ACCIDENT PREVENTION PLAN

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MANAGEMENT COMPONENT

SAFETY POLICY STATEMENT

Bastrop County is committed to providing a safe and healthful work environment for all our employees and others that may work, visit or enter our facilities. The objective of our Accident Prevention Program is to prevent accidents and minimize their consequences, and to reduce the frequency and severity of injuries.

It is our policy to manage and conduct operations and business in a manner that offers maximum protection to all employees and any other person that may be affected by our operations and business.

It is our absolute conviction that we have the responsibility for providing a safe and healthful work environment for our people and all others that may be affected as we conduct our business. We will make every effort to provide a working environment that is free from any recognized or potential hazard.

We recognize that the success of our safety and health program is contingent and dependent upon support from the Commissioners Court, management, and supervisors, as well as all employees of the county.

The Loss Control Coordinator will establish avenues to solicit and receive comments, information, and assistance from employees about safety and health. If you have any questions or concerns about employee safety and health, please contact the individual appointed by your county as the contact for these issues, Ashley Piper - HR Director.

AUTHORITY AND ACCOUNTABILITY STATEMENT

The Loss Control Coordinator is responsible and accountable for coordinating and administrating the County Accident Prevention Plan. Some of the assigned duties include: directing the development of loss control policies and procedures, performing inspections, establishing and directing the county's safety training efforts, assisting with accident investigations, acting as liaison between the Commissioners Court, other elected officials, and the Loss Control Committee, establishing safety goals and objectives, and generally directing safety and accident prevention activities.

The responsibility for loss prevention administration is delegated to the departmental Safety Committee members, acting in an advisory capacity to department managers and supervisors within the county. Some of the assigned duties include: participating in Loss Control Committee meetings, assisting with development of safety policies, conducting or assisting with accident investigations, evaluating and recommending corrective actions to prevent accidents and injuries, assisting with establishing safety goals and objectives, and conducting departmental safety inspections. Department heads, with the assistance of the Safety Committee members, are responsible and will be held accountable to ensure that all employees in their departments follow all safety and health policies, procedures, and rules established by the county. They are also responsible for administering training and guidance to employees in their departments.

The immediate supervisor of the employee has the authority to reprimand and recommend disciplinary actions against employees that violate the safety and health policies of the county.

Employees are responsible and will be held accountable for providing the county with a commitment to the safety and health program, abiding by the policies, procedures and rules set forth by the program, and becoming actively involved in the program to assist in providing a safe and healthful workplace for all involved.

RECORDKEEPING COMPONENT

RECORDS AND DOCUMENTATION STATEMENT

Bastrop County believes that the only valid means of reviewing and identifying trends and deficiencies in a safety program is through an effective recordkeeping program. The recordkeeping component will be essential in tracking the performance of duties and responsibilities under the program. The county will implement and maintain an active, and updated recordkeeping program.

INJURY AND ILLNESS DATA

Bastrop County Human Resources will maintain records of all work-related injuries and illnesses to employees. Copies of the records will be sent to the County's Claims Coordinator's office.

The following records apply only to work-related injuries and illnesses.

Applicable forms or records:

- Employee injury report (if applicable);
- Texas Workers' Compensation Commission form DWC-1, Employer's First Report of Injury;
- Accident log;
- Accident/incident investigation report;
- Witness statements;
- Insurance company loss runs; and
- List any additional forms that may apply to this section.

SAFETY AND HEALTH SURVEYS AND INSPECTIONS PROGRAM

Bastrop County's Loss Control Coordinator will maintain and review records of all safety audits and inspections that are conducted within the respective area.

Applicable forms and records:

- Comprehensive safety survey reports as well as records to document action taken to correct identified deficiencies;
- Monthly precinct barn inspections;
- Monthly office inspections; and
- Monthly jail inspection.

All inspection information will be retained in the department where the information originated. The retaining period will be according to the recordkeeping plan.

SAFETY AND RELATED MEETINGS

The Bastrop County Commissioner's Court approved Safety Committee will meet at least twice a year to discuss issues and trends concerning Safety.

The Loss Control Coordinator will maintain accurate records of all proceedings associated with the safety and health program of this county.

Applicable forms and records:

- Agendas, minutes, records and data, including training information used during safety meetings or other gatherings in which safety and health issues were discussed; and
- These records will include the name of the recorder, date, a list of attendees, details of the topics discussed, and action or corrective measures suggested, recommended, or implemented.

The Committee Chair will keep a record of all proceedings, as well as appropriate management or other designated staff actions affecting the safety and health program.

A recorder will be designated as responsible for keeping minutes or records at each meeting. During each subsequent meeting, the record of minutes for the previous meeting will be reviewed, discussed and resolved.

TRAINING RECORDS

The Loss Control Coordinator will document and maintain records of all safety and health-related training.

Applicable forms or records:

- Sign-in sheets; and
- Copies of materials distributed during the training session.

All safety and health-related training provided to employees of this county will be documented. This documentation will be maintained as proof of attendance and reviewed to assist in determining the need for additional or repeated training for employees on an individual basis.

Records and documentation of training will include the presenter’s name, date of training, topic or subject, printed name and signature of all participants.

The person providing the training is responsible for generating the documentation. The training record will become part of the employee's' permanent training file and will be maintained by Human Resources.

ACCIDENT INVESTIGATION

All accidents and near-miss incidents resulting in injury or illness to a person, property damage of any magnitude, or the potential for either, will be investigated and documented.

Human Resources and Purchasing will ensure proper records and documentation of all accident and incident investigation activities are maintained and reviewed according to the Accident Investigation Component.

Applicable forms and records:

- Employee injury report;
- Accident investigation forms;
- Witness reports;
- Supporting data including photographs, sketches, maps, etc.; and
- Plan of corrective action and records of corrective action or preventive measures implemented.

EQUIPMENT INSPECTION AND MAINTENANCE

Bastrop County's Road & Bridge will maintain records and data pertaining to equipment inspection and maintenance programs performed at or with each facility.

Applicable forms and records:

- Daily vehicle inspections;
- 3,000 mile car, patrol car, and pick-up truck inspections; and
- 250 hours heavy equipment inspections.

Accurate records will be maintained involving all routine inspections and maintenance procedures performed on equipment for the county. This documentation will be reviewed by those responsible for maintaining equipment. The documentation will be utilized to determine an effective, ongoing equipment maintenance program and to ensure compliance with regulations that require inspections on certain equipment.

ANALYSIS COMPONENT

TREND ANALYSIS

Human Resources and Purchasing will review and analyze all records and documentation pertaining to the safety and health program. These records are those spelled out in the Recordkeeping Component of this Accident Prevention Plan.

This review will be conducted on a semi-annual basis. The analysis will focus on hazard analysis and recognition of developing trends.

Trend analysis will identify recurring accidents and near-miss incidents resulting in or potentially involving injury, illness, and/or property damage. The analysis will also recognize repeatedly identified hazards/violations needing corrective action to establish which program component is failing, therefore, allowing the hazard to exist.

Bastrop County's Safety Committee will provide information and recommendations for corrective measures for trends developing in their areas. They will also follow-up to assure the corrective measures were implemented. Information regarding recommendations will be part of the regular safety meetings.

Employees will be made aware of developing trends and hazard exposures as they are recognized.

EDUCATION & TRAINING COMPONENT

TRAINING PROGRAM DEVELOPMENT

Bastrop County is committed to providing safety and health-related orientation and training to all employees. The Bastrop County Safety Committee will develop, implement and maintain a safety and health orientation and training program.

The purpose of the training component is to educate and familiarize employees with safety and health procedures, rules and work practices of the county. The county will require involvement and participation of all department heads, supervisors and employees. Furthermore, the county will support the orientation and training program by allocating funding, staff, resources and time to develop and implement this component of the program.

ONGOING TRAINING

The training subjects, materials and the training schedule will be developed utilizing site-specific, potential-hazards, accident and incident information data, and safety-training analysis.

All employees will receive safety training. The date and topic of the training will be posted as part of the training schedule. The county will include the training schedule as part of the Accident Prevention Plan.

All employees assigned to attend a training session must demonstrate competency and retention of the minimal acceptable information prior to returning to any job assignment

ORIENTATION

The orientation training will be administered to all new employees prior to the initial work assignment and to employees assigned to new or different jobs.

The orientation will consist of a discussion of all county-required and departmental policies, as well as job- and site-specific safety and health information. The orientation topics will be listed on the suggested safety orientation checklist. All new employees will be given a tour of the facility and an opportunity to pose questions to expedite the familiarization process. New employees will not be released to an individual job.

assignment until it has been determined by the Elected Official/Department Head that the employee has met the minimum safety requirements.

The orientation and subsequent training sessions will include, but not be limited to, the following:

- Hazards associated with the work area;
- Hazards of the job or task assignment;
- Emergency procedures;
- Personal protective equipment;
- Hazard communication (hazardous chemicals and materials);
- Specific equipment operation training;
- Employee reporting requirements; and
- Accident investigation (supervisors and other designated personnel).

DOCUMENTATION

All safety and health-related training administered or provided by the county will be documented with the following minimum information:

- Date of training session;
- Instructor or presenter name(s);
- Subject matter;
- Legible name of attendee(s); and
- Signature of acknowledgement of attendance.

All training records and documentation will be retained within the department where they were generated. Individual training records will be maintained for the current year, plus five more years. Copies of the training records will be sent to the Bastrop County Human Resources Department for retention and use in the analysis process.

A training schedule will be included in the Accident Prevention Plan. Any employees missing a scheduled training session will be required to make up that session as soon as they return to work. The elected official, department head, or designee will follow up to assure the make-up session(s) are completed.

AUDIT/INSPECTION COMPONENT

Bastrop County has implemented a program to identify, correct and control hazards on an ongoing basis. This program will utilize multiple resources to ensure effectiveness.

COMPREHENSIVE SURVEYS

The county has arranged for each operating location to receive a comprehensive safety and health audit by a TAC Risk Management Services risk control consultant, at least on an annual basis. These audits will identify existing and potential hazards, non-compliance issues and evaluate the overall effectiveness of the Accident Prevention Plan.

