soil adjacent to the excavation, the soil forming the sides of the open excavation, and the soil taken as samples from excavated material.

Observe samples of soil that are excavated and soil in the sides of the excavation. Estimate the range of particle size and the relative amount of the particle sizes. Soil that is primarily composed of fine granular material is cohesive material. Soil that is primarily composed of coarse-grained sand or gravel is granular material.

Observe soil as it is excavated. Soil that remains in clumps when it is excavated is cohesive. Soil that breaks up easily and does not stay in clumps is granular.

Observe the side of the open excavation and the surface area adjacent to the excavation. Crack-like opening such as tension cracks could indicate fissured material. Small spills are evidence of moving ground and are indications of potentially hazardous situations.

Observe the area adjacent to the excavation to identify previously excavated soil or surface water.

Observe the sides of the excavation for layered systems and note what direction the slope is in. Observe for water seeping from the sides of the excavation and the water table level.

Observe the adjacent areas for sources of possible vibration that may affect the stability of the excavation.

Manual Tests

Manual analysis of soil samples is conducted to determine quantitative as well as qualitative properties of the soil and to provide more information in order to classify soil property.

Plasticity - Mold a moist or wet sample of soil into a ball and attempt to roll it into threads as thin as 1/8 inch in diameter. Cohesive material can be rolled without crumbling.

Dry strength - If the soil is dry and crumbles on its own or with moderate pressure into individual grains or fine powder, it is granular. If the soil is dry and falls into clumps, which break up into small clumps, but the smaller clumps can only be broke up with difficulty, it may be clay in any combination with gravel, sand, or silt. If the dry soil breaks into clumps which do not break up into small clumps and which can only be

*See Appendix for form
broken with difficulty, and there is no visual indication the soil is fissured, the soil may be considered unfissured.

Thumb penetration - The thumb penetration test can be used to estimate the unconfined compressive strength of cohesive soils. Type A soil with an unconfined compressive strength of 15 ton per square foot can be readily indented by the thumb; however, it can be penetrated by the thumb only with great effort. Type C soil with an unconfined compressive strength of 0.5 or less can be easily penetrated several inches by the thumb, and can be molded by light finger pressure. This test should be conducted on an undisturbed soil sample as soon as practicable so drying is kept at a minimum.

Other strength tests consist of pocket penetrometer and the hand operated shear vane.

Drying test - The basic purpose of the drying test is to differentiate between cohesive material with fissures, unfissured cohesive material, and granular material.

The procedure for the drying test involves drying a sample that is about one inch thick and six inches in diameter until it is thoroughly dry.

If the sample develops cracks as it dries, significant fissures are indicated.

Samples that dry without cracking are to be broken by hand. If considerable force is needed to break the sample the soil has significant cohesive material content.

If the sample breaks easily by hand, it is either a fissured cohesive material or a granular material. To determine the material, take the clumps and smash them with your foot and if they do not pulverize easily they are fissured cohesive materials. If they pulverize into small particles the material is granular

*See Appendix for form*
Chapter 16 - Fall Protection Program Policy

PURPOSE:

The purpose of this policy is to ensure that City of Stevenson employees recognize specific hazards during work activities and to ensure that each affected employee is trained and made aware of the safety provisions which are required by this policy.

The Stevenson Public Works Department may have location specific fall protection requirements that are in addition to this citywide policy. The Public Works Department will provide site specific requirements in the safety manuals of those locations. It is the responsibility of Public Works Employees to comply with all requirements related to a specific location.

POLICY

City of Stevenson employees who are exposed to a hazard of falling from a location 4 feet or more in height shall have some kind of fall restraint or fall arrest in place.

Employees should always attempt to avoid fall hazards by careful planning of their work activities. If it is determined that an employee is required to enter fall hazard areas requiring the use of fall protection equipment, the employee(s) shall notify their supervisor immediately.

Employees and Supervisor may request assistance from their Supervisor if they are not familiar with current Washington Administrative Codes (WAC).

If City employees notice other employees that are exposed to fall hazards without proper fall protection, they shall immediately contact the worker’s supervisor and request that they be removed from the hazard area until appropriate fall protection systems can be implemented.

GENERAL

1. The Public Works Director will administer the fall protection program in accordance with the Washington Administrative Code.
2. The supervisor will have the responsibility of identifying fall hazards in each work area. The protection requirements that are outlined below will be followed to protect employees against a fall hazard.
3. The type of a fall hazard covered by this program is the fall of 10 or more feet while working on a structure. The work area will consist of roofs (flat and pitched).
4. When the work area is not protected by standard guard railing as described below or in the current WAC section.

A standard guard railing consists of a top rail, mid rail, toe board, and posts. The top rail will be between 36 and 42 inches from the floor or platform. The mid rail shall be ½ way between the top rail and the floor. The kick board shall be on the surface of the floor. The posts shall be spaced no more than 8 feet apart. The railing must be able to withstand a

*See Appendix for form
200# force applied horizontally to the top rail. If wood is used, the posts and top rail must be at least 2”X4” material. If steel pipe is used it must be at least 1 ½ “O.D pipe for the posts and top rail. When railings are not provided, protective equipment shall be used.

Protective Equipment

During the performance of work on low-pitched roofs with a potential fall hazard of 4 feet or more, the employee shall be protected from falling from all unprotected sides and edges of the roof as follows:

1. Safety harness is attached to a securely rigged restraint line shall conform to ANSI standards.

Class II- Chest harness

1. All safety lanyard hardware shall be capable of withstanding a tensile loading of 4000 pounds without cracking or breaking or taking permanent deformation.
2. Components of the fall restraint system shall be inspected before each use for mildew, wear, damage, and other deterioration. Defective components shall be replaced.
3. Anchorage points used for fall protection shall be capable of supporting four times the intended load.
4. Restraint protection shall be rigged to allow the movement of employee only as far as the sides and edge of the walking/working surface.
5. A warning line system can be erected around all sides of the work area in accordance with WAC 296-155-24515 (3) along with the use of a safety monitor as described in section WAC 296-155-24521. Exception: When the pitch is greater than 4” in 12” and on any surface whose dimensions are less than 45 inches in all directions.
6. When mechanical equipment is not being used, the warning line shall be erected not less than six feet from the edge of the roof.
7. The warning line shall be a rope, wire, or chain supported by stands. The lines shall be flagged at six foot intervals with high visibility material.
8. The rope, wire, or chain shall be supported in such a way that its lowest point is no less than 39 inches and the highest point is no more than 45 inches.

Pitched Roofs

1. The same guidelines for protective equipment are used for protecting the employee while working on pitched roofs.
2. Safety harnesses that are attached to a securely rigged restraint line shall conform to ANSI standards.

*See Appendix for form
Class II- Chest harness

1. All safety lanyard hardware shall be capable of withstanding a tensile loading of 4000 pounds without cracking or breaking or taking permanent deformation.
2. Components of the fall restraint system shall be inspected before each use for mildew, wear, or damage, and other deterioration. Defective components shall be replaced.
3. Anchorage points used for fall protection shall be capable of supporting four times the intended load.
4. Restraint protection shall be rigged to allow the movement of employee only as far as the sides and edge of the walking/working surface.
5. When there is a possible hazard of materials or objects falling on other workers or bypassers, the area affected will be barricaded off to prevent entry.
6. When and if an injury occurs, the person in charge will notify the emergency response organization and they will remove the injured person from the site. If the injured person is able, they can exit the site with assistance to get the medical attention needed.

PROCEDURES

Fall Protection Work Plan

City of Stevenson employees that have work activities that they are exposed to a fall of 10 feet or greater shall complete a written fall protection work plan.

The fall protection work plan must be developed and evaluated on a site by site basis and shall address:

1. A brief description of the work site and location of all fall hazard(s) in the work area.
2. Review of the fall protection and fall protection equipment.
3. An evaluation of the fall protection system to be used.
4. A description of the methods would be used for prompt, safe removal of an injured worker from the work site.

EQUIPMENT MAINTENANCE & INSPECTION

All fall protection equipment shall be well organized and stored in areas that will ensure that it remains clean, dry, and away from any contact with chemicals. In addition, equipment made from synthetic and natural fiber materials such as harnesses and lanyards should be kept away from prolonged exposures to direct sunlight. Employees shall not use equipment that is unsafe.

*See Appendix for form*
or damaged. Employees are responsible to ensure that their fall protection equipment is in safe operating condition prior to donning and placing the equipment into use.

Equipment or components with any significant defect such as cuts, tears, abrasions, mold, or undue stretching, which might affect its efficiency; damage due to deterioration; contact with fire, acids, or other corrosives; distorted hooks or faulty springs; tongues unfitted to the shoulder of the buckles; loose or damaged mountings; non-functioning parts; or wearing or internal deterioration in the ropes must be removed from service immediately and returned to the employees supervisor for repair or disposal. In addition, equipment that has actually been subjected to impact loading (such as the fall of a worker) shall be immediately removed from service, and shall not be used again for employees safeguarding.

The Supervisor will have the responsibility of identifying fall hazards in each work area. The protection requirements that are outlined below will be followed to protect employees against a fall hazard. Most of the work that will require some kind of fall protection will take place on roofs that or flat or low pitched throughout the city.

When the work area is not protected by a standard guardrail as described below, and then some kind of fall protection shall be worn.

A standard guard railing consists of a top rail, mid rail, toe board, and posts. The top rail will be between 39” and 45” inches from the floor platform. The mid rail shall be half way between the top rail and the floor. The kick board shall be on the floor. The posts shall be spaced no more than eight feet apart. The railing must be able to withstand a 200-pound force applied horizontally to the top rail. If wood is used, the post and top rail must be made of 2”X4” material or better. If steel pipe is used it must be at least 1½ O.D pipe for the posts and top rail. When railings are not provided, protective equipment shall be used.

DEFINITIONS

Body Harness - means straps which may be secured about the employee in a manner that will distribute the fall arrest forces over at least the thighs, pelvis, waist, chest and shoulders with means for attaching it to other components of a personal fall arrest system.

Fall protection - work plan means a written planning document in which the employee identifies areas on the job site, which have the potential to expose them to a fall hazard of ten feet or more. The plan describes the method or methods of fall protection that are utilized to protect workers, and includes the procedures governing the installation and use of the fall protection method or methods selected by the contractor/employer at the work site.

Lanyard - means a flexible line of rope, wire rope, or strap which generally has a connector at each end for connecting the body belt or body harness to a deceleration device, lifeline, or anchorage.

*See Appendix for form
Low-slope roof - means a roof having a slope less than or equal to 4 inches to 12 (vertical to horizontal).

Opening - means a gap or voids 30 inches (76cm) or higher and 18 inches (48cm) or wider, in a wall or partition, through which employees can fall to a lower level.

Personal fall arrest system - means a system used to arrest an employee in a fall from a working level. It consists of an anchorage, connectors, body harness and may include a lanyard(s), deceleration device, lifeline, or suitable combinations.

Roof - means the exterior surface on top of a building. This does not include floors or form work, which, because a building has not been completed, temporarily become the top surface of a building.

Work area - means that portion of a walking/working surface where job duties are being performed.

Walking/working surface - means a surface, whether vertical or horizontal on which an employee walks, or works including, but not limited to, floors, roofs, ramps, bridges, runways, form work and concrete reinforcing steel. This does not include ladders, vehicles, or trailers on which employees must be located in order to perform their job duties.

*See Appendix for form
Chapter 17 - Personal Protection Equipment

PURPOSE

The purpose of this policy is to ensure that all employees in the field wear the appropriate clothing and footwear. Employees working in an office environment and whose duties do not include field work shall wear appropriate clothing set forth by their supervisor. This policy complies with WAC 296-155-200,211,212 and 296-800-160.

POLICY

Hard Hats

All city employees that are in locations where construction or maintenance is in progress and there is a hazard from a falling or propelled object shall wear hard hats. The job site supervisor or lead worker shall require all employees and others entering the area to conform to the hard hat rule. Equipment operator and drivers while within the closed compartment shall be considered outside the job site.

Hard hats shall always be worn in the following situations:

1. While flagging.
2. While in the streets, roadways, median strips, or adjacent to vehicular traffic.
3. In trenches, pipes, or while in confined spaces.
4. Whenever working more than six feet above ground (chin strap to be in place).
5. Whenever the lead person or supervisor determines that a hazard exists.

Safety Vests

1. While flagging.
2. While in the streets, roadways, median strips, or adjacent to vehicular traffic.
3. In trenches, pipes, and while on jobsites.
4. Whenever the lead person or supervisor determines that a hazard exists.

Footwear and Other

Employees whose duties require them to be in the field shall wear the appropriate clothing and footwear requirements as follows:

Employees shall wear no less than a short sleeved shirt, long pants, and shoes. Shoes shall meet the requirements of WAC 296-155-212.

Where there is a danger of contact with moving parts of machinery or the work process is such that a hazard exists:

1. The clothing of employees shall fit closely about the body.

*See Appendix for form
2. Dangling neckwear, bracelets, wristwatches, rings, or similar articles shall not be worn by employees.

3. Eye protection as needed

4. Hearing protection as needed

Employees who operate a power chain saw or circular “cut-off” saw shall wear flexible ballistic nylon pads, sewn or otherwise fastened into the trouser, or other equivalent protection that will protect the vulnerable areas of the legs including saw resistant footwear.

VIOLATIONS

Due to the high potential for personal injury, it is stressed that each employee MUST adhere to this policy. Violations could result in disciplinary procedures of these rules and regulations may be implemented when warranted per City Personnel Policy or seceded policy including termination of the employee.
Chapter 18 - Traffic Control & Flagging

PURPOSE

To ensure the safety of the public and employees when operations require traffic control and the use of flaggers.

POLICY

City of Stevenson employees shall abide by WAC 296-155-305 regarding the training, certifications, and use of flaggers.

Operations Requirements

1. When operations are such that signs, signals, and barricades do not provide the necessary protection on or adjacent to a highway or street, flaggers or other appropriate traffic controls shall be provided.
2. Signaling directions by flaggers shall conform to the Manual on Uniform Traffic Control Devices for Streets and Highways, as amended by the Washington state department of transportation.
3. Hand signaling by flaggers shall be by use of sign paddles at least 18 inches in diameter with series “C” letters at least six inches high or lights approved by the transportation commission. When hand signaling is done in periods of darkness, the sign paddles must be reflectorized or illuminated as required by the Manual on Uniform Traffic Control Devices. The “STOP” side of the paddle shall have a red background with white lettering. When a paddle has a “SLOW” side, the background shall be orange and the lettering black. Colors shall conform to ANSI D6.1 current edition.
4. Flaggers shall wear an orange warning garment and a protective helmet while flagging. Warning garments worn at night shall be of reflectorized material.
5. Each flagger shall have in their possession a valid certificate, which verifies completion of the training, prescribed in subsection (5) of this section. Each certificate shall contain the date the card expires.

Emergency Traffic Control

In the case of a law enforcement response to an emergency, it shall be the responsibility of those agencies to cooperate in providing the level of traffic control necessary to ensure the safety of responders as well as the general motoring public. Such control shall be provided in conformance with rules outlined above. If such control cannot be provided due to manpower restraints, etc., then traffic shall be stopped and the roadway blocked until such time as control can be provided or it is safe for traffic to proceed.

*See Appendix for form
Training

Each flagger shall be trained every three years in accordance with the Manual on Uniform Traffic Control Devices as amended by the Washington state department of transportation. The Health and Safety Officer shall be responsible to ensure that all flaggers are initially trained and maintain certification.

**Note:** Personnel that have not completed a flagging course may be assigned duties as flaggers only during emergencies when a sudden, generally unexpected set of circumstances demands immediate attention.

Rules of Conduct

1. Be clearly visible to approaching traffic at all times. Motorists should be able to see the flagger from 500 feet away.
2. Do not stand in front of parked/stopped vehicles.
3. Always be aware of oncoming traffic.
4. Do not step into or turn your back to traffic.
5. Stand on the shoulder of the road observing traffic and the work zone. Sometimes you may need to position yourself on the opposite side of the road to effectively direct traffic.
6. Choose the best flagging position that will provide the greatest color contrast between you and the background.
7. If at all possible, do not stand in the shade.
8. Never flag from inside a vehicle.
9. Do not lean, sit, or lie on a vehicle.
10. Stand alone. Do not permit a group of workers to congregate around you.
11. Familiarize yourself with the nature of the work being performed. Be able to answer motorists’ questions.
12. Establish a warning signal with the work crew in case of an emergency.
13. Plan an escape route in case of an emergency.
14. Stay alert! Be ready to respond to any emergency.
15. Record the license number and description of any vehicle whose driver disobeys your instructions and threatens the safety of the work area.
16. Be courteous and professional.
18. Do not do any other work when flagging.

*See Appendix for form*
19. Do not involve yourself in unnecessary conversation with workers, pedestrians, or motorist.
20. Do not leave your position until you are appropriately relieved.
21. Cover, turn, or remove the FLAGGER AHEAD sign when a flagger is off-duty.
22. Always carry your flagger certification card while working.
Chapter 19 - Hearing Conservation Program

GOAL
The City will administer a continuing, effective, hearing conservation program for all employees whenever noise exposure equals or exceeds an eight-hour time-weighted average (TWA) sound level of 85 decibels (dBA)

SCOPE
Applies to all employees/Employees, all departments

RESPONSIBILITIES
Initial “baseline” hearing tests will be provided for all new Employees/employees at time of appointment. Ongoing/annual testing will be provided to those Employees identified as exposed to excess noise levels as defined by WAC 296-817, Part K.

Noise levels in all work areas will be evaluated and determined by the Health & Safety Officer on an ongoing basis, with the assistance of third party contractors or other reliable source. “Caution Zone Areas” will be identified to all affected employees and by appropriate warning signs or other appropriate means.

For all vehicles apparatus or equipment that exceeds the established TWA for noise exposure, efforts will be taken to reduce the noise output. For the vehicles, apparatus and equipment which cannot be brought into compliance with the referenced TWA, the City will provide appropriate hearing protectors and require their use by all Employees operating or exposed to those vehicles, apparatus and/or equipment.

Hearing protection shall be provided for and used by all Employees when exposed to an eight-hour time weighted average of 85 dBA or greater or when exposed to noise in excess of 115 dBA from power tools, engine warm-up’s, drafting, or other such activities, except in situations where the use of such protective equipment would create an additional hazard to the user such as in fire suppressions.

Annual training shall be provided in the use and care of all hearing protectors provided to Employees/employees are responsible for selecting the appropriate level of hearing protection consistent with the risk or hazard involved.

POLICY
The City of Stevenson Hearing Conservation Program is currently administered by:

*See Appendix for form
QCL
PO Box 1058
Ephrata, WA 98823
800-770-3944

QCL provides initial baseline testing for employees at a time set by the City of Stevenson. Follow up testing, as needed/required is per QCL Hearing Conservation Program. QCL also provides mandated (if applicable) yearly audio logical education.

*See Appendix for form
Chapter 20 - Ladder Safety Policy

PURPOSE

The purpose of this program is to relate to ladder users general hazard information and recommend safety procedures to help reduce accidents resulting from improper usage and faulty equipment.

GENERAL REQUIREMENTS

The following requirements apply to all ladders, including job made ladders.

1. Ladders shall be capable of supporting without failure:
   a. Each self-supporting portable ladder at least four (4) times the maximum intended load.
   b. Each portable ladder that is not self-supporting at least four (4) times the maximum intended load.

2. Ladder rungs, cleats, and steps shall be parallel, level and uniformly spaced when the ladder is in position for use.

3. Wood ladders shall not be coated with any opaque covering, except for identification or warning labels, which may be placed on one face only of a side rail.

4. Prior to use, employees will inspect ladders for visible defects and also after any occurrence that could affect the ladders integrity. Ladders found with structural defects such as, but not limited to, broken or missing rungs, split rails, bent legs, or other faulty or defective components, shall be tagged “DO NOT USE” and withdrawn from service until repaired.

PROPER USAGE

The following requirements apply to the use of all portable ladders

1. When portable ladders are used for the access to an upper landing surface, the ladder side rails shall be extended at least three (3) feet above the upper surface that is to be accessed.