SAFETY AND HEALTH SELF-INSPECTIONS

The Elected Official, Department Head or designee at each location will conduct self-inspection that will cover the entire department and equipment. Some inspections will be conducted weekly or monthly. All inspections will be conducted on an ongoing basis without interruption. Management will allocate adequate time and resources to perform the surveys.

Each location will develop and maintain inspection checklist(s) specific to the operation. The list will be developed utilizing a general inspection checklist and will be evaluated and updated with hazards that are identified during the inspections and other pertinent data as it is acquired.

Checklists will be used and maintained and include the name of the person performing the evaluation and the date the inspection takes place. Management, upon completion, will review the self-inspection checklist. All discrepancies identified during the survey will be evaluated as soon as possible.

Employees must be notified of the hazards that pose an immediate threat of physical harm or property damage immediately after the discovery of the condition, as well as of the measures or steps required to eliminate, correct or control the hazard.

Monthly safety and health inspections will include, but not be limited to, the following:

- Comprehensive survey reports and records of action taken to correct deficiencies;
- Monthly precinct barn inspections;
- Monthly office inspections; and

- Jail Inspections

Safety and health equipment inspections will include, but not be limited to, the following:

- Daily vehicle inspections;
- 3,000 mile car, patrol car and pick-up truck inspections; and
- 250 hours heavy equipment inspections.

Management will review the inspection checklists and any other established documentation to ensure that a course of corrective action and timeline has been established for eliminating each deficiency. Follow up will occur to assure that proper corrective action was taken.

Reports generated, as a result of comprehensive surveys by TAC Risk Management Pool or other state agencies, will receive immediate attention and consideration. All hazards identified and the recommendations made will be acted upon in a timely manner. The Loss Control Coordinator will follow up to assure that proper corrective action was taken to eliminate the identified condition. All methods of addressing the issues contained in the reports will be documented in writing and a copy maintained with the survey report.

ACCIDENT INVESTIGATION COMPONENT

Management is committed to and will correct or control all hazards identified through the accident investigation or the hazard identification programs. All identified hazards will receive a timely response.

HAZARD CORRECTION

Whenever possible and feasible, hazards identified in each department will be corrected in order to eliminate the cause of the hazard at the source. This will include, but not be limited to, the following:

- Discontinuation or removal of hazardous chemicals, materials or substances from the workplace;
- Discontinuation of use or removal of hazardous equipment until replaced or repaired; and
- Correction of any unsafe act or conditions in existence, by service or training.

HAZARD CONTROL

When identified hazards cannot be eliminated, the hazard will be effectively controlled by engineering, administrative procedures, work practices, personal protective equipment, or any suitable combination of these measures.

- Engineering controls;
- Administrative procedures; and
- Personal protective equipment.

ACCIDENT REPORTING AND INVESTIGATION

Human Resources and/or Purchasing will investigate all work-related accidents and near-miss incidents involving employees or company property to develop preventive measures and implement corrective actions.

All items on the designated accident investigation form will be addressed in detail as soon as possible following the accident/incident. The information acquired will be used and reviewed by management, supervisors and effected employees to establish all contributing factors and causes.

All county employees must follow the accident investigation policy.

EMPLOYEE REPORTING

All county employees are required to report all accidents or incidents that occur in the scope of their employment. All accidents and incidents must be reported to the department manager, foreman, or supervisor immediately, but no less than 24 hours after the accident or incident occurs. An employee injury report or DWC-1 must be filed by the supervisor and provided to the claims coordinator within 24 hours, but no later than three days after knowledge of the accident or incident.

Phone contact by the injured employee is encouraged, if possible, to facilitate a quick investigation before the surrounding conditions change. The telephone number to report incidents is 512-581-7120. Once notified, the immediate supervisor will begin the investigation.

INVESTIGATION TIMELINE

It is the responsibility of the respective supervisor/manager/foreman to begin gathering evidence, e.g. photos, statements, etc. The severity of the accident should dictate the extent of the investigation. In some cases it may be necessary for the supervisor/foreman to investigate and report accidents or incidents where no injuries or other losses occurred.

The investigation will be conducted immediately, but no later than three working days after knowledge of the incident. The investigation will be recorded on the loss control coordinator's accident investigation report by the department supervisor. Immediately upon completion (no later than five days after knowledge of the incident), the report will be sent to the department head and, if applicable, copies of the final report should be forwarded to the Loss Control Coordinator in Human Resources.

DEPARTMENT RESPONSIBILITY

The department head will review the investigation report and evaluate the contributing factors of the accident outlined in the report. The manager should take into consideration the causes of the accident and immediately evaluate his/her work area for similar problems. The manager/foreman will take immediate action to either eliminate or control the identified problems. Notification of corrections, as well as problems that cannot be corrected immediately will be sent to the department head and risk manager, if applicable.

ACTION BY COMMISSIONERS COURT

The Commissioners Court may provide funding as needed to correct these hazards in an appropriate manner. The Commissioners Court, with the assistance of the supervisor, will develop a timeline for correction by the department manager/foreman. The manager/foreman must post notice of the hazard or problem and take appropriate interim measures to prevent accidents from recurring.

EMPLOYER REPORTING

The claims coordinator will report the following accidents to local, state, and federal agencies as required:

FATALITIES/CATASTROPHIC LOSS

Texas Department of Insurance Workers' Compensation Division—fatalities and accidents involving five (5) or more injuries will be reported within 24 hours.

LOST WORKDAY CASES OTHER THAN FATALITIES:

- Covered employers report to the Texas Department of Insurance Workers' Compensation Division using form DWC-1, Employer's First Report of Injury;
- Non-fatal cases without lost workdays which result in transfer to another employment, require medical treatment other than first aid, involve loss of consciousness, or restriction of work motion. This category also includes any diagnosed occupational illnesses which are reported to the employer but are not classified as fatalities or lost workday cases; and
- Bloodborne pathogen exposure within 24 hours to the Texas Department of Health.

DOCUMENTATION

All activities and findings of the investigators will be documented and recorded for review. Incident report information should not be released or disclosed to anyone other than the Department Head, Loss Control Coordinator, Purchasing Agent, or Human Resources.

Accident investigation documentation will record, as a minimum, the following information:

- Date and time of occurrence;
- Location of the occurrence;
- Name of person(s) conducting the investigation;

- Job assignment or duties being performed at time of incident;
- Details of how the accident occurred;
- Description of any equipment affected or involved;
- Names and comments of witnesses;
- Indirect, underlying, or contributing factors (including fault or failure in safety and health program components);
- Name of person(s) involved, job title, assigned work area, date of birth, sex;
- Nature and severity of injury or illness;
- Name of immediate supervisor of employee;
- Special circumstances or encumbrances;
- Injury, part of body affected;
- Direct cause; and
- Corrective action implemented or preventive measures taken (including safety and health program adjustments).

PROGRAM REVIEW & REVISION COMPONENT

PERIODIC REVIEW AND REVISION OF PROGRAM COMPONENTS

The Loss Control Coordinator for Bastrop County or other designated representative will review, at least annually, and revise the components of the Accident Prevention Plan for effectiveness and implementation.

The components of the Accident Prevention Plan will be reviewed annually to identify insufficiencies or component failure. Each component will be audited individually with the findings documented and recorded. This documentation will be used to identify trends in the program component deficiency and to track improvement modifications. This documentation will be maintained for review. Corrective measures will be taken as needed to re-emphasize or restructure the Accident Prevention Plan to perform at the optimum effectiveness.

Special attention will be devoted to areas and criteria that demonstrate failure in a program component, introduction of new procedures, processes or equipment.

Information will be solicited from area supervisors and employees to determine the effectiveness of each program component, and obtain assistance in developing adjustments and corrections.

FORMS SECTION

250 Hour Heavy Equipment Inspection

3,000 Mile Vehicle Inspection

Accident Prevention Plan Implementation Status Report

Annual Review of Accident Prevention Plan

Daily Equipment Inspection

General Safety Inspection

Hazard Communication Checklist

Incident Investigation Report

Inspection Checklist and Report

Inspection Schedule

Jail Inspection Checklist and Report

New Employee Safety Orientation Checklist

Precinct Yard Inspection

Quarterly Analysis Report

Safety Inspection Guide Office Hazards

Safety Meeting Record

Sample Recordkeeping Plan

Sample Training Schedule

Specialized Training Schedule

Training Documentation

3,000 MILE INSPECTION CHECKLIST

_____ COUNTY ROAD DEPARTMENT

Date: _____ Mileage: _____ Shop Work Order #: _____		Make/Model/Year	Equipment Number
Mileage/Hours	Date	Inspector	
Ref: Repair Order No.			

Required Action Key: ® = Replace (A) = Adjust, Replace if necessary All Others = Inspect
Inspection Marking Key: ✓ = Satisfactory – = Not Applicable X = Deficiency ⊗ = Deficiency Corrected

Engine Compartment:

- ☐ Radiator Condition
- ☐ Pressure Cap
- ☐ Coolant Level
- ☐ Anti-Freeze
- ☐ Hoses/Clamps
- ☐ Recovery Tank
- ☐ Oil Cooler/Lines/Fittings
- ☐ Trans Cooler/Lines/Fittings
- ☐ Fan Belt (A)
- ☐ A/C Drive Belt (A)
- ☐ Gen/Alt Belt (A)
- ☐ Water Pump Belt (A)
- ☐ Gen/Alt Mts/Cables
- ☐ Starter Mts/Cables
- ☐ Battery Condition
- ☐ Battery Level
- ☐ Terminals/Cables
- ☐ Access Wiring
- ☐ Brake Fluid
- ☐ Brake Booster
- ☐ Air Filter ®
- ☐ Fuel Filter/Gasket ®
- ☐ Fuel Lines/Fittings
- ☐ Return Lines/Fittings
- ☐ Carb/Choke (A)
- ☐ PS Fluid/Filter ®
- ☐ Hydraulic Fluid/Filter ®

Engine Running:

- ☐ Oil Pressure Gauge
- ☐ Oil Temperature Gauge
- ☐ Ammeter/Voltmeter
- ☐ Fuel Gauge
- ☐ Coolant Temp Gauge
- ☐ Choke
- ☐ Neutral Safety Switch
- ☐ Tachometer
- ☐ Air Pressure Gauge
- ☐ Brake Vacuum Gauge
- ☐ Fuel Switch-over
- ☐ Manifolds
- ☐ Air Compressor/Tank(s)
- ☐ Switches
- ☐ Service Lights
- ☐ Wipers/Washer
- ☐ Horn
- ☐ Heater/Defroster
- ☐ Mirrors

Miscellaneous

- ☐ Cab Steps
- ☐ Cab Handrails
- ☐ Side Mirrors
- ☐ Beacon Light

Lubrication:

- ☐ Oil/Filter ®
- ☐ Clutch Release Bearing
- ☐ U Joints/Flanges
- ☐ Ball Joints
- ☐ Kingpins/Draw Keys
- ☐ Tie Rods/Idle Arm/Drag Link
- ☐ Fittings
- ☐ Transmission
- ☐ Differential
- ☐ Hydrovac

Underbody:

- ☐ Exhaust System
- ☐ Shocks/Springs
- ☐ Torsion Bars
- ☐ Suspension Bushings
- ☐ PS Hoses/Cylinders
- ☐ Steering Gear (A)
- ☐ Brake Lines
- ☐ Tires/Pressure (A)
- ☐ Wheel Lugs/Rims

Operating:

- ☐ Brakes (A)
- ☐ Clutch (A)
- ☐ Emergency Brake (A)
- ☐ Steering (A)
- ☐ Shift Linkage (A)
- ☐ Transmission
- ☐ Odometer
- ☐ Two-Speed Axle
- ☐ Backup Alarm
- ☐ Headlight Alignment (A)
- ☐ Safety Equipment
- ☐ Front End Alignment/Toe-in
- ☐ Doors/Glass/Seals

Supplemental:

- ☐ PTO
- ☐ Hydraulic Pump
- ☐ Bed Hoist
- ☐ Hoist Cylinder Mts.
- ☐ Dump Bed
- ☐ Bed Hinge Pins
- ☐ Dump Bed Lock
- ☐ Tailgate Lock
- ☐ Aux. Fuel Tank

250 HOUR INSPECTION CHECKLIST

_____ **COUNTY ROAD DEPARTMENT** Shop Work Order #: _____

Date: _____ Mileage: _____		Make/Model/Year	Equipment Number
Mileage/Hours	Date	Inspector	
Ref: Repair Order No.			

Required Action Key: ® = Replace (A) = Adjust, Replace if necessary All Others = Inspect
Inspection Marking Key: ✓ = Satisfactory _ = Not Applicable X = Deficiency ⊗ = Deficiency Corrected

SYSTEM		PM OPERATION
ENGINE AIR CLEANER FUEL AND COOLING SYSTEMS		Check operation of all units.
		Engine oil (R).
		Engine oil filter (R).
		Turbo-charger oil filter (R).
		Oil in governor (A).
		Service air cleaner and precleaner (A).
		Change oil in fuel injection pump housing (if applicable).
		Fuel filters (R).
		Clean fuel water trap.
		Service crankcase breathers (A).
		Condition and adjustment of all drive belts (A).
		Condition of all air intake piping (A).
		Condition of exhaust system (A).
		Operation and condition of cooling system (A).
		Anti-freeze solution (R).
		Record engine oil pressure.
ELECTRICAL SYSTEM		Service batteries (check specific gravity).
		Operation and condition of gauges and meters.
		Operation and condition of lights.
		Operation and condition of windshield wipers.
		Operation and condition of starting and charging systems.
		Tune-up engines.
CLUTCH BRAKES TRANSMISSION STEERING SYSTEMS		Clutch operation and adjustment.
		Master cylinder level and brake system for leaks.
		Brake operation and adjustment.
		**Inspect brake lining, brake cylinders, and all component parts, every three (3) years. Date lining was inspected.
		Parking brake operation and adjustment.
		Drain transmission and transfer drive, and refill to correct oil level.
		Transmission filter. Clean serviceable filter.
		Clean transmission and converter breathers.
		Operation and condition of steering system.
HYDRAULIC SYSTEM		Replace hydraulic filter and check system for leaks.
		Drain hydraulic reservoir every two (2) years and refill to proper oil level. (Date oil changed).
		Clean hydraulic breathers.

SYSTEM		PM OPERATION
CIRCLE MOLDBOARD		Operation and condition of circle assembly (shoes, teeth).
		Circle reverse gear box oil level.
		Operation and condition of moldboard. (Cutting edges, end bits, shiftable moldboard cylinder, side shift assembly).
		Check operation and condition of scarifier assembly.
AXLES TANDEMS SHAFTS, TIRES MISC		Drain differential(s), final drives, tandems, every two years and refill to proper oil level. (Date changed).
		Clean differential breathers.
		Condition of propeller shafts and universals.
		Condition of tires.
		Condition of cab assembly. (Doors, glass, etc.)
LUBRICATION		Lubricate machine per manufacturer's recommendations.
MISCELLANEOUS		Cab steps
		Cab handrails
		Side mirrors
		Beacon light
		Backup alarm

Inspection Remarks:

_____

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Reviewed By: _____

Repair Remarks: _____

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Reviewed By: _____

Accident Prevention Plan Implementation Status Report

County: _____

Safety Rep: _____

Completed By: _____

As of Review Date: _____

COMPONENT	Road & Bridge Precinct 1	Road & Bridge Precinct 2	Road & Bridge Precinct 3	Road & Bridge Precinct 4	Judge	Sheriff	Treasurer	District Clerk	County Clerk	Tax A/C	Justice of the Peace 1	Justice of the Peace 2	Justice of the Peace 3	Justice of the Peace 4	District Attorney	Constable Precinct 1	Constable Precinct 2	Constable Precinct 3	Constable Precinct 4	Juvenile Department	Health Department
	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)	In Place (Y or N)
1. MANAGEMENT																					
2. ANALYSIS																					
3. RECORDKEEPING																					
4. SAFETY & HEALTH EDUCATION & TRAINING																					
5. AUDIT/INSPECTION																					
6. ACCIDENT INVESTIGATION																					
7. PERIODIC REVIEW & REVISION																					

ANNUAL REVIEW OF ACCIDENT PREVENTION PLAN

*Enter yes or no answers. If answer is no, use attached sheets for comments and corrective actions.

MANAGEMENT COMPONENT

_____ Is safety policy statement current and signed?
_____ Are employee/supervisor rules and responsibilities assigned?

ANALYSIS COMPONENT

_____ Has safety program documentation been reviewed for completeness?
_____ Have discrepancies been corrected?
_____ Is the accident log current?
_____ Does insurance loss run information match in-house records?

RECORDKEEPING COMPONENT

Are procedures in place to ensure the following records are maintained?

_____ Safety inspections
_____ Employee training
_____ Accident log
_____ Safety meeting minutes
_____ Accident investigations
_____ Emergency response drills

EDUCATION AND TRAINING COMPONENT

_____ Have all employees received orientation training?
_____ Do all employees attend regularly scheduled safety/training meetings?
_____ Does management provide resources and participate in safety training?

Have employees received and acknowledged the following training?

_____ Work area hazards
_____ Back injury prevention
_____ Equipment operation
_____ Material handling
_____ Emergency action plan
_____ Fire extinguisher use
_____ Hazard communications
_____ Other required training

_____ Have employees received instructions in reporting unsafe conditions/acts?
_____ Have supervisors received training in accident investigation?

AUDIT INSPECTION COMPONENT

_____ Are scheduled inspections conducted by qualified personnel?
_____ Do inspections include all facilities, vehicles, equipment, and personal protective equipment?
_____ Fire suppression equipment included?
_____ First aid provisions included?
_____ Are checklists utilized?
_____ Are procedures in place to follow up on correction of deficiencies?

ACCIDENT INVESTIGATION COMPONENT

Are responsibilities assigned for all phases of the accident investigation?

_____ Who investigates the accident
_____ What forms are used
_____ Who completes the TWCC-1
_____ Who reviews the report
_____ What accidents are investigated
_____ Who assures corrective action

_____ Have all involved employees been trained in what types of accident/incidents to report?

PERIODIC REVIEW AND REVISION COMPONENT

____ Is the review conducted at least annually? In what month(s)? _____
____ Are the results of the review shared with management, supervisors, and employees?
____ Does the safety program continue to address all company operations, equipment and employee activities?
____ Are the professional safety services or other sources utilized in revising or updating the safety program?

CORRECTIVE ACTIONS

____ Are deficiencies of this review, proposed corrective actions, and commitment dates described in attached documents?

New Exposures Identified:

Action Taken:

Required Program Changes:

Significant Injury/Accident Trends:

Reviewed By: _____ **Date:** _____

DAILY EQUIPMENT INSPECTION

County/Road Department: _____

(✓) If okay (X) If not okay-requires action		Monday	Tuesday	Wednesday	Thursday	Friday
Before Starting	Engine Oil Level					
	Coolant Level					
	Tires					
	Battery Fluid & Terminals					
	Belts and Hoses					
After Starting	Engine					
	Instruments					
	Lights					
	Horn					
	Windshield Wiper					
	Clutch					
	Transmissions					
	Brakes					
	Steering					
Other Remarks:						

MILEAGE AND FUEL CONSUMPTION RECORD

Next 3,000 Inspection _____

Date	Beginning Mileage	Gallons Fuel	Tank #	Quarts Oil	Ending Mileage	Project	Operator

GENERAL SAFETY INSPECTION

County/Department: _____

Date: _____

Areas to be Inspected	Yes	No
Housekeeping		
a. Is the work area clean and orderly?		
b. Are floors free of spills and objects that could cause trips or falls?		
c. Are boxes and containers stored so as to avoid the possibility of heavy objects falling?		
d. Are floor openings covered?		
e. Are loose/missing tiles or worn carpet repaired?		
Aisles		
a. Are aisles and passageways clear, dry, and free of trip hazards or obstructing materials?		
Stairways		
a. Are stairways in good condition?		
b. Do they have adequate lighting?		
c. Do they have good handrails?		
d. Are they free of storage materials?		
Ladders		
a. Are ladders provided where needed?		
b. Are ladders of standard construction and in good condition?		
c. Are all rugs and steps in tact and in good condition?		
d. Are metal steps covered with non-slip materials?		
e. Are steps clean of slippery substances?		
f. Are bolts, rivets, etc., all tight and in place?		
g. Are ladders free of splinters or sharp edges?		
Machines & Equipment		
a. Are machines and equipment in safe operating condition?		
b. Are the necessary guards provided and used?		
Hand Tools		
a. Are paper trimmers locked and secured when not in use?		
b. Are scissors and other sharp objects stored in a way to prevent accidental cuts?		
c. Are electrical cords in good condition?		
d. Are defective tools stored or removed from work area?		
Electrical		
a. Are electrical cords in good condition?		
b. Are electrical outlets overloaded?		
c. Does your electrical receptacle have signs of burns?		
e. Are electrical plugs, switches, or junctions properly covered?		
f. Is your electrical breaker box unobstructed?		