2. Ladders shall be maintained free of oil, grease, and other slippery hazards.

3. Ladders shall not be loaded beyond the maximum intended load for which they were built.

4. Ladders shall be used only on stable and level surface unless secured to prevent accidental displacement.

5. Ladders shall not be used on slippery surfaces unless secured or provided with rubber non-stick bases.

*See Appendix for form
Chapter 21 – Lockout / Tagout Policy

PURPOSE
This covers the operation, servicing, and maintenance of machines and other energy sources when start-up or release of energy could cause injury to employees.

This program is designed to give City of Stevenson employees’ knowledge and guidelines to follow for Locking and Tagging devices which may cause injury or death due to start up while maintenance and servicing is done. This program was developed to comply with the Washington Administrative Code.

POLICY
The policies herein are written in accordance with WAC.

Work done on any hazardous energy source must be done with strict adherence to the following procedures and no work shall be performed contrary to these procedures*.

The Stevenson Public Works Department may have lockout/tagout requirements for individual pieces of equipment that are in addition to this citywide policy. The Public Works Department will provide specific requirements in the lockout/tagout procedures of that equipment. It is the responsibility of Public Works Employees to comply with all requirements related to the lockout and tagout of a specific piece of equipment which are identified in chapter 15.

Types of Hazardous Energy
The hazardous energy types are electrical, mechanical, hydraulic, pneumatic, chemical, thermal, gravitational, and stored energy or any combinations of energy. All types of energy may be encountered at different facilities in the City of Stevenson.

Procedure Provisions
All employees, upon observing a machine or piece of equipment which is locked out for servicing or maintenance, shall not attempt to start, energize, or use that machine or equipment. All employees are required to comply with the restrictions and limitations imposed upon them during the use of lockout/tag out.

The following step by step lock out procedure should be followed to protect any employee while working on equipment. In the event equipment is not equipped for lockout capability and cannot in any way be locked out, refer to the tag out procedures following this section. Locks and tags shall be supplied by the City of Stevenson and will be located at each lockout/tag out board, currently located at the WTP and WWTP.

Upon noticing a piece of equipment or machine locked or tagged, employees shall go to the nearest lockout/tag out board or to the department where the machine or equipment belongs. The lockout/ tag out board shall have the information on who tagged and locked it and the

*See Appendix for form
work being performed on it. If vehicles have been tagged, check with the Equipment Services shop.

**INSTRUCTIONS**

1. When any equipment is locked out, it must also be tagged! Refer to tag out procedures located after this section for proper tag out requirements. Make sure to go to the lockout/tag out board, where locked or tags are located for each piece of locked out equipment and complete the required information. Information required should include your name, the name and number of equipment being locked and tagged, and the date you locked and tagged it.

2. Before any equipment is locked out, it should be clear as to which machine or equipment is being taken out of operation. To ensure that all other sources of energy are recognized in this procedure we must lock and tag them. If a secondary energy source should be locked out, all tags should state that there is a secondary energy source being locked out. This goes for the same if there is three or four and so on. All tags must state the number of energy sources that go to that particular machine/equipment being worked on. All power supplies should be locked out separately.

3. Turn off all point of operation controls. Disconnect switches should never be pulled while under load because of the possibility of arcing or explosion.

4. Turn main power controls to “off”. When high voltages are involved, an electrician or site-certified electrician usually does this step. If it is a standard breaker box that is not posted otherwise, then they employee can turn off and lockout.

5. After main power is off, the person(s) who will be involved in the job must secure their lock(s) on the control lever or on a multiple lock adapter. Any time a lock is attached, it is mandatory to tag the lock and describe the type of work being performed, date and time of shutdown, person(s) performing the work, and the name of the supervisor contacted on the lockout procedure.

6. Try to engage the power with the lock in place to ensure the power cannot be moved to “on”.

7. Test the machine controls themselves to make sure power is really off. Inspect power at machine controls. Equipment may have more than one power supply, be hooked to alarm systems with constant power supplies, or be in series with another unit’s control power.

8. After ensuring all power supplies are locked out, any hydraulic, pneumatic, or other fluid lines shall be bled, drained, purged, or blocked off to eliminate pressure and/or contents. Mechanisms under spring tension or compression shall be blocked, clamped, or chained in position. Blocks may also be needed on some machinery or equipment to prevent gravitational movement. Tag block to ensure that they won’t be moved or lock out if necessary.

*See Appendix for form*
9. Record the type of work being performed, date and time of shutdown, person performing work, and supervisor’s name on lockout/tag out board located in your area. It is essential that this information be recorded before starting work on equipment.

10. For practical purposes, work performed on equipment within the Public Works Department is generally done on a singular job basis. If another individual need to perform separate maintenance on a piece of equipment, which is already locked out, the person may contact the supervisor. The supervisor will place a multiple lock adapter (located on each lockout/tag out station) and approve the added procedures. If two people are performing separate adjustments on one piece of equipment, it is mandatory to have two separate locks on that piece of equipment!

11. After all of the previous steps have been accomplished, work may begin on the equipment. If energy is needed to test or position the equipment during maintenance, follow the following steps in removing lockout/tag out devices before turning on power. Follow all lockout steps to turn off power before resuming work on equipment.

12. The machine or equipment area shall be cleared of all nonessential items to prevent malfunctions or other hazards which could result in employee injuries. Check and adjust, if necessary, any valves or other related items you may have changed or rerouted during equipment maintenance.

13. Upon completion of repair or maintenance the employee must contact the Leadman, Public Works Director, or designee in one of those positions to approve the removal of any lockout/tag out devices.

14. No employee will unlock or remove any lockout/tag out device without approval from the Supervisor or designee. The Supervisor must also be informed when information on the lockout/tag out board is removed upon completion of work on equipment.

15. In the event an employee leaves a lockout/tag out device on a piece of equipment by mistake; emergency, illness, etc. the only person(s) permitted to remove that device are the Supervisor, who will do so only after a complete investigation to determine that everyone is clear of the machine and work has been completed.

16. Plug and cord connected equipment does not have to have a lockout/tag out device as long as the plug is under exclusive control of the employee performing the servicing and/or maintenance.

Exceptions: The employee need not document the required procedure for a particular machine or equipment when all of the following elements exist:

   a. The machine or equipment has a single energy source that is easily identified and can be isolated.
   b. The machine or equipment is completely deenergized and deactivated by isolating and locking out the energy source.

*See Appendix for form*
c. There’s no stored or residual energy that could be a hazard to employees, and
the machine or equipment cannot reaccumulate such energy after it’s been shut
down.
d. The energy source can be locked out with a single lockout device.
e. The machine or equipment is isolated from the energy source and locked out
during service or maintenance.
f. The authorized employee doing the service or maintenance has exclusive control
of the lockout device.
g. The service or maintenance does not create a hazard for other employees.
h. The machine or equipment has never been unexpectedly energized or activated
during service or maintenance.

Also note: These exceptions must apply to the shops for routine maintenance on vehicles and
equipment.

Tag out Procedure

The tag out procedure must always be followed whenever any lockout procedures are
performed. Tag out procedures by themselves should only be done if there is no other tangible
way an item can be locked out. Prior to “tagging out” equipment, follow the steps shown in the
proceeding lockout procedures.

In addition to the lockout steps, the following tag out procedures must also be performed.

INSTRUCTIONS

1. Tag out devices shall indicate the identity of the employee applying the device. The
name on the tag shall be legible to all employees.
2. Tag out devices shall be constructed and printed so that exposure to weather conditions
or wet and damp locations will not cause the tag to deteriorate or the name on the tag
to be illegible.
3. Tag out devices, including their means of attachment, shall be substantial enough to
prevent inadvertent or accidental removal. Tags must be securely attached by hand,
self-locking, and non-releasable with a minimum unlocking strength of no less than 50
pounds, have the general design and basic characteristics of being at least equivalent to
a one piece, all environment tolerant nylon cable ties.
4. Lockout and tag out devices shall be standardized within the facility in at least one of
the following criteria: color, shape, or size, and additionally; in the case of tag out
devices, print and format shall be standardized. Tags must not be bypassed, ignored or
removed without proper notification.
5. Remind employee that tags are warning devices only and do not provide the
physical restraints of a lock. This could evoke a false sense of security.

LOCKOUT/TAG OUT EMPLOYEE TRAINING

*See Appendix for form
Training Provisions

Training will be given to all affected employees exposed to any source of mechanical, hydraulic, pneumatic, chemical, thermal, or other unexpected energy source. Personnel will receive initial training during their orientation. Training will be conducted by the Supervisor or Safety Coordinator.

Comprehension of Lockout/Tag out Procedure

1. Recognition of hazardous energy sources.
2. Recognition of the type and magnitude of energy available at Public Works buildings and facilities and equipment in the field.
3. Methods and means of energy isolation and control.
4. Purpose and use of energy control procedures.
5. Procedures and prohibitions related to attempts to restart or re-energize machines or equipment, which are locked out or tagged out.

Retraining

Retraining will be given every year (as a refresher) or when any of the following situations exist:

1. Whenever there is a change in employee job assignments.
2. Whenever a new hazard is introduced due to a change in machines, equipment, or process.
3. Whenever there is a change in the Energy Control (lockout/tag out) procedures.
4. Whenever a periodic inspection by the employer reveals inadequacies in the energy control procedures or in the knowledge of the employees.

Retention of Training Records

Records of training certification will be kept in the employees’ file and/or with the Health Safety Officer. Certification records will contain a minimum each employee’s name, date(s) of training, along with the type of training.

Periodic Inspection

A periodic inspection will be performed by the Health Safety Officer and Department Head to ensure the procedures and requirements of the Energy Control Plan are being followed. Records of periodic inspections will be kept on file for a period of not less than two years. Inspections will include the following:

1. Inspection shall be done (at least) annually.
2. Be performed by an authorized employee, usually the Department Head.
3. Any deficiencies found will be corrected.
4. Certification which will include:
   a. Identification of machine or equipment

*See Appendix for form
b. Date of the inspection  
c. Employees included in inspection  
d. Person performing the inspection

LOCKOUT/TAG OUT PROCEDURES-OUTSIDE PERSONNEL

Provisions for Outside Personnel

Contractors and other outside personnel must comply with all the requirements of City of Stevenson Public Works Energy Control Program and must be in accordance with WAC.