GENERAL SAFETY INSPECTION (continued)

Areas to be Inspected-check yes or no boxes with appropriate responses	Yes	No
Lighting		
a. Is there enough lighting in the work area?		
b. Is natural light a problem for workers?		
First Aid		
a. Are first aid supplies provided if needed?		
b. Are the items in the first aid kit expired?		
Fire Protection		
a. Are fire extinguishers easily accessible?		
b. Is paper waste stored away from heat sources?		
c. Are paper waste containers emptied daily?		
d. Do sprinkler heads have at least 24” clearance?		
Entrance/Exits		
a. Are entrances and exits clearly marked?		
b. Are they free of tripping hazards?		
c. Are they unobstructed?		
d. Are exits leading to the environment provided with non-slip mats?		
Exterior (sidewalks, parking lots, patios, etc.)		
a. Are these areas free of tripping hazards?		
b. Are floor or wall openings covered?		

Comments:

Name: _____ Location: _____

Date: _____ Time: _____

HAZARD COMMUNICATION CHECKLIST

Entity/Department: _____

Completed By: _____

Date: _____

Action to be Taken	Yes	No
1. Listed all of the hazardous chemicals in our workplace.		
2. Established a file for information on hazardous chemicals.		
3. Obtained an MSDS for each hazardous chemical in use.		
4. Developed a system to ensure that all incoming hazardous chemicals are labeled.		
5. Reviewed each MSDS to be sure it is complete.		
6. Made sure that MSDS's are available where necessary.		
7. Developed a written hazard communication program.		
8. Developed a method to communicate hazards to employees and others.		
9. Informed employees of protective measures for hazardous chemicals used in the workplace.		
10. Alerted employees to other forms of warning that may be used.		

INCIDENT INVESTIGATION REPORT

This form MUST be submitted within 24 hours of incident.

This incident is an: ❒ Injury ❒ Illness ❒ Near-miss

Date: _____ Date Reported: _____
Company: _____ Department: _____
Supervisor: _____ Phone Number: _____

1. Name of Party Involved	2. Social Security Number	3. Sex	4. Age	5. Date of Incident

6. Home Address	7. Employee's Occupation	8. Job Task at Time of Incident
_____ _____ Phone ( )_____		

9. Date of Hire	10. Employee was Working	11. Employment Category	12. Time and Day
	❑ Alone ❑ with Fellow Workers ❑ Other _____	❑ Regular, full-time ❑ Temporary ❑ Regular, part-time ❑ Seasonal ❑ Non-employee	❑ ____A.M. ❑ ____P.M. ❑ _____day of week

10. Experience in Occupation at Time of Incident	11. Name and Address of Physician	12. Name and Address of Hospital
❑ Less than 1 month ❑ 1-5 months ❑ 6 months to 1 year ❑ 1-4 years ❑ 5 or more years	_____ _____ Phone ( )_____	_____ _____ _____ _____

13. Specific Location of Incident	14. Phase of Employee's Workday at Time of Injury	
_____ Was it on the employer's premises? Yes No	❑ During break period ❑ Entering or leaving the building ❑ Performing work duties	❑ Working overtime ❑ Other (explain below) ❑ During meal period

15. Employee's Supervisor at time of Incident.	16. Probable Recurrence Rates	17. Loss Severity Potential
Witnessed Incident? ❒ yes ❒ no	❒ Frequent ❒ Occasional ❒ Rare	❒ Major ❒ Serious ❒ Minor

21. PART of BODY INJURED or AFFECTED

❑ Skull, Scalp	❑ Jaw	❑ Abdomen	❑ Shoulder	❑ Wrist	❑ Knee	❑ Foot
❑ Eye	❑ Neck	❑ Back	❑ Upper Arm	❑ Hand	❑ Thigh	❑ Toe
❑ Nose	❑ Spine	❑ Pelvis	❑ Elbow	❑ Finger	❑ Lower Leg	❑ Ankle
❑ Mouth	❑ Chest	❑ Other Body Part	❑ Forearm	❑ Hip	❑ Other _____	

22. NATURE of INJURY or ILLNESS

❑ Puncture	❑ Bruise, Contusion	❑ Skin Disorder	❑ Amputation	❑ Muscle Sprain	❑ Cumulative Trauma Disorder
❑ Laceration	❑ Dislocation	❑ Burn	❑ Insect/Animal Bite	❑ Muscle Strain	❑ Irritation
❑ Fracture	❑ Abrasion	❑ Respiratory	❑ Foreign Body	❑ Hernia	❑ Infection

23. DISPOSITION	24. DIAGNOSIS	25. SEVERITY
❑ Days away from work #_____ ❑ Restricted work days #_____ ❑ Date returned to work _____/_____/_____ Sent to ❒ Doctor ❒ Hospital	_____ _____ _____ _____	❑ First Aid ❑ Medical Treatment ❑ Lost Work Days ❑ Fatality ❑ Other (specify) _____

26. WITNESSES

Names:

27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED to INCIDENT? ❒ Not Applicable

❑ Close Clearance/Congestion	❑ Floors/Work Surfaces	❑ Inadequate Housekeeping	❑ Defective Tools/Equipment/Vehicle
❑ Hazardous Placement	❑ Inadequate Ventilation	❑ Equipment Failure	❑ Illumination
❑ Inadequate Warning System	❑ Equipment/Workstation Design	❑ Inadequate Guards/Barriers	❑ Inadequate/Improper PPE

28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? ❒ Not Applicable

❑ Abuse or Misuse	❑ Inadequate Supervision	❑ Inadequate Purchasing	❑ Inadequate Engineering
❑ Inadequate Maintenance	❑ Inadequate Tools/Equipt./Mat.	❑ Improper Work Surfaces	❑ Wear and Tear
❑ Lack of Knowledge/Training	❑ Improper Motivation	❑ Inadequate Capacity	❑ Lack of Skill

29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT? ❒ Not Applicable

❑ Failure to Make Secure	❑ Under the Influence of Drugs/Alcohol	❑ Failure to Warn/Signal	❑ Inadequate/Improper PPE Use
❑ Nullified Safety/Control Devices	❑ Used Defective Equipment	❑ Horseplay/Distractive Action	❑ Operating at Improper Speed
❑ Used Equipment Improperly	❑ Improper Lifting	❑ Operating Procedure Deviation	❑ Running/Rushing/Acting in Haste
❑ Improper Loading	❑ Unauthorized Actions	❑ Used Wrong Tool/Equipment	❑ None
❑ Improper Technique	❑ Improper Position	❑ Servicing/Operating Equipment	❑ Other_____

30. PREVENTIVE MEASURES (What corrective actions have been taken or are planned to prevent a recurrence?)

❑ Improve Enforcement	❑ Improve Clean-Up Procedures	❑ Repair/Replace Equipment	❑ Corrective Counseling
❑ Improve Storage/Arrangement	❑ Rotation of Employee	❑ Eliminate Congestion	❑ Improve/Change Work Method
❑ Identify/Improve PPE	❑ Install/Revise Guards/Devices	❑ Task Analysis to be Completed	❑ Task Analysis/Procedure Revision
❑ Improve Design/Construction	❑ Job Reassignment of Employee	❑ Use Other Materials/Supplies	❑ Improve Illumination
❑ Mandatory Pre-Job Instructions	❑ Improve Ventilation	❑ Reinstruction of Employee	❑ Other_____

31. EMPLOYEE'S DESCRIPTION of INCIDENT (attach sheet for additional comments) ❒ Comments sheet attached

Signature of Employee: _____

32. SUPERVISOR'S DESCRIPTION of INCIDENT (attach sheet for additional comments) ❒ Comments sheet attached

33. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN

Corrective Action Taken	Person Responsible	Target Date	Date Completed

_____ _____
Supervisor's Signature Date

_____ _____
Manager's Signature Date

_____ _____
Personnel Representative's Signature Date

_____ _____
Loss Prevention Signature Date

INSPECTION CHECKLIST AND REPORT

County_____

Location/Department_____

Date of Inspection_____ **Date of Last Inspection**_____

Names of Inspection Personnel_____

Instructions: This checklist is merely a tool to assist you in making an inspection of your premises. No representation is made or intended that by being in full compliance with each of the items set forth, you will be in full compliance with the requirements of any traditional, state, county or city governmental regulations or laws. There is no representation made that this checklist is complete and covers all possible risks or hazards that should be reviewed. This is a general checklist, and specific locations may require expansion or alteration of the items to be review. This checklist should be modified to best serve the unique needs of each county.

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
1. General Conditions:				
a) First Aid – adequate equipment, properly used:	____	____	_____	_____
b) Adequate Light throughout work area:	____	____	_____	_____
c) Noise level satisfactory:	____	____	_____	_____
d) Adequate ventilation throughout:	____	____	_____	_____
e) Housekeeping satisfactory:	____	____	_____	_____
f) Material storing and stacking satisfactory:	____	____	_____	_____
g) Hand tools properly maintained:	____	____	_____	_____
h) Acids and corrosives safely handled and stored:	____	____	_____	_____
i) _____	____	____	_____	_____
j) _____	____	____	_____	_____
2. Unsafe Practices:				
a) Existence or observance of unsafe practices:	____	____	_____	_____
b) Personal protective equipment provided/used:	____	____	_____	_____
c) Following safety rules:	____	____	_____	_____
d) _____	____	____	_____	_____
e) _____	____	____	_____	_____
3. Housekeeping:				
a) Oily rags stored in closed containers	____	____	_____	_____
b) Mops and brooms stored when not in use	____	____	_____	_____
c) Proper signs for mopping and waxing area	____	____	_____	_____
d) _____	____	____	_____	_____
e) _____	____	____	_____	_____
4. Fire Hazards:				
a) Fire extinguishers checked, tagged, accessible:	____	____	_____	_____
b) Extinguishers proper for exposure:	____	____	_____	_____
c) Hoses, sprinkler equipment, alarms:	____	____	_____	_____
d) Exits marked, lighted, accessible:	____	____	_____	_____
e) Flammable liquids stored, handled & disposed of properly:	____	____	_____	_____
f) Proper disposal of rubbish:	____	____	_____	_____

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
g) _____	____	____	_____	_____
h) _____	____	____	_____	_____
5. Floors:				
a) Surface nails, splinters, breaks, slipperiness:	____	____	_____	_____
b) Loose carpet, tile:	____	____	_____	_____
c) Liquid, oil, grease hazards:	____	____	_____	_____
d) _____	____	____	_____	_____
e) _____	____	____	_____	_____
6. Stairs:				
a) Lighting adequate and maintained:	____	____	_____	_____
b) Handrails adequate, secure:	____	____	_____	_____
c) Non-skid surface:	____	____	_____	_____
d) _____	____	____	_____	_____
7. Ramps and Platforms:				
a) Strength adequate:	____	____	_____	_____
b) Surfaces unobstructed, non-slip:	____	____	_____	_____
c) Railings and toeboards in place:	____	____	_____	_____
d) _____	____	____	_____	_____
e) _____	____	____	_____	_____
8. Electrical Equipment:				
a) Switchboards, transformers, wiring & controls adequate:	____	____	_____	_____
b) Apparatus identified, grounded, guarded:	____	____	_____	_____
c) Portable tools grounded:	____	____	_____	_____
d) Circuit overload prevented:	____	____	_____	_____
e) Extension cords, proper size and secured:	____	____	_____	_____
f) _____	____	____	_____	_____
g) _____	____	____	_____	_____
9. Hoists, Cranes:				
a) Cables, cable fastenings, slings satisfactory:	____	____	_____	_____
b) Properly guarded:	____	____	_____	_____
c) Weight limit marked:	____	____	_____	_____
d) _____	____	____	_____	_____
e) _____	____	____	_____	_____
10. Ladders, Scaffolds:				
a) Inspection and maintenance satisfactory:	____	____	_____	_____
b) Safety feet where required:	____	____	_____	_____
c) _____	____	____	_____	_____
11. Elevators				
a) Hoistway, car doors and gates satisfactory:	____	____	_____	_____
b) Preventive Maint. Program Established:	____	____	_____	_____
c) Emergency Phone/Alarm:	____	____	_____	_____
d) No Smoking Sign:	____	____	_____	_____
e) Sign posted, "DO NOT USE IN CASE OF FIRE OR OTHER EMERGENCY"	____	____	_____	_____

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
12. Machine Hazards:				
a) Operator Training Provided:	____	____	_____	_____
b) Points of operation guarded:	____	____	_____	_____
c) Gears, pulleys, machine parts guarded:	____	____	_____	_____
d) Guards interlocked where necessary:	____	____	_____	_____
e) _____	____	____	_____	_____
f) _____	____	____	_____	_____
13. Vehicle Operations:				
a) Written procedures regarding driver restrictions, personal use, etc. distributed to and reviewed with drivers of county vehicles:	____	____	_____	_____
b) Driving record of county employees operating vehicles For county purposes reviewed prior to hiring & done annually:	____	____	_____	_____
c) Road test given by qualified driver prior to hiring:	____	____	_____	_____
d) Defensive driving course offered to new employees Who drive in the scope of their employment:	____	____	_____	_____
e) _____	____	____	_____	_____
f) _____	____	____	_____	_____
14. Vehicle Maintenance:				
a) Preventive maintenance system established:	____	____	_____	_____
b) Vehicle safety inspection conducted monthly:	____	____	_____	_____
c) Hoods, cabovers, dump sections of trucks and similar movable parts blocked or rendered inoperative when doing maintenance:	____	____	_____	_____
d) _____	____	____	_____	_____
e) _____	____	____	_____	_____
15. Mowers, Shredders:				
a) Preventive maintenance performed on mowers and shredders:	____	____	_____	_____
b) Slow moving signs installed on mowers & shredders:	____	____	_____	_____
c) Proper guards installed on mowers & shredders:	____	____	_____	_____
d) Axles and U-joints inspected regularly:	____	____	_____	_____
e) Blades checked before use for tightness:	____	____	_____	_____
f) _____	____	____	_____	_____
g) _____	____	____	_____	_____
16. Parking Areas:				
a) Parking areas well illuminated with				
b) designated entrances,	____	____	_____	_____
and directional sign(s):				
c) Car stops provided around buildings:	____	____	_____	_____
d) Signs, utility poles, gas meters, power transformers, fire hydrants, etc. in parking area properly marked & protected:	____	____	_____	_____
e) Areas designated for delivery:	____	____	_____	_____
f) Signs in good condition:	____	____	_____	_____
g) Holes filled in parking areas:	____	____	_____	_____
h) _____	____	____	_____	_____
i) _____	____	____	_____	_____

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
17. Pressure Apparatus:				
a) Recent inspection certificate:	____	____	_____	_____
b) Welding cylinders, compressors secured and guarded:	____	____	_____	_____
c) _____	____	____	_____	_____
d) _____	____	____	_____	_____

18. Other:

Use this space for additional information or suggestions:

_____

_____

_____

_____

_____

_____

Report Submitted To:_____ **Date:** _____

Follow-up conducted by: _____ **Date:** _____

Additional actions/recommendations: _____

_____

_____

_____

INSPECTIONS SCHEDULE

County/Department: _____
Completed by: _____
Date: _____

Description	Responsible Person	January	February	March	April	May	June	July	August	September	October	November	December

JAIL INSPECTION CHECKLIST AND REPORT

County: _____ **Location/Department:** _____

Date of Inspection: _____ **Date of Last Inspection:** _____

Names of Inspection Personnel: _____

Instructions: This checklist is merely a tool to assist you in making an inspection of your premises. No representation is made or intended that by being in full compliance with each of the item set forth, you will be in full compliance with the requirements of any traditional, state, county or city governmental regulations or laws. There is no representation made that this checklist is complete and covers all possible risks or hazards that should be reviewed. This is a general checklist, and specific locations may require expansion or alteration of the items to be review. This checklist should be modified to best serve the unique needs of each county.

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
1. Floors and walkways:				
a) Floors free of tripping hazards:	☐	☐		
b) Loose carpet, tile:	☐	☐		
c) Liquid, oil, grease hazards:	☐	☐		
d) Slippery walking surfaces:	☐	☐		
e) Changes on floor elevation properly marked:	☐	☐		
f) Proper signs for mopping and waxing area	☐	☐		
g) Unobstructed halls and walkways	☐	☐		
2. Stairs:				
a) Lighting adequate and maintained:	☐	☐		
b) Handrails adequate, secure:	☐	☐		
c) Non-skid surface:	☐	☐		
d) Unobstructed steps:	☐	☐		
e) _____:	☐	☐		
f) _____	☐	☐		
3. Ramps and Platforms:				
a) Strength adequate:	☐	☐		
b) Surfaces unobstructed, non-slip:	☐	☐		
c) Railings and toe boards in place:	☐	☐		
d) _____	☐	☐		
4. Electrical Equipment:				
a) Unobstructed electrical panels:	☐	☐		
b) Apparatus identified, grounded, guarded:	☐	☐		
c) Portable tools grounded:	☐	☐		
d) Circuit overload prevented:	☐	☐		
e) Extension cords, proper size and secured:	☐	☐		
f) _____	☐	☐		
g) _____	☐	☐		
5. Booking Area:				
a) Accessible First Aid kit:	☐	☐		
b) Floors free of slippery conditions:	☐	☐		
c) Housekeeping satisfactory:	☐	☐		
d) Furniture free of nails, splinters, or sharp corners:	☐	☐		

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
e) _____	☐	☐		
f) _____	☐	☐		
	☐	☐		
6. Commissary:				
a) Housekeeping satisfactory:	☐	☐		
b) Material storing and stacking satisfactory:	☐	☐		
c) _____	☐	☐		
7. Kitchen				
a) Housekeeping satisfactory:	☐	☐		
b) Sharps properly stored::	☐	☐		
c) Floors free of tripping hazards::	☐	☐		
d) Walking freezer organized & free of slippery walking surfaces:	☐	☐		
e) Material storing and stacking satisfactory::	☐	☐		
f) Electrical outlets near water faucets protected with GFCI:	☐	☐		
8. Elevators:				
a) Hoistway, car doors and gates satisfactory::	☐	☐		
b) Emergency Phone/Alarm:	☐	☐		
c) No smoking sign::	☐	☐		
d) Sign posted, "DO NOT USE IN CASE OF FIRE OR OTHER EMERGENCY"	☐	☐		
9. Storage Area::				
a) Adequate light throughout work area:	☐	☐		
b) Housekeeping satisfactory::	☐	☐		
c) Material storing and stacking satisfactory::	☐	☐		
d) Oily rags stored in closed containers:	☐	☐		
e) Mops and brooms stored when not in use:	☐	☐		
f) _____				
10. Sally Port::				
a) Floors free of tripping hazards:	☐	☐		
b) Floors free of liquid, oil, grease hazards::	☐	☐		
c) Slippery walking surfaces:	☐	☐		
d) Changes on floor elevation properly marked::	☐	☐		
e) Garage doors in good operational condition:	☐	☐		
f) Intercom system in good operational conditions:	☐	☐		
11. Laundry::				
a) All chemical containers labeled:	☐	☐		
b) Wet floor signs posted:	☐	☐		
c) Floors free of tripping hazards:	☐	☐		
d) _____	☐	☐		
	☐	☐		
12. Dispatch Area:				
a) Chairs are in good operational condition:	☐	☐		
b) Working surfaces area free of sharp edges and corners:	☐	☐		
c) Operator has easy access to communication equipment	☐	☐		