Employees within Public Works are responsible for informing outside contractors of our lockout/tag out policy. This can be accomplished at pre-construction meeting prior to performing any work for City of Stevenson. Deviations from this on-site Energy Control Program are not permissible without specific prior approval.

Lockout/Tag out- Don’ts (Information Only)

Pulling fuses is no substitute for locking out. A pulled fuse is no guarantee the circuit is dead; and even if it was, there is nothing to stop someone from replacing the fuse. Pulling fuses can be done in conjunction with locking out, but does not replace the mandate for lockout.

1. Locking out one source of power may not be enough. Many items at the Treatment Plant use a combination of power supplies. Items that have a known combined power supply should be marked with a red dot on the outside of the item, but do not assume there is not a combined supply of power if a red dot is not present.
2. Employees should not be expected to guess what secondary sources of energy apply to what machines, or to trace piping or wiring to find other sources of energy. Control, valves, disconnects, etc. should be clearly marked, especially when controls are remote from equipment or on master panels containing several controls.
3. Intermittently operating equipment, such as pumps, fans, compressors, etc., may seem harmless when they are dormant. Don’t assume this equipment won’t start operating if you have just a short job to do and think you can complete it before the equipment starts again.
4. Don’t assume a job is too small to merit locking out. Yielding to the temptation to bypass lockout procedures because they seem to be an unimportant nuisance can cost someone their life.
5. Never place a lock where the disconnect can be bypassed at other locations.

*See Appendix for form
City of Stevenson
Department Safety Meeting

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<th>Department:</th>
<th>Date:</th>
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<th>Time:</th>
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Minutes/Sign In:

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Department Leader Comments:

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Appendix A
### SAFETY SUGGESTION/HAZARD REPORT

<table>
<thead>
<tr>
<th>Name (optional):</th>
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<tbody>
<tr>
<td>Hazard Location:</td>
<td>Date:</td>
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<tr>
<td>Detail of Hazard:</td>
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<td>Suggested Correction/Action:</td>
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<td>Safety Rep. Review/Signature:</td>
<td>Date:</td>
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<td>Comments:</td>
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<td>Safety Comm. Review/Signature:</td>
<td>Date:</td>
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<td>Assigned to:</td>
<td>Date:</td>
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<td>Action Required:</td>
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<td>Corrected/Repaired by:</td>
<td>Date:</td>
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<td>Action Taken:</td>
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<tr>
<td>HSO Final Review:</td>
<td>Date:</td>
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<tr>
<td>Review:</td>
<td>Date:</td>
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</tbody>
</table>
## REPORT OF ACCIDENT/INCIDENT

**Safety Incident**

- _____ Accident Not Requiring Medical Attention
- _____ Accident Requiring Medical Attention

<table>
<thead>
<tr>
<th>Employee Name:</th>
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<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Department:</th>
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<thead>
<tr>
<th>Date &amp; Time of Accident/Incident:</th>
<th>/</th>
<th>AM/PM</th>
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<tbody>
<tr>
<td>Date of Report:</td>
<td></td>
<td>Report To:</td>
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<tr>
<td>Location:</td>
<td></td>
<td></td>
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<tr>
<td>Other Employees Involved/Witness:</td>
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**Describe Injury:**

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**Describe Incident and Cause:**

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**Action Taken:**

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</table>
Supervisor’s Report – Occupational Injury – Illness

INJURED EMPLOYEE

Name: ___________________________ SS # xxx - xx - ______

Date of accident, illness or near miss: ___________________________

Time of accident, illness or near miss: ___________________________

AM / PM (circle)

Exact location of accident, near miss, or situation causing illness:

Describe accident, near miss, or situation to illness. Include the machine, equipment, object, or substance involved. Give all details. Use the reverse side if necessary. Attach all other facts, photographs, drawings/diagrams needed to clarify what happened.

Carrying/Lifting _____ Pounds

NATURE OF INJURY (Injured Part(s)... Indicate right, left, upper, lower, etc.)

☐ sprain/strain ☐ fracture ☐ head ☐ hand ☐ leg
☐ laceration ☐ burn ☐ eye ☐ arm ☐ foot
☐ contusion ☐ foreign body in eye ☐ trunk ☐ finger ☐ toe
☐ back _____ ☐ internal _____________ ☐ neck ☐ wrist ☐ knee
☐ Other (explain) ___________________________________________________________________

Nature of job-related illness: (Be

In your opinion, was the accident caused in any way by someone not employed here? YES/NO (circle)

If yes, please provide the complete name, address, telephone number and employer of the person

CAUSE: Mark Basic Cause ☐ Mark Contributing Cause, if any ☐

UNSAFE CONDITIONS

☐ Inadequately guarded ☐ Operating without authority
Appendix C-2

- Unguarded
- Operating unsafe speed
- Defective tools, equipment, or substance
- Making safety devices inoperative
- Unsafe design or construction
- Using unsafe equipment or using equipment unsafely
- Hazardous arrangement
- Working on moving or dangerous equipment
- Unsafe illumination
- Distraction, teasing, or horseplay
- Unsafe clothing
- Taking unsafe position
- Insufficient instruction
- Unsafe loading, placing mixing
- Failure to use personal protective devices

What was I actually doing to prevent similar injuries, near misses, or illness:

What Further recommendations:

---

Employee Signature: ___________________________ Date: ____________

Supervisor Signature: _________________________ Date: ____________

Department Head Signature: ___________________ Date: ____________

Comments:

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# CITY OF STEVENSON
## TELEPHONE BOMB THREAT REPORT

This report is to be utilized by City of Stevenson employees in the event a telephone bomb threat is received. Information shall be immediately referred to the Skamania County Sheriff’s Department or the 911 dispatcher. Please post on Safety Bulletin Board for immediate employee accessibility.

*DO NOT HANG UP / KEEP CALLER ON THE LINE*

<table>
<thead>
<tr>
<th>Questions to Ask</th>
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</thead>
<tbody>
<tr>
<td>When is the bomb going to explode?</td>
</tr>
<tr>
<td>Where is it right now?</td>
</tr>
<tr>
<td>What does it look like?</td>
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<tr>
<td>What kind of bomb is it?</td>
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<tr>
<td>What will cause the bomb to explode?</td>
</tr>
<tr>
<td>Did you place the bomb?</td>
</tr>
<tr>
<td>Why?</td>
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<tr>
<td>What is your name?</td>
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<tr>
<td>What is your address?</td>
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<thead>
<tr>
<th>Description of Caller’s Voice</th>
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<tbody>
<tr>
<td>Calm</td>
</tr>
<tr>
<td>Normal</td>
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<tr>
<td>Distinct</td>
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<tr>
<td>Slurred</td>
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<td>Nasal</td>
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<tr>
<td>Stutter</td>
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<tr>
<td>Crying</td>
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<td>Raspy</td>
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<tr>
<td>Deep</td>
</tr>
<tr>
<td>Clearing Throat</td>
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<tr>
<td>Deep Breathing</td>
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<tr>
<td>Laughter</td>
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<tr>
<td>Lisp</td>
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<td>Accent</td>
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<tr>
<td>Intoxicated</td>
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<tr>
<td>Disguised</td>
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<tr>
<td>Familiar</td>
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<tr>
<td>Cracking</td>
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<td>Angry</td>
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<td>Excited</td>
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<td>Slow</td>
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<td>Rapid</td>
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<td>Loud</td>
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<tr>
<td>Other</td>
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If the voice sounds familiar, whom does it sound like?

<table>
<thead>
<tr>
<th>Description of Background Sounds</th>
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<tbody>
<tr>
<td>Street</td>
</tr>
<tr>
<td>Train</td>
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<tr>
<td>Clear</td>
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<tr>
<td>Static</td>
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<tr>
<td>Machines</td>
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<td>Traffic</td>
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<tr>
<td>Phone Booth</td>
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<tr>
<td>Motor</td>
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<tr>
<td>Voices</td>
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<tr>
<td>P.A. System</td>
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<tr>
<td>Music</td>
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<tr>
<td>TV/Radio</td>
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<tr>
<td>Animals</td>
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<td>Airplanes</td>
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<td>Office Equipment</td>
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<tr>
<td>Local</td>
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<td>Long Distance</td>
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<thead>
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<th>Language</th>
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<tr>
<td>Well Spoken</td>
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<td>Irrational</td>
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<td>Incoherent</td>
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<td>Taped</td>
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<td>Message</td>
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<tr>
<th>Caller</th>
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<tbody>
<tr>
<td>Race</td>
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<td>Age</td>
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<td>Sex</td>
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<td>Position:</td>
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<tr>
<td>Ext.:</td>
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<tr>
<td>Date and Time Call Received:</td>
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<tr>
<td>Number Called by Suspect:</td>
</tr>
</tbody>
</table>
Communicable Disease Post Exposure Report Form

All personnel shall follow established guidelines when involved with a suspected communicable disease exposure. The following information is to be forwarded to the Clerk-Treasurer Department.

Name: ____________________________ Date: ____________________
SS #: xxxxx - xx - ________ Incident No: ________________
Date of exposure: ________________ Time of exposure: _______
Witnesses: ________________________________

EXPOSURE

A. BLOOD OR BODY FLUIDS

1. ___ Needle stick with contaminated needle.
2. ___ Blood/body fluids into natural openings.
3. ___ Blood/body fluids into cut/wounds.

Describe specific body area where exposed: ______

TYPE OF FLUID TO WHICH YOU WERE EXPOSED

1. ___ Blood 4. ___ Amniotic 7. ___ Other
2. ___ Feces 5. ___ Urine
3. ___ Saliva 6. ___ Vomitus

QUANTITY OF BLOOD OR BODY FLUIDS, IN DROPS OR ML. ________________

B. RESPIRATORY

1. ___ Mouth to Mouth resuscitation.
2. ___ Resuscitation using airway.
3. ___ Present at scene, but no resuscitation efforts involving breathing.
4. ___ Other

(Describe) ____________________________________________
BY EMS ADMINISTRATOR OR CHIEF: 

(If additional room is needed, attach a separate sheet of paper.)

For questions about communicable disease, personnel should contact the southwest Washington hospitals infection control coordinator, 695-9215.

TO BE COMPLETED BY THE EMS ADMINISTRATOR OR CHIEF:

WAS THERE A COMMUNICABLE DISEASE EXPOSURE? 

___ YES  ___ NO

Signature/Position  Date

cc:
Personnel File
Health and Safety
Officer
Vehicle Accident Report

TODAY’S DATE: ________________________
DATE AND TIME OF ACCIDENT: ____________________________ a.m. / p.m.
LOCATION OF ACCIDENT: ____________________________

VEHICLE #1 (City Vehicle Information)
Vehicle Registration Info.
PLATE#: ________________________ VIN#: ________________________
MAKE: ________________________ MODEL: ________________________ YR: ________________________
7 DIGIT VEHICLE#: ________________________

Driver Information
NAME: ________________________
DRIVER’S LICENSE #: ________________________ STATE: ________________________
EXPIRATION DATE: ________________________
DESCRIPTION OF DAMAGES: ________________________

TELL WHAT HAPPENED (Be specific, include details, nature, and cause of accident):

POLICE/COLLISION REPORT # (please attach report) ________________________

VEHICLE #2 (Other Vehicle Information)
Vehicle Registration Info.
OWNER’S NAME: ________________________
PLATE #: ________________________ STATE: ________________________
MAKE: ________________________ MODEL: ________________________ YR: ________________________
COLOR: ________________________ VIN#: ________________________

Driver Information
NAME: ________________________
ADDRESS: ________________________
PHONE #: ________________________
DRIVER’S LICENSE #: ________________________ STATE: ________________________
EXPIRATION DATE: ________________________
INSURANCE COMPANY: ________________________
POLICY #: ________________________ EXPIRATION: ________________________
ADDRESS (if available): ________________________
PHONE # OF AGENT: ________________________
DESCRIPTION OF DAMAGES: ________________________

For additional vehicles involved please attach additional pages with the above information.
Appendix F

Draw a rough diagram of accident. Show names of streets. Draw squares for vehicles. Show your vehicle as #1 and other party as #2, etc. Indicate direction of travel with arrows for all vehicles involved. Indicate points of compass (N, E, S, and W).

Conditions: check all that apply

<table>
<thead>
<tr>
<th>Road Character</th>
<th>Road Surface</th>
<th>Road Effects</th>
<th>Weather</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight Road</td>
<td>Dry</td>
<td>No Defects</td>
<td>Clear</td>
</tr>
<tr>
<td>Curve</td>
<td>Wet</td>
<td>Holes, Ruts, Bumps</td>
<td>Raining</td>
</tr>
<tr>
<td>Level</td>
<td>Muddy</td>
<td>Loose Material</td>
<td>Snowing</td>
</tr>
<tr>
<td>On Grade</td>
<td>Snowy</td>
<td>Defective Shoulder</td>
<td>Fog</td>
</tr>
<tr>
<td>Hill Crest</td>
<td>Icy</td>
<td>Other: (specify)</td>
<td>Other: (specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Light</th>
<th>Traffic Control</th>
<th>Location</th>
<th>Police - Type of Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daylight</td>
<td>Stop Sign</td>
<td>City Property</td>
<td>Routine</td>
</tr>
<tr>
<td>Dusk</td>
<td>Stop and Go Signal</td>
<td>Private Property</td>
<td>Emergency</td>
</tr>
<tr>
<td>Dawn</td>
<td>Officer or Flagger</td>
<td>Right of Way</td>
<td>Lights and Siren</td>
</tr>
<tr>
<td>Dark-Streetlight</td>
<td>No Traffic Control</td>
<td>Freeway/Highway</td>
<td>Lights</td>
</tr>
<tr>
<td>Dark-No Streetlight</td>
<td>Other: (specify)</td>
<td>Other: (specify)</td>
<td>Other: (specify)</td>
</tr>
</tbody>
</table>
Appendix F

(Other Damaged Property Information i.e. fence, retaining wall, curb, pole, mailbox, etc.)

DESCRIPTION OF DAMAGED PROPERTY: ____________________________________________

OWNER’S NAME: _________________________________________________________________
ADDRESS: ______________________________________________________________________
PHONE #: ______________________________________________________________________

Witnesses – Name, Address, Phone #
1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

Vehicle Occupants (other than drivers) –
Name, Address, Phone #, Vehicle # (1, 2, 3, etc.), Injured Y/N
1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

SUPERVISOR’S REPORT

PROVIDE ADDITIONAL DETAILS/INFORMATION NOT REPORTED BY EMPLOYEE OR DISCOVERED DURING
YOUR INVESTIGATION: ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

WHAT WAS THE CAUSE OF THE ACCIDENT (human actions, equipment, environment, etc.): __________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

MEASURES RECOMMENDED TO PREVENT REOCURRENCE: ______________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Employee Name (print)

Employee Signature __________________________ Date __________________

Supervisor Name (print)

Supervisor Signature __________________________ Date __________________
# Appendix G

## City of Stevenson

### Monthly Facility Safety Checklist

This guide is provided to the HSO as a tool for performing monthly inspections of their work areas. This checklist along with each supervisor’s periodic inspections of workstations in their area should ensure that our facilities are kept free of possible hazards.

**FACILITY LOCATION:**

**DATE:**

**DEPARTMENT:**

**COMPLETED BY:**

---

### EMERGENCY/FIRST AID EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are the first aid supplies available, inspected and replenished?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is there a posted evacuation route and disaster plan for your area? Does it need updated? Map is located:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Visually check fire extinguisher. Is it in the proper location, and in good working condition? Is it readily visible and clear of obstructions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is all equipment and machinery properly guarded and put away when not in use?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have all vehicles in the department been inspected for the month?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is protective equipment being used? Ear plugs, face shields,...etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are all Safety Data Sheets (SDS’s) on file with Fire Dept.?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Are all cables, ropes, slings, chains, etc. all in working order?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are covers, caps or other safety devices in place on HAZMAT containers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Are common work areas clean, orderly and free of fire hazards?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Are work areas free of falling objects? 18” of clearance from ceilings in sprinkler buildings and 24” in non-sprinkler buildings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Are electrical cords protected to avoid tripping/falling? Are cords in good condition? Discontinue permanent use of extension cords. Ensure all outlet covers and electrical safeguards are securely in place.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Are floors aisles and passageways kept clean and free of boxes and debris? Minimum aisle width should be at least the width of the door exiting the area.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Are flooring materials and floor mats maintained and free of cracks, or loose threads that could cause trip and fall hazards?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Are the rest rooms clean and in sanitary condition?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>16.</td>
<td>Are all exits marked with reliable illuminated exit signs? Have they been checked during power outages?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Are exit routes and stairways kept free of obstructions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Are exit doors unlocked or provided with working panic (quick release) hardware?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Is there adequate emergency lighting? Is it operational? Are all egress areas properly illuminated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Are spare eye and hearing protection devices readily available in areas where they may be needed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Is there 32” of clearance in front of electrical panels?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Are flammable and combustible liquids stored in flammable cabinets? Ensure there are not multiple hazard classes stored in the same cabinet and that the flammable cabinet is securely closed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Are all compressed cylinders properly secured?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Are all eyewash/shower stations in clean working order? (No rust, items stored around, and flush and check functionality)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix H

City of Stevenson
Quarterly Facility Safety Checklist

QUARTER: ______ YEAR: __________

This guide is provided to the HSO as a tool for performing monthly inspections of their work areas. This checklist along with each supervisor’s periodic inspections of workstations in their area should ensure that our facilities are kept free of possible hazards.

FACILITY LOCATION: DATE:

DEPARTMENT: COMPLETED BY: ____________________________

<table>
<thead>
<tr>
<th>FACILITY SAFETY CHECKLIST</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the conference room clear and free of all hazards?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are all light fixtures safe and in working order?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are stair steps well maintained/free of debris to prevent a slip or fall incident?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is all equipment in safe and good working condition? Is it properly stored when not in use?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are employees properly storing personal protective equipment to maintain the items’ safety levels?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are all container contents labeled for Hazards? Do they have proper lids and/or caps securing them? Are tags and/or warning signs in place to indicate danger levels?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are all exit doors operating smoothly?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has a yearly fire drill been performed for the facility?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Month of drill:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are emergency generators operational and fueled?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Are all E.O.C supplies present at the building?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Are there updated safety meeting minutes? Have employee bulletin boards been checked?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Are there copies of blank accident reports on employee bulletin boards?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INFECTION CONTROL PROGRAM

The City of Stevenson has adopted this Infection Control Plan for all city employees and volunteers. The program establishes comprehensive guidelines to assist in reducing the risk of contracting and/or spreading infectious diseases. This Program will be reviewed annually and updated as necessary to address additional or modified tasks and procedures.

These guidelines apply to all employees and volunteers of the city, especially those who provide fire, rescue and emergency medical care, or assist in those services. City of Stevenson recognizes that communicable disease exposure is a potential occupational health hazard to all personnel. Communicable disease transmission is possible during many aspects of emergency responses, as well as routine daily tasks and activities. The health and welfare of each individual is a joint concern of the individual and the City. While each individual is ultimately responsible for their own health, the City recognizes a responsibility to provide a safe of a workplace as possible. The goal of the program is to provide all personnel with the best available protection form occupational exposure to communicable disease.

PROGRAM OBJECTIVES

The goal of this Program is to reduce the risk of exposure to workplace infectious diseases for all personnel.

1. To establish immunization and testing guidelines for new and current personnel
2. To institute standardized safety procedures to be used when providing care to patients or otherwise coming into contact with potentially infectious substances.
3. To establish standard procedures for disinfecting and/or disposing of contaminated closing, items, equipment, etc.
4. To establish training and education guidelines for all personnel assigned to situations of potential exposure.
5. To establish standardized reporting, exposure management procedures, and follow-up procedures for exposures to infectious diseases.