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
13. Parking Areas				
a) Parking areas well illuminated /designated entrances & directional sign(s):	☐	☐		
b) Car stops provided around buildings:	☐	☐		
c) Signs, utility poles, gas meters, power transformers, fire hydrants, etc., in parking area properly marked & protected:	☐	☐		
d) Areas designated for delivery:	☐	☐		
e) Signs in good condition:	☐	☐		
f) Holes filled in parking areas:	☐	☐		
g) _____	☐	☐		
h) _____	☐	☐		
14. Unsafe Practices:				
a) Existence or observance of unsafe practices:	☐	☐		
b) Personal protective equipment provided/used:	☐	☐		
c) Following safety rules:	☐	☐		
d) _____	☐	☐		

15. Other:

Use this space for additional information or suggestions

_____

Report Submitted to: **Date:**

Follow-up conducted by: **Date:**

Additional actions/recommendations:

O:\Accident Prevention Plan\Inspection & Audit\Jail Inspection Checklist & Report.doc

NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

Name _____ Date Employed _____

Department/Precinct Assigned _____ Type of Work _____

Previous Work Experience and Training

_____
_____
_____

I HAVE BEEN INSTRUCTED IN THE FOLLOWING, WHERE APPLICABLE:

- ❑ Safety policy and programs
- ❑ Hazard Communication
- ❑ Safety rules, general and specific to my job
- ❑ Safety rule enforcement
- ❑ Specific hazards of my job
- ❑ When and where to report unsafe conditions or procedures
- ❑ How, when and where to report injuries
- ❑ Proper work shoes and other personal protective equipment needed
- ❑ Equipment operation and maintenance
- ❑ List Equipment and Vehicles

_____
_____
_____

- ❑ Fire alarm and extinguishing equipment
- ❑ Lifting and material handling
- ❑ Housekeeping and personal hygiene
- ❑ Care and use of tools and equipment
- ❑ First Aid Training
- ❑ Other specific instruction given

_____
_____
_____

Follow-up on employee will be observed by _____

_____ _____
Supervisor's Signature Employee's Signature

Date _____ Date _____

PRECINCT YARD INSPECTION FORM

County/Precinct Number: _____ Work Area: _____ Date: _____

Completed by: _____ Title: _____

Areas/Items to be Inspected	Okay	Needs Improvement	N/A	Comments
Chemical/Hazard Communication				
Product name & hazard warning labels clearly visible				
Proper containers used				
Lids closed when not in used				
Minimum amount of flammable materials in the working area				
Empty containers properly disposed				
MSDS available for all chemicals in the workplace				
Chemical inventory list posted				
All employees trained in the chemicals hazards				
Electrical				
Electrical panels easily accessible				
Wiring, insulation in good conditions				
Equipment grounded				
Electrical disconnects provided & functional				
Electrical installations conduited				
Explosion proof fixtures where required				
Electrical outlets, plugs and junction boxes properly covered				
Personal Protective Equipment				
Safety glasses, goggles, face masks being worn where needed				
Hearing protection being worn where required				
Gloves in good condition being worn where required				
Safety shoes being worn where required				
Leather welding outfits for welders				

Areas/Items to be Inspected	Okay	Needs Improvement	N/A	Comments
Housekeeping				
Aisles clearly marked and unobstructed				
Floors clean, orderly, free of trip, slip and fall hazards				
Exits clearly marked and unobstructed				
Availability of welding curtain				
Fusible links in parts washer in good condition and doors unobstructed				
Unsafe practices observed				
Elevated Work Areas				
Railings secured 42 inches high top rail mid-rail				
4" toe boards in place where materials could fall along sides				
Proper non-skid flooring				
Accumulation of materials on elevated surfaces				
Load evenly distributed				
Ladders				
Safety feet, rungs, side rails in good condition				
Free from grease and oils				
Doors blocked or guarded if they interfere with the use of a ladder				
Metal Ladders not used near electrical installations				
Stairs				
At least 24 inches wide				
Handrails provided on open sides				
Areas clean an unobstructed				
Uniform height and tread depth				
Machine Guarding				
Guards secured in place				
Interlocked guards operating properly				
Operator instruction and service manuals available				

Areas/Items to be Inspected	Okay	Needs Improvement	N/A	Comments
All controls clearly marked				
All controls, including foot controls guarded against accidental start-up				
Mechanics properly trained in the adjustment of guards				
Portable Hand Tools				
Tools, electrical cords and air hoses in good condition				
Guards and safety devices in good operating conditions				
Proper storage for tools not being used				
Lifting Equipment				
Free of physical damage deformed hooks, frayed cables				
Cleaned and lubricated as required				
Lifting capacity clearly marked				
All controls operational				
Safety latches intact and operational on all hooks				
Compressed Gasses				
Special storage area away from heat sources				
Stored upright and chained to prevent falling over				
Contents legibly marked and segregated by item				
Caps hand tights				
Employee Work Practices				
Loose hair or employee clothing				
Employee overexertion				
Potential for repetitive motion injury				
Sturdy shoes suitable for work environment				
Unsafe practices observed				

Completed by: _____ **Date:**

O:\Accident Prevention Plan\Inspection & Audit\Precinct Yard Inspection.doc

QUARTERLY/ MONTHLY ANALYSIS REPORT

Accidents, Incidents, Injuries, Hazard Review, Trend Identification

1. Review of last analysis report:

2. Accidents and injuries (recordable and first aid) reviewed:

3. Hazardous condition reports reviewed:

4. Inspection reports reviewed:

5. Employee safety information:

6. Trends identified:

7. Corrective actions required and responsible person:

8. Status of prior corrective actions:

9. Additional comments:

Completed by: _____ Date: _____

SAFETY INSPECTION GUIDE

Office Hazards

Department:
Inspected By:
Date of Inspection:

The purpose of this form is to be used as a guide to self-inspection by supervisors and safety committees. The guides to hazards on this form are general and incomplete. The inspector should expand these to fit the actual situation. **Please provide recommendations for "no" answers.**

- Well-planned safety inspections help in detecting hazards before an accident occurs.
- Before the inspection, analyze past accidents to determine specific causes and high hazard areas or operations. Give special attention to these during the inspection.
- Removing hazards increases operating efficiency, because safety and efficiency go hand in hand.
- Both unsafe conditions and unsafe acts are contributing factors in industrial accidents. An unsafe condition, in addition to being a direct cause of accidents, often requires or suggests, an unsafe act.

INSPECTION GUIDES	YES	NO	RECOMMENDATIONS
FURNITURE AND EQUIPMENT:			
1. Are desks, chairs, file cabinets, etc., in good condition and positioned so that drawers do not open into halls or walkways?			
2. Are lower file cabinet drawers used for heavier loads so that upper drawers are not disproportionately heavy? Is one drawer opened at a time? Are file cabinets secured to the floor, wall, or are several bolted together? Do people use the handles when closing the drawers?			
3. Is furniture used as stepping stools or ladders?			
4. Are desk chairs in good repair? Do rollers operate properly and have a smooth, even surface on which to operate?			
5. Do personnel get help from the maintenance or custodial department to move heavy objects, such as file cabinets?			
AISLES AND FLOORS:			
1. Is there a clear aisle of four feet for two-way traffic within a room or office? Is unobstructed access maintained to all parts of a room?			
2. Are floors, aisles, halls, and stairways properly lighted, clear of loose objects, extension cords, wastebaskets, pencils, bottles, etc.?			
3. Are electrical or telephone outlets in the floor protected by arrangement of furniture or other means to minimize tripping hazards?			
4. Are carpets secure? Do they have curled edges or torn places that can cause tripping?			

5. Do ramps or inclines have slip resistant surfaces? If the floor is smooth, are abrasive strips added? Are unusual changes in the walking surface highlighted with yellow paint?			
INSPECTION GUIDES	**YES**	**NO**	**RECOMMENDATIONS**
AISLES AND FLOORS (continued): 6. Are spills cleaned up as soon as possible? Are they guarded by a person or barricade/furniture until cleanup is accomplished?			
7. Do people walk on the right side of hallways, especially at corners?			
8. Do stairways have handrails? Is the leading edge of the tread slip resistant and firm?			
ELECTRICAL EQUIPMENT: 1. Are office machines grounded if they are equipped with a ground wire or three-prong plug?			
2. Are electrical cords and plugs in good repair? Are there loose plugs, worn insulation, or defective outlets?			
3. If an adapter is used to insert a grounded plug into an underground receptacle, is the pigtail attached to a grounded object?			
4. Are electrical extension cords the 3-wire grounded type? Are they arranged so as not to cross walkways?			
5. Are wall outlets overloaded by connecting additional appliances with adapters or extension cords?			
6. Is the maintenance department called to make electrical repairs?			
SUPPLIES: 1. Are supplies stored and maintained in an orderly condition? Are heavier items stored on lower shelves and lighter items, or less frequently used items on higher shelves?			
2. Are the tops of filing cabinets or bookcases used to store materials and supplies?			
3. Do personnel get help, or use materials handling equipment for moving heavy objects.			

DOORS: 1. Do glass doors or glass panels have bars or highly visible markings to prevent someone from walking or running through them.			
2. Do solid doors have a clear panel at eye level to help prevent them from being opened into someone on the opposite side? Are signs that warn to "open slowly" posted if clear panels are not installed?			
INSPECTION GUIDES	**YES**	**NO**	**RECOMMENDATIONS**
SPECIALIZED EQUIPMENT (PROJECTORS, RECORDERS, REPRODUCTION, ETC.): 1. Are all moving parts of machines properly guarded?			
2. Is the person operating the equipment trained in its operation and does he/she check instructions prior to using it?			
3. Are defects noted during operation of equipment?			
MISCELLANEOUS: 1. Is a safe, secure ladder or step stool used when individuals must reach high places?			
2. Do employees wear the proper type of shoes for working conditions?			
3. Is glassware placed in appropriate locations/containers and not left where hazards are created?			
4. Are ashtrays provided for disposal of burned tobacco and matches?			
5. Are "no smoking" signs placed in appropriate areas?			
FIRE PREVENTION: 1. Are employees trained in the use of portable fire extinguishers?			
2. Are fire extinguishers securely mounted on walls? Are the locations marked?			