DEFINITIONS

**Airborne Pathogens**- Pathogenic organisms in the respiratory tract discharged from the mouth or nose that may settle on food, walls, clothing and floors. These organisms may remain active depending on their drying time. The most common mode of airborne transmission is from droplets inhaled from an infected individual coughing, or sneezing into the air. These pathogens include but are not limited to, Tuberculosis (TB), meningitis, mumps, measles, rubella, and chicken pox.
**Blood Borne Pathogens**- Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

**Body Substance Isolation**- Assumption that all body substances are potentially infectious including feces, nasal secretions, sputum, sweat, tears, urine and vomit, and donning PPE to prevent contact with such substances by personnel.

**CDC**- Centers for Disease Control.

**Contaminated**- The presence or seasonally anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry**- Laundry that has been soiled with blood or other potentially infectious material or may contain sharps.

**Decontamination**- Use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Engineering Controls**- Controls that isolate or remove the blood borne pathogens hazard from the workplace.

**Exposure**- Defined as a specific eye, mouth, or other mucous membrane, non-intact skin (skin with dermatitis, hang-nails, cut, abrasions, chafing, etc.) or parental contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

**Exposure Incident**- A specific eye, mouth, other mucous membrane on-intact skin (skin with dermatitis, hang nails, cuts, abrasions, chafing, etc.) or parental contact with blood or other potentially infectious materials that results from the performance of an individual’s duties.

**Infectious Disease**- Defined as diseases transmitted via airborne and/or blood borne pathogens. Pathogens microorganisms that are present in the repertory tracts, human blood, and body fluids that can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HB), Human Immunodeficiency Virus (HIV), Tuberculosis (TB), meningitis, mumps, measles, rubella, and chicken pox.

**Occupational Exposure**- Reasonably anticipated (actual or potential) skin, eye, mucous membrane, or parental contact with blood or other potentially infectious material that may result from the performance of an individual.
Other Potentially Infectious Materials- The following human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood, all body fluids in situations where it is difficult or impossible to differentiate between fluids present and any unfixed tissue or organ from a human.

Personal Protective Equipment- Specialized clothing or equipment worn as a protection against a hazard. Personal protective equipment is only considered appropriate if it does not permit blood or other potentially infectious material to pass through to or reach clothing, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. General work clothing and uniforms so not qualify as personal protective equipment.

Regulated Waste- Liquid, semi-liquid or potentially infectious materials, contaminated items that would release blood or other potentially infectious material in a liquid or semi-liquid state; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, and contaminated sharps.

Regulated Waste Container- Containers designed to receive regulated waste are required to be either red or prominently labeled with the Biohazard symbol.

Standard Precautions- Assumption that human blood and certain human body fluids are known to be infectious for HIV, HBV, and other blood borne pathogens.

Sterilize- The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Work Practice Control- Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles).
SECTION 1- ENGINEERING AND WORK PRACTICE CONTROLS

Engineering and work practice controls shall be used to eliminate or minimize personnel exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Immunizations

All personnel will be offered immunization against:

1. Tetanus (recommended every 10 years)
2. Hepatitis B (booster recommended every 7 or more years)
3. Hepatitis A
4. TB Test

The risks and benefits of immunization will be explained to all personnel and informed consent obtained prior to immunization.

Hepatitis B vaccination shall be made available to all new personnel as soon as is practical unless the individual has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the individual is immune, or the vaccines contraindicated for medical reasons. Hepatitis B vaccinations and/or antibody testing shall be provided at no cost to the individual. Personnel electing not to receive the recommended immunization will be counseled on the occupational risks of communicable disease and shall sign a waiver that reflects the fact that immunization was offered and refused by the individual. Personnel who initially refuse immunization may later receive immunization upon request.

Standard Precautions:

Standard precautions shall be observed on all incidents. If under extreme circumstances use of personal protective equipment is deferred, personnel shall document on the post-exposure reports and the reasons standard precautions were not observed.

Personal Protective Equipment (PPE):

Gloves, protective eyewear, antiseptic cleaner, disinfectant solution and bio-hazard waste bags will be provided in all city vehicles in quantities to serve the number of employees generally occupying each vehicle.

The above equipment, except utility gloves, shall not be disinfected for reuse; it shall be disposed of properly in accordance with all applicable local, State and Federal guidelines. During vehicle inspections this equipment shall be inspected to assure it is in proper condition. Any missing or damaged PPE equipment shall be replaced immediately.
Appendix I-1
Personnel not immediately needed should remain at a safe distance when communicable disease exposure is possible or anticipated. The following are summary recommendations to use in selecting PPE.

1. If it’s wet, it’s infectious- use gloves and eye protection
2. If it could splash in your face, use eye shields and mask or full-faced shield.
3. If it’s airborne, mask yourself and the patient if necessary
4. If it could splash on your clothes, use a gown or EMS jumpsuit
5. If it could splash on your head or feet, use appropriate barrier protection.

Infection Control Decisions

The following are more specific guidelines to be used in making infection control decisions.

1. Gloves and eye protection should be worn with all patient contact and when handling or touching contaminated items or surfaces. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised. Gloves should be changed between patients in multiple casualty situations.
2. Structural firefighting gloves or work gloves will be worn in situations where sharp or rough edges are likely to be encountered, but latex glove shall be worn underneath.
3. EMS jumpsuits or gowns shall be worn by response personnel whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated. Other workers should take care to limit exposure to their clothing in such situations.
4. Masks, eye protection, head protection and face shields shall be worn whenever splashes spray, or droplets of blood or other potentially infectious materials maybe generated and eye, nose, or mouth contamination can be reasonably anticipated.
5. Shoe covers shall be used for situations involving large spills of bodily fluids. Structural boots may be used for barrier protection in this instance.
6. Pocket masks or mechanical ventilation devices shall be used by all personnel in situations requiring artificial ventilation assistance.
7. Personnel shall wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Additionally, hands shall be washed:

1. After each patient contact
2. After handling potentially infectious materials
3. After cleaning of decontaminating equipment
4. After using the restroom facilities
5. Before and after food handling, preparation or eating
6. After removal of gloves or other protective clothing
7. When feasible following use of antiseptic hand cleaners or towelettes
Hand washing with soap and water will be performed for 10-15 seconds. When hand washing facilities are unavailable, hands and any other exposed skin should be cleansed with either antiseptic hand cleaner (waterless) or antiseptic towelettes. Soap and water washing should be accompanied upon return to quarters or arrival at the hospital.

Early identification of individuals with active TB is as follows:

1. Productive cough
2. Coughing up blood
3. Weight loss
4. Loss of appetite
5. Lethargy/weakness
6. Night sweats
7. Fever

Any four (4) of the above seven (7) constitutes a significant risk plus patient history of active TB and taking medicine for TB. Airborne pathogens include, but may not be limited to; tuberculosis, forms of meningitis, measles, and mumps.

Needle Disposal

Needles shall not be recapped, re-sheathed, bent, broke or separated from disposable syringes or otherwise manipulated by hand. After use, disposable syringes, needles, scalpel blades, and other sharp items shall be placed in puncture-resistant containers for disposal. The same precautions shall be taken for such items found by city workers in parks, streets, sewers, etc. Disposal containers will be provided to all departments and training in recovering and disposing of such item will be provided.

Infectious Waste

All infectious wastes except needles and syringes shall be collected in closable, leak-proof bags to prevent leakage during handling, storage and transport and shall be disposed of as outlined below. All full Biohazards containers from vehicles shall be disposed of by placing them in the larger containers at fire stations. Containers shall not be placed anywhere else.

1. Liquid infectious waste may be drained into hopper, toilet or drainage only if it drains to a secondary sewage treatment facility or septic tank. Otherwise, the material must be disposed of as biological waste.
2. Infectious waste definition includes material contaminated with blood or body fluid if they are saturated, defined as fluid will ooze or drip out with or without compaction.
3. Blood stained bandages, dressings and sanitary napkins are not considered infectious waste.
Appendix I-1

4. Used and unused needles and syringes, scalpel blades, lancets, slides, test tubes, should be considered sharps for the safety of handlers.

5. Sharps may be stored indefinitely.

### Waste Disposal Guidelines

<table>
<thead>
<tr>
<th>Biohazard Waste</th>
<th>Solid Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items listed in this column will be placed into the red-lined, black Stericycle containers</td>
<td>Items listed in this column and other trash will go into the solid</td>
</tr>
<tr>
<td>Grossly saturated materials (Saturated or caked with dried blood)</td>
<td>Trash</td>
</tr>
<tr>
<td>Closed system drainage containers or suction canisters containing blood or regulated body fluids</td>
<td>Non-bloody disposable diapers</td>
</tr>
<tr>
<td>Any bloody tubing</td>
<td>Non-saturated, used dressings</td>
</tr>
<tr>
<td>Isolation waste</td>
<td>Disposable patient items</td>
</tr>
<tr>
<td>Specimen cups with any body fluids</td>
<td>Urine hats</td>
</tr>
<tr>
<td>Sharps containers (including all syringes, needles, scalpels, pipettes and stylettes)</td>
<td>Empty I.V. bags</td>
</tr>
<tr>
<td>Broken glass bottles, vials, ampules, slides and blood tubes are treated as sharps</td>
<td>Non-bloody I.V. tubing</td>
</tr>
<tr>
<td></td>
<td>Non-Saturated gloves, masks, hats, shoe covers.</td>
</tr>
</tbody>
</table>

### Reusable Medical Equipment

Contaminated bag valve masks, laryngoscope handles, stethoscopes and any other equipment placed in appropriate contaminant and returned to the station to be properly and thoroughly cleaned and disinfected before placing such equipment back in service.

### Housekeeping

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall not be kept on countertops or bench-tops (in station or response vehicles) where blood or other potentially infectious materials are present.

2. The schedule for cleaning in the appendix will be adhered to. The following general guidelines will apply.

3. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after and spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated.

4. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected, cleaned, and disinfected weekly, and immediately if visible contamination is present.
5. **Laundry:** Observe standard precautions when handling laundry. Personnel handling linen shall wear gloves. All linen used for patient transport is considered potentially contaminated. Contaminated linen will be exchanged by the medical facility receiving the patient.

6. Place contaminated linen in designated and appropriate containers until they can be laundered. All work uniforms will be washed in-station. Each individual shall maintain at least one spare uniform for replacement of soiled uniform while it is being cleaned.

7. Uniforms or clothing contaminated with body fluids shall be washed in a washer designed for contaminated laundry. Pre-soaking may be required for heavily contaminated clothing. Otherwise, wash and dry as usual. Use only designated laundry detergent assigned for contaminated laundry. Following manufacturer’s directions.

The following procedures shall be used for decontamination:

1. Wear appropriate protective clothing- the minimum level of acceptable protection incorporates the use of disposable gloves and eye protection.
2. Remove visible material with disposable towels using enough towels so that direct contact will not take place. Remove all visible material.
3. Decontaminate equipment with a 1:10-1:100 solutions of bleach (or EPA approved disinfectant or antimicrobial).
4. Place all contaminated materials or disposable items in an impervious, red or Biohazard labeled plastic bag. Gloves shall be removed last. Dispose of bag as listed above, in the large containers provided at each station or any other approved disposal site. If outside contamination of a disposal bag is a possibility, a second bag with identical markings will be placed over the first.
5. Personnel using cleaning and disinfecting solutions shall review relevant material safety data sheets and utilize recommended personal protective equipment and precautions.

**SECTION 2-EXPOSURE MANAGEMENT**

Provide immediate treatment to exposed personnel in accordance with the following general treatment guidelines:

**Eyes:** If your eyes are splattered with blood or body fluids, flush immediately with water for at least 5 minutes. It is best to rinse under clean running water.

**Mouth:** If blood or any body fluid gets into your mouth, rise your mouth with a 50/50 mix of hydrogen peroxide and water and rinse with plain water.

**Needlesticks:** If you get a needle stick or puncture wound, the wound should be milked to induce bleeding. Wash thoroughly with soap and water or hydrogen peroxide.

**Bite or scratch wounds:** Wash the area thoroughly with soap and water, or pour a small amount of hydrogen peroxide on the wound.
MEDICAL EVALUATION

Following a reported exposure incident, a confidential medical evaluation and follow-up will be made available to the exposed individual, through the City’s workplace wellness provider. The exposed individual is entitled to a copy of the consulted health care professionals written opinion within 15 days regarding the individual’s hepatitis B vaccine status, indication for vaccine, and whether such vaccination was completed.

WAC 296-62-08001 (6)(e)(ii) requires that a post-exposure evaluation be performed and that the results form exposures requiring further evaluation and treatment be documented. Any other medical findings or diagnoses shall remain confidential and shall not be included in the written report.

The Health Care Professional evaluating the individual after and exposure shall be provided the following information.

1. A copy of this regulation.
2. A description of the exposed individual’s duties as they relate to the exposure incident.
3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
4. Results of the source individual’s blood testing, (if available).
5. All medical records relevant to the appropriate treatment of the individual including vaccination status.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Any individual having an occupational communicable disease exposure will immediately report the exposure to his/her supervisor. Needle-stick injuries will also be reported immediately to his/her immediate supervisor, or in his/her absence the EMS Coordinator. The exposure shall also be documented on the Infectious Disease Exposure Form before the completion of the shift for any of the following exposures:

1. Needle stick injury
2. Break in skin caused by potentially contaminated object.
3. Splash of blood or other potentially infectious material onto eyes, mucous membranes, or non-intact skin.
4. Mouth-to-mouth resuscitation without pocket mask/one-way valve.
5. Other exposure regarded as significant by the individual.

This form shall be forwarded to the EMS Coordinator or, in his/her absence, to the Fire Chief for disposition. Of a possible exposure occurred, medical evaluation by a designated physician will be arranged no later than 48 hours post-exposure. The EMS Coordinator (or Fire Chief in his/her absence) will complete the Infectious Disease Exposure Form indicating disposition of medical management and file the report (per OSHA CFR 29 Part 1910.1030).
The individual may be evaluated clinically and may elect to receive HIV antibody or HBV serologic testing (per USP5 recommendations). It is recommended that these blood tests be conducted as soon as possible following an exposure incident. Personnel should report and seek medical attention for any acute illness, particularly those characterized by fever, rash, myalgia, fatigue, malaise or lymphadenopathy that occurs within 12 weeks after exposure.

Baseline blood samples will be retained for a period not less than 90 days. During this period the individual who had initially declined HIV antibody testing will have the opportunity to allow such testing to be accomplished on the previously submitted blood sample.

Follow-up procedures shall be taken for personnel exposed or potentially exposed HIV or HBV. The designated infection control consultant will provide appropriate diagnostic work-up and determine the need for prophylaxis or treatment procedure(s) in accordance with the minimum recommendations of the United States Public Health Service. If, following medical consultation, any treatment is recommended, the WISHA 200 log shall also be completed.

If an individual has percutaneous (needle stick, laceration, or bite) or permucosal (ocular or mucous membrane) exposure to body fluids, the source patient will be traced to receiving medical facility by the EMS Coordinator (or Duty Officer in his/her absence). The EMS Coordinator will notify the receiving facility that a communicable disease exposure took place and request an infectious disease determination as provided under the Ryan White Act of 1990. (This pertains only to air-borne infectious diseases). Request for consent to test the source patient for HIV and HBV will be made through the EMS Coordinator and receiving hospital Infection Control office. The source patient has the right to refuse such testing under present regulations. If the suspected source patient does not consent, follow-up will be conducted as if the patient is known to be HIV or HBV positive.

If the patient is transported to the hospital, notify Receiving Hospital Infection Control or the County Health Department. If the patient has left the scene, request testing via the Duty Officer or EMS Coordinator, who will subsequently notify the County Health Department. The results of the source individual’s testing must be made available only to the exposed individual. Patient confidentiality will be preserved in any notification procedure.

If consent is refused, HIV testing of the source can be requested in accordance with WAC 248-100-206(10) from the County Medical Officer (Cowlitz County Health Department) if such request is made within seven days of exposure incident.

The Department is responsible to the individual, co-workers, and the public. The Department’s overall responsibility for controlling the spread of infectious disease shall prevail. Therefore, in the event that department personnel become infected, the department may initiate work restrictions for reasons of infection control. Actual restrictions will be established on a case-by-
case basis under direction of the consulted health care professional. Restrictions may be temporary or permanent. Personnel returning to work following debilitating injury, illness or communicable disease (occupational or non-occupational) must be cleared by their private physician prior to resuming emergency response duties.

Infectious Disease Exposure Forms will be maintained in accordance with OSHA’s 29 CFR, Part 1910.1030.

SECTION 3- TRAINING

REQUIRED TRAINING

All personnel, who are directly or indirectly involved in the provision of emergency medical care (i.e. fire) are considered to be at high risk for exposure. They shall receive initial and annual refresher training regarding the contents of this plan, infection control guidelines, recommendation, and procedures.

All employees of the Public Works Department are considered to be at medium risk and will also receive annual training as outlined above. All other city employees are considered to be at low risk and therefore will not be required to attend training, however it will be made available.
Work Practices

All personnel shall use the appropriate barrier precautions to prevent skin and mucous membrane exposure whenever contact with blood or bodily fluid is anticipated. (WAC 296-823-15005)

Disposable gloves shall be worn on all medical emergency responses. Disposable gloves shall be worn before making physical contact with any patient and/or when handling items soiled with blood or other bodily fluids. Should one’s disposable gloves become contaminated with blood or other bodily fluids, the gloves shall be disposed of as contaminated waste (WAC 296-823-15010). Care should be taken to avoid touching other items while wearing the disposable gloves in a potentially contaminated environment. Further consideration of eye protection and body protection from potentially infectious substances should be considered. Use of protective eyewear, face shields, gowns, or other protective barriers should be considered where exposure to body fluids is likely.

All procedures involving blood or other potentially infectious materials shall be done in a way to minimize splashing, spraying or otherwise generating droplets of those materials (WAC 296-823-14020).

Eating, drinking, smoking, applying lip balm, handling contact lenses, and similar body contact shall be prohibited in areas where a potential for an exposure exists.

Personal Decontamination

Personnel shall wash their hands immediately or as soon as possible following the removal of potentially contaminated gloves. Antibacterial soap and warm water shall be used to wash one’s hands as soon as possible following exposure and/or removal of gloves, paying particular attention to the fingernails. Waterless anti-bacterial hand sanitizer may be used when soap and water is not readily available, but should be followed-up by thorough hand washing when facilities are available.

If an employee’s intact skin contacts someone else’s blood or bodily fluids or other potentially infectious materials, the employee shall immediately wash the exposed part of his/her body with soap and warm water and/or an approved disinfectant as soon as possible. If the skin becomes grossly contaminated, body washing/shower shall be followed by an approved hospital strength disinfectant. If large areas of the employee’s skin are contaminated, the employee shall shower as soon as possible, using warm water and soap and/or an approved disinfectant. Medical treatment should be obtained (WAC 296-823-14030).

If an employee’s eyes are exposed to someone else’s blood or body fluids, the eyes should be immediately flushed with an appropriate eye wash or sterile saline solution. If the employee’s mouth is exposed, normal anti-bacterial mouthwash should be used and be preceded with a clean water rinse if access to mouthwash is delayed.

Contaminated non-intact skin shall be cleaned using an approved disinfectant and then dressed or bandaged as required. Medical treatment is required.

All hand, skin and mucous membrane washing that takes place in the work area shall be done in the designated cleaning or decontamination area. Cleaning shall not be done in the kitchen, bathrooms or other locations not designated as the cleaning or decontamination area (WAC 296-823-14030).
Decontamination

Contaminated non-disposable equipment shall be decontaminated as soon as reasonably practicable. If it is to be transported, it shall be done by first placing it into a biohazard waste bag.

Decontamination shall be done with gloves, protective eyewear, and any other necessary protective equipment to eliminate direct body contact.