Safety Meeting Record

County/Department: _____

Training Topic: _____

Individual Responsible: _____ Date: _____

Print name, do not write in cursive

Name	Department	Address
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Recordkeeping Plan

RECORD	RESPONSIBLE PERSON	COMPLETION TIMEFRAME	RECORD LOCATION	RETENTION OF RECORDS	REPORT METHOD
FIRST REPORT OF INJURY		Within 24 hrs of employer knowledge of accident or occupational disease. (See TAC Workers' Compensation Claim Handbook).		5 years from the last day of the year in which the injury occurred.	FORM - TWCC-1 (See TAC Workers' Compensation Claim Handbook for instructions).
ACCIDENT LOG		Update Monthly and with each TWCC-1 filed.		5 years	FORM - [name]
ACCIDENT INVESTIGATION		1. Within 24 hours of accident/incident 2. Within 3 working days 3. Quarterly or more often for special circumstances		5 years	FORM Loss Control Coordinator's Accident Investigation Report
INSPECTIONS					
• **Shop & Yard**		First day of each Month Risk Manager to review quarterly for report to Commissioners' Court. (if applicable)	Precinct Shop	3 years	FORM
• **Vehicles**		Daily as used and 3000 miles. Risk Manager to review quarterly for report to Commissioners' Court.	Precinct Shop	3 years	FORM
• **Heavy Equipment**		Daily as used and every 250 hours. Risk Manager to review quarterly for report to Commissioners' Court.	Precinct Shop	3 years	FORM
• **Job Site**		Weekly Risk Manager to review quarterly for report to Commissioners' Court.	Precinct Shop	3 years	FORM
Analysis Report		Monthly-Quarterly		3 years	
Training		Monthly		3 years	
Accident Prevention Plan Implementation Status Report		Monthly		3 years	

Training Schedule

Training Topics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Nov	Dec
Accident Investigation											
Back Injury Prevention											
Blood Borne Pathogens											
Building Inspection											
Emergency Preparedness											
Ergonomics											
Fire Safety											
First Aid*											
Hazard Communication											
Hazard Identification											
House Keeping											
Lock Out & Tag Out											
Office Safety											
Personal Protective Equip											
Shop Safety											
Slips & Falls Prevention											
Vehicle Safety											

SPECIALIZED TRAINING SCHEDULE

County/Department: ____________________

Description	Responsible Person	January	February	March	April	May	June	July	August	September	October	November	December

TRAINING DOCUMENTATION

Training Information

Group Trained (dept., committee, precinct, etc.):	**Date(s) of Training:**	**Length of Program (hours):**
Training Subject/Title:	**Topics Covered:**	
Materials Used:	**Materials Distributed:**	

Instructor Information

Instructor Name(s):	**Training Organization:**	**Instructor Signature(s):**

Certification Information (check applicable boxes)

Training Meets:	
❑ Requirements of: ❑ Recommendations of: ❑ N/A	❑ County Policy ❑ Department Policy ❑ Insurer ❑ Regulation (explain): ___HazCom (Worker Right to Know) ___Bloodborne Pathogen ___TCLEOSE Certification ___Other _____ ❑ Loss Control Committee ❑ Other _____ ❑ N/A
Certifying Organization (if applicable):	
Trainer Certification Number (if applicable):	

TRAINING DOCUMENTATION

Training Attendance

Please print, do not write in cursive

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MODEL BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Rick Perry, Governor

David L. Lakey, M.D., Commissioner, Department of State Health Services

June 2012

Table of Contents

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

CHAPTER 81, HEALTH AND SAFETY CODE

SUBCHAPTER H

MINIMUM STANDARD

This exposure control plan (plan) is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304.

Applicability

These minimum standards apply to a governmental unit that employs employees who: provide services in a public or private facility providing health care related services, including a home health care organization; or otherwise have a risk of exposure to blood or other potentially infectious material (OPIM).

Purpose

The Bloodborne Pathogens Exposure Control Plan is to reduce or eliminate occupational exposure to bloodborne pathogens and OPIM.

Guidance

This plan is provided by the department to be analogous with Title 29 Code of Federal Regulation §1910.1030, Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard as specified in Health and Safety Code, §81.304. Employers should review the plan for particular requirements as applicable to their specific situation. Governmental units may modify the plan appropriately to their respective practice settings. Employers will need to include provisions relevant to their particular facility or organization in order to develop an effective, comprehensive exposure control plan.

Review

Employers review annually the exposure control plan, update when necessary, and document when accomplished.

INSTRUCTIONS

When parentheses are noted, specific details for modification are present in instruction form.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Facility Name: _____

Date of Preparation: _____

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standard, the following exposure control plan exists:

1. EXPOSURE DETERMINATION

The Texas Department of State Health Services (department) Bloodborne Pathogens Exposure Control Plan (plan) requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency. The following job classifications apply:

(List the job titles appropriate to this facility or organization; for example, nurse, fireman, etc.)

1)_____

2)_____

3)_____

4)_____

The job descriptions for the above employees encompass the potential occupational exposure risks to bloodborne pathogens.

2. IMPLEMENTATION METHODS AND CONTROLS

The department's plan outlines a schedule and method of implementation for the various elements of the exposure control plan.

Universal Precautions

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or OPIM are considered infectious regardless of the perceived status of the source individual.

Engineering and Work Practice Controls

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective

equipment is used. Examples include safety design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments in a neutral zone, etc.

Supervisors and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

Hand Washing

Handwashing facilities are available to the employees who may incur exposure to blood or other potentially infectious materials. The department's plan requires that these facilities be readily accessible.

If handwashing facilities are not feasible, the employer is required to provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. The department's plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a device or a one-handed technique.

Contaminated Sharps Discarding and Containment

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom, and biohazard labeled or color-coded. During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g., laundries); maintained upright throughout use; are not allowed to overfill; and replaced routinely.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures are conducted in a manner to minimize splashing, spraying, splattering, and

generation of droplets of blood or other potentially infectious materials.

Collection of Specimens

Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container used for this purpose is labeled with a biohazard label or color-coded unless universal precautions are used throughout the procedure and the specimens and containers remain in the facility. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting. Labeling of these specimens should be done according to the agency's specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities and/or universal precautions are not used throughout the procedure, a biohazard or color- coded label should be affixed to the outside of the container.

If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded.

Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.

Contaminated Equipment

Equipment which may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. Employers place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.

Personal Protective Equipment

All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment is fluid resistant.

All personal protective equipment is cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees.

All garments which are penetrated by blood are removed immediately or as soon as feasible and

placed in the appropriate container. All personal protective equipment is removed prior to leaving the work area and placed in the designated receptacle.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Surgical caps or hoods and/or fluid resistant shoe covers or boots are worn in instances when gross contamination can reasonably be anticipated.

Housekeeping

Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.

All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Any broken glassware which may be contaminated is not picked up directly with the hands.

Regulated Waste Disposal

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled with a biohazard label or color-coded, and closed prior to removal.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

Laundry Procedures

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments. Rather than rigid rules and regulations, hygienic and commonsense storage and processing of clean and soiled linen is recommended. The methods for handling, transporting, and laundering of soiled linen are determined by the agencies written policy and any applicable regulations.

Laundry is cleaned at: (designate onsite or name offsite facility).

3. HEPATITIS B VACCINE

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within 10 working days of their initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons. Employees receive the vaccine at (state location, such as Employee Health Services, Immunization Clinic, etc.)

Employees who decline the Hepatitis B vaccine sign a declination statement (See appendix A of this exposure control plan).

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

4. POST EXPOSURE EVALUATION AND FOLLOW UP

When the employee incurs an exposure incident, the employee reports to (state location, as Employee Health Services, or designated person as Employee Health Nurse). All employees who incur an exposure incident are offered a confidential medical evaluation and follow up as follows:

1. Documentation of the route(s) of exposure and the circumstances related to the incident.
2. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the employer can establish that testing of the source is infeasible

or prohibited by state or local law.

3. The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV/HCV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible.
5. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident.
7. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
8. The following person(s) _____ is(are) designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional who evaluates employees of this facility or organization after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1. a copy of the (facility's or organization's) exposure control plan;
2. a description of the exposed employee'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 tests (if available); and,
5. medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

1. when the employee is sent to obtain the Hepatitis B vaccine, or
2. whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

1. whether the Hepatitis B vaccine is indicated;
2. whether the employee has received the vaccine;
3. the evaluation following an exposure incident;
4. whether the employee has been informed of the results of the evaluation;
5. whether the employee has been told about any medical conditions resulting from

exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report); and,

6. whether the healthcare professional's written opinion is provided to the employee within15 days of completion of the evaluation.

5. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

Use of Biohazard Labels

Agencies should have a procedure that determines when biohazard-warning labels are to be affixed to containers or placed in color-coded bags. The procedure should include the types of materials that should be labeled as biohazard material. These materials may include but are not limited to, regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

Training

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All employees also receive annual refresher training. This training is to be conducted within one year of the employee's previous training.

Training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1. Chapter 96. Bloodborne Pathogen Control
2. OSHA Bloodborne Pathogen Final Rule;
3. epidemiology and symptomatology of bloodborne diseases;
4. modes of transmission of bloodborne pathogens;
5. (this facility's or organization's) exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
6. procedures which might cause exposure to blood or other potentially infectious materials at this facility;
7. control methods which are used at the facility to control exposure to blood or other potentially infectious materials;
8. personal protective equipment available at this facility (types, use, location, etc.);
9. hepatitis B vaccine program at the facility;
10. procedures to follow in an emergency involving blood or other potentially infectious materials;
11. procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
12. post exposure evaluation and follow up;
13. signs and labels used at the facility; and,
14. an opportunity to ask questions with the individual conducting the training.