Grossly contaminated non-disposable equipment items shall be transported to Clark County Fire and Rescue for proper cleaning and disinfecting. Porous surfaces such as nylon bags and straps shall be brushed and scrubbed with a detergent, disinfectant and hot water, laundered and allowed to dry. Non-porous surfaces shall be brushed and scrubbed with detergent and hot water, sprayed with a bleach solution, rinsed and allowed to dry. Delicate equipment should be brushed and scrubbed very carefully using a minimal amount of a type of germicide that is approved by the EPA.

Pay close attention to handles, controls, portable radios, and corners when cleaning equipment. Equipment cleaning shall not be done in the kitchen, bathrooms or other areas not designated as the cleaning/decontamination area.

Contaminated equipment should be cleaned using an approved EPA germicide or a 1:100 solution of chlorine bleach, while wearing disposable gloves and goggles. Large particles of contaminants such as vomit, feces or blood clots should first be removed using a disposable towel or other means to prevent direct contact, and properly disposed (WAC 296-823-14055).

Contaminated clothing shall be removed as soon as feasible and rinsed in cold water to prevent the setting of bloodstains. If the clothing must be dry cleaned, place it into a biohazard waste bag and give it to the safety officer. He will secure a dry cleaner that is capable of cleaning contaminated clothing, and inform them of the potential contamination. This dry cleaning will be done at the Department’s expense (WAC 296-823-15030).

Contaminated leather boots shall be brushed and scrubbed with detergent and hot water. If the contaminant soaked through the boot, the boot shall be discarded.

Contaminated vehicles and components such as the seats, radios and doors shall be washed with soap and warm water and disinfected with an approved germicide as soon as feasible. As an alternative, the vehicle should be sidelined and a company authorized to provide decontamination services, such as ServiceMaster, shall be called to provide the service.

The Safety Officer shall designate a location that will serve as the area for cleaning/decontamination. This area is to be used to keep equipment clean and sanitary and for the employees to wash any potential contamination from their bodies. This area is to be thoroughly cleaned after each use and maintained in a clean and sanitary order at all times between each use. The application of cosmetics, smoking of cigarettes and consuming of food and drink are prohibited in the designated area at all times.
# Appendix J

## CONFINED SPACE ENTRY PERMIT

### UTILITY AND FILTER DIVISIONS

<table>
<thead>
<tr>
<th>Location:</th>
<th>Type of Space:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Entry:</td>
<td></td>
</tr>
</tbody>
</table>

**Atmospheric Hazards:**
- [ ] Oxygen deficiency
- [ ] Combustible gas
- [ ] Toxic contaminants
- Chemical/Biological
- Noise
- Other ____________

**Physical Hazards:**
- [ ] Mechanical
- Electrical
- Heat
- Personal Protective Equipment
- Other ____________

**Hazard Controls:**
- [ ] Ventilation
- [ ] Lockout/Tagout

<table>
<thead>
<tr>
<th>Beginning Date:</th>
<th>Beginning Time:</th>
<th>End Date:</th>
<th>End Time:</th>
</tr>
</thead>
</table>

### Authorized Personnel

**Entrants’ Names with Dept/Shop/Company**

**Attendants’ Names with Dept/Shop/Company**

### Required Equipment

**Communication Methods with Entrants:**
- [ ] Voice
- [ ] Radio
- [ ] Phone
- [ ] Visual
- [ ] Rope Signals

**Communication Methods to Contact Emergency Services:**
- [ ] Phone
- [ ] Radio
- [ ] Other ____________

**Personal Protective Equipment:**
- [ ] Coveralls
- [ ] Tyvek® Suit
- [ ] Leather Gloves
- [ ] Welding Gloves
- [ ] Chemical Resistant Gloves
- [ ] Welding Hood
- [ ] Eye Protection
- [ ] Hearing Protection
- [ ] Hard Hat
- [ ] Respiratory Protection
- [ ] Safety Shoes/Boots
- [ ] Harness/Life Line
- [ ] Tripod/Winch
- [ ] Other ____________

**Traffic Control:**
- [ ] Barricades
- [ ] Vests
- [ ] Flags
- [ ] Signs

**Hot Works:**
- [ ] Yes (Permit Required)
- [ ] No

**Type of Gas Monitor:**

<table>
<thead>
<tr>
<th>Tests</th>
<th>Acceptable Entry Conditions</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen</td>
<td>19.5-23.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Combustible Gas</td>
<td>Below 10% LEL</td>
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<td></td>
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<td></td>
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<tr>
<td>Carbon Monoxide</td>
<td>Do not exceed 35 ppm</td>
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<tr>
<td>Hydrogen Sulfide</td>
<td>Do not exceed 10 ppm</td>
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</table>

**Initials of Tester**

### Approvals

**Entry Supervisor (Print) (Sign):**

I assumed the responsibility of Entry Supervisor on (date): ____________ at (time): ____________
Waste Water Lift Station Confined Space Entry Permit

THIS PERMIT IS TO REMAIN NEAR THE ENTRANCE OF THE CONFINED SPACE. PERMITS NULL AND VOID IF CONDITIONS FOR WHICH THE PERMIT WAS ISSUED CHANGE WORK TO BE PERFORMED.

ROUTINE INSPECTION AND MAINTENANCE- This includes inspecting station interior; checking operation of the equipment; hosing down of station and Wet Well, from outside, Wet Well; cleaning of check valves cleaning of vacuum tanks systems and lines. No chemical or solvents are to be used without securing an entry permit for other than routine inspection and maintenance. Wet Well and/or electrical work requires a separate entry permit.

This permit: starts at 6:00AM and expires at 6:00PM

CLEARANCE FOR ENTRY- The names of employees approved for entry are written below. No unauthorized entry!! No others may enter the confined space except a trained emergency responder. In an emergency call 9-1-1 immediately, also contact available radio base, i.e. law enforcement.

PREPARATION FOR ENTRY: The following checklist is not to be used as a substitute for advanced job planning, nor is it intended to be all inclusive. Consult the Confined Space Entry Procedure prior to any entry.

ALL LISTED ITEMS BELOW ARE TO BE PERFORMED AT EACH STATION PRIOR TO ENTRY

<table>
<thead>
<tr>
<th>To be Completed Prior to Entry</th>
<th>Yes</th>
<th>Initials</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Have ALL persons working in the immediate area been notified?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2) Have barricades been placed indicating that someone is working in the confined space?</td>
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<tr>
<td>3) Has the Lift Station Ventilation Fan been started and allowed at least five (5) air exchanges?</td>
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</tr>
<tr>
<td>4) Are all minimum required rescue equipment on hand? (Safety Equipment listed below)</td>
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<tr>
<td>5) Do all permit signers have a complete understanding of the work to be performed and the safety procedures to be followed?</td>
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</tr>
</tbody>
</table>

Required Personal Protective Equipment: Hard Hats, Body Harness
Additional Items:
Appendix K

**Safety Equipment:** Tripod/Davit, Lifeline & Retrieval, Fall Arrest Winch, Ventilation Fan/Duct, Fire Extinguisher, Radio and/or Telephone, Flashlight

**Additional Items:**

Atmosphere Sampling: The atmosphere in each Confined Space Lift Station will be tested for the following prior to entry and continuously during occupancy and each time the job is discontinued for more than ten (10) minutes. Oxygen must be at least 19.5%, Combustible Gas levels must be below 10% and the Hydrogen Sulfide (H2S) level must be less than 10 PPM. Results must be recorded, including the time and initials of the person performing the test.

**Air Monitor Model:** __________________ **Serial #** ________________
**Calibration Date:**___________________

**Signatures :**

**Authorized Attendant:** _____________________________________________
**Entrant:** _____________________________________________
**Authorized Supervisor:** ____________________________________________

CITY OF STEVENSON

CONFINED SPACE ENTRY WASTE WATER LIFT STATION

<table>
<thead>
<tr>
<th>Location</th>
<th>Time In</th>
<th>CO</th>
<th>%H2S</th>
<th>Pump 1</th>
<th>Time Out</th>
<th>2%</th>
<th>%LHL</th>
<th>Pump 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kanaka</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Initials</td>
<td>Time Out</td>
<td>2%</td>
<td></td>
<td></td>
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<tr>
<td>Cascade</td>
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</tr>
<tr>
<td>Initials</td>
<td>Time Out</td>
<td>2%</td>
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</tr>
<tr>
<td>Rock Creek</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Initials</td>
<td>Time Out</td>
<td>2%</td>
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<tr>
<td>Fairgrounds</td>
<td></td>
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</tr>
<tr>
<td>Initials</td>
<td>Time Out</td>
<td>2%</td>
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</tr>
<tr>
<td>All M.H. within system</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Initials</td>
<td>Time Out</td>
<td>2%</td>
<td></td>
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</tr>
</tbody>
</table>
# Lockout/Tagout Inspection Sheet

**Name and Location of Equipment Being Serviced:**

_________________________________________________________________________________

**Name(s) of Employee(s) Performing Service:**

_________________________________________________________________________________

## Prior to service:

<table>
<thead>
<tr>
<th></th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate Notification Given</td>
<td></td>
</tr>
<tr>
<td>Secondary power source identified</td>
<td></td>
</tr>
<tr>
<td>Recorded on Lockout/Tagout Board</td>
<td></td>
</tr>
<tr>
<td>Testing equipment used</td>
<td></td>
</tr>
<tr>
<td>Hazardous energy source isolated</td>
<td></td>
</tr>
<tr>
<td>Stored energy released and tested</td>
<td></td>
</tr>
<tr>
<td>Proper lock usage</td>
<td></td>
</tr>
<tr>
<td>Tags properly labeled</td>
<td></td>
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</tbody>
</table>

## After Service:

<table>
<thead>
<tr>
<th></th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area cleaned of non-essentials</td>
<td></td>
</tr>
<tr>
<td>Isolation devices removed</td>
<td></td>
</tr>
<tr>
<td>Notification prior to lockout/Tagout removal</td>
<td></td>
</tr>
<tr>
<td>Removed from Lockout board</td>
<td></td>
</tr>
</tbody>
</table>

Identify all safety and isolation devices used during Lockout/Tagout Procedures:

_________________________________________________________________________________

_________________________________________________________________________________

Comments:

_________________________________________________________________________________

_________________________________________________________________________________

Inspector: ___________________________ Date: ___________________________