6. RECORDKEEPING

According to OSHA's Bloodborne Pathogens Standard, medical records are maintained by: (list name or department responsible for maintaining medical records).

7. ANNUAL REVIEW

This employer shall annually review the exposure control plan (see Appendix B for a sample form). The review shall include:

1. a list of new tasks that affect occupational exposure;
2. modifications of tasks and procedures;
3. evaluation of available engineering controls including engineered-safer needle devices;
4. a list of new employee positions with potential for occupational exposure, and
5. solicited and documented input from non-managerial employees responsible for direct patient care for engineering and work practice controls.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

APPENDIX A

HEPATITIS B VACCINE DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature _____ Date _____

APPENDIX B

ASSESSMENT TOOL

	YES	NO
1. The exposure control plan is located in each work center		
2. Employees at occupational risk for bloodborne pathogens exposure are identified		
3. Employees comply with universal precautions when performing duties		
4. Employees appropriately use engineering controls in the work center		
5. Employees employ safe work practices in performance of duties		
6. Handwashing facilities are readily accessible in the work centers		
7. Employees regularly wash their hands, especially after glove removal		
8. Employees deposit contaminated sharps in biohazard containers immediately after use		
9. Employees change filled biohazard containers when full		
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area		
11. Food and beverages are not kept in close proximity to blood or bodily fluids		
12. Employees do not mouth pipette/suction blood or bodily fluids		
13. Employees place specimens in leak resistant containers after collection		
14. Employees place specimens in biohazard leakproof containers for shipment		
15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated		
16. Employees wear the designated fluid resistant personal protective equipment/attire appropriate for the task at hand		
17. Employees place the contaminated personal protective equipment in the appropriate receptacles		
18. Employees maintain a clean environment at all times		
19. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment		
20. Employees know the safe procedure for contaminated, broken glass clean up		
21. Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy		
22. Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leakproof containers		
23. Each employee knows his documented hepatitis B vaccine status		
24. Employees know where and to whom to report exposure incidents		
25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service		
26. Employees are oriented and receive annual training to the exposure control plan		
27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard		
28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard		

APPENDIX C

DEFINITIONS

Amniotic fluid — the fluid surrounding the embryo in the mother's womb.

Antibody — a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.

Antigen — any substance which stimulates the formation of an antibody.

Biohazard label — a label affixed to containers of regulated waste, refrigerators/freezers, and other containers used to store, transport, or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

Blood — human blood, human blood components, and products made from human blood.

Bloodborne pathogens — pathogenic (disease producing) 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), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Bulk blood and body fluids — bulk quantities (dripping, pourable) or items saturated with whole blood and blood components, blood specimens, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, amniotic fluid, peritoneal fluid, peritoneal dialysate, pericardial fluid, pleural fluid, and other body fluids visibly contaminated with blood. Collection devices or reservoirs not emptied prior to disposal should also be treated as infectious waste.

Cerebrospinal fluid — a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.

Clinical laboratory — a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated — the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry — laundry which has been soiled with blood or other potentially infected materials or may contain sharps.

Contaminated sharp — any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.

Decontamination — the use of physical or chemical means to remove, inactivate, or destroy bloodborne 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 — include all control measures that isolate or remove a hazard from the workplace, such as sharps disposal containers, self-sheathing needles, and needleless systems.

Exposure control plan — a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices, and other

methods that are capable of protecting employees from exposure to bloodborne pathogens and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

Exposure determination — how and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.

Exposure incident — a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Hand-washing facilities — a facility providing an adequate supply of running potable water, soap, and single-use towels, medicated towelettes, or hot air drying machines.

HBV— hepatitis B virus

HCV — hepatitis C virus

HIV — human immunodeficiency virus.

Human tissue — recognizable human tissue. It must be buried, incinerated, or rendered completely unrecognizable. Nonhuman tissues are only considered infectious if they are known or suspected to contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible human host could result in an infectious disease.

Infectious waste — solid waste which contains pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. The following are *not* included in the definition of infectious waste but should be placed in containers such as a plastic bag prior to disposal to contain the waste.

1) items soiled (not saturated) with body fluids (for example, bandages, tampons, sanitary napkins)
2) items soiled with body fluids not included in the definition of infectious waste (for example, diapers)
3) intravenous tubing with needles detached

Medical consultation — a consultation which takes place between an employee and a licensed health-care professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials as well as any further evaluation or treatment that is required.

Microbiological lab wastes — cultures and lab equipment that have come in contact with infectious agents.

Mucous membranes — a surface membrane composed of cells that secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract.

Mucus — a thick liquid secreted by glands lining the nasal passages, the stomach and intestines, the vagina, and so forth.

Needleless systems — devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps. Examples include IV medication systems which administer medication or fluids through a catheter port using non-needle connections and jet injection systems which deliver liquid medication beneath the skin or through a muscle.

Occupational exposure — a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OSHA — the Occupational Safety and Health Administration of the U.S. Department of Labor; the federal agency with safety and health regulatory and enforcement authority for most U.S. industry and business.

Other potentially infectious materials (OPIM) — (1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, and all body fluids in situations in which it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures; organ cultures; HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral — piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Pathogen — a bacteria or virus capable of causing infection or disease.

Pericardial fluid — fluid from around the heart.

Pericardium — the sheath of tissue encasing the heart.

Peritoneal fluid — the clear straw-colored serous fluid secreted by the cells of the peritoneum.

Peritoneum — the lining membrane of the abdominal (peritoneal) cavity, composed of a thin layer of cells.

Personal protective equipment— specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves; gowns; laboratory coats; face shields or masks and eye protection equipment; and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment can be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the protective equipment is used.

Pleural — the membrane lining the chest cavity and covering the lungs, made up of a thin sheet of cells.

Pleural fluid — fluid from the pleural cavity.

Production facility — a facility engaged in industrial-scale, large-volume, or high-concentration production of HIV or HBV.

Prophylaxis — the measure carried out to prevent diseases.

Regulated waste — liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious

materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research laboratory — a laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Serous fluids — liquids of the body, similar to blood serum, which are in part secreted by serous membranes.

Sharps — medical or laboratory articles, including those that are potentially infectious and that may cause punctures or cuts. Examples include, but are not limited to, hypodermic needles, syringes, pasteur pipettes, and scalpel blades.

Sharps with engineered sharps injury protections — include non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, as well as other procedures involving a risk of sharps injury.

Source individual — any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to an employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

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

Synovial fluid — the clear amber fluid usually present in small quantities in a joint of the body (for example, the knee or elbow).

Universal precautions — an approach to infection control. According to the concept, all human blood and certain human body fluids are treated as if we know them to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Vascular — pertaining to or composed of blood vessels.

Work practice controls — controls that reduce the likelihood of exposure by altering the manner in which the task is performed. An example would be prohibiting the recapping of needles using a two-handed technique.

Safety and Health Committee Charter

Mission Statement

The _____ County Safety and Health Committee is to develop and promote a healthy and safe environment for employees and visitors through education, communication and safe work practices.

Activities

The heath and safety activities of the committee will include, but are not limited to, the following:

- Identify unsafe work practices, conditions and to suggest appropriate remedies;
- Appoint an inspection team of at least one employee representative and one employer representative;
- Conduct safety and health inspections of both operations and facilities;
- Identify safety hazards and recommend corrective action;
- Make a written report of hazards discovered during inspections;
- Review corrective measures and make written recommendations to correct the hazard and submit it to management for timely response;
- Establish procedures for workplace inspections to identify safety and health hazards;
- Review accident/incident reports for causes, trends and recommend corrective action;
- Obtain and analyze available data on past injuries and illnesses to identify trends and recommend corrective action;
- Assist in the development and implementation of effective safety- and health-awareness programs;
- Encourage feedback from all individuals with regard to safety- and health-related ideas, problems and solutions;
- Provide support and serve as a resource in the development, implementation and maintenance of a comprehensive safety, loss prevention and loss control program;
- Develop written programs to ensure compliance with safety and health regulations of the Texas Department of Insurance Workers' Compensation Division;
- Serve as an advisory body to management on safety and health issues; and

MODEL WRITTEN HAZARD COMMUNICATION PROGRAM

For Public Employers in Texas Subject to the Texas Hazard Communication Act

Prepared by:

Texas Department of State Health Services
Division for Regulatory Services
Policy, Standards and Quality Assurance
Environmental Hazards Group
PO Box 149347, MC 1987
Austin, TX 78714-9347

Phone: (512) 834-6787
Fax: (512) 834-6726

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Contents

I. General Information

A. The Texas Hazard Communication Act (THCA), codified as Chapter 502 of the Texas Health and Safety Code (HSC), requires all public employers in Texas to provide their employees with information regarding hazardous chemicals to which employees may be exposed in their workplace. In order to comply with Section 502.009(b) of the THCA and Section 295.7(a) of the THCA Rules (Title 25 of the Texas Administrative Code (TAC), Section 295.1 – 295.13), the following written Hazard Communication Program has been established for (name of public employer).

B. The master copy of the written hazard communication program will be maintained in (location). Copies of the written program will be modified as needed for each separate workplace where hazardous chemicals are used or stored and a copy maintained at each workplace. The written program will be available to all interested employees and their representatives upon request.

C. To facilitate administration of and compliance with this Program, the following levels of responsibility have been established:

1. The (position/person) will have overall responsibility for administering and maintaining this program and ensuring that it meets all requirements of the THCA.

2. Supervisors will be responsible for (enter text here).

3. Individual employees will be responsible for (enter text here).

II. Exemptions

Per Section 502.004(f), the following chemicals are exempt from the requirements of the THCA and are outside the scope of this written program:

A. Hazardous waste that is subject to regulation by the Texas Commission on Environmental Quality (TCEQ) and/or the U.S. Environmental Protection Agency

B. A chemical in a laboratory under the direct supervision or guidance of a **technically qualified individual** if:

1. Labels on incoming containers of chemicals are not removed or defaced

2. This employer complies with Sections 502.006 and 502.009 of the THCA with respect to laboratory employees; and

3. The laboratory is not used primarily to produce hazardous chemicals in bulk for commercial purposes

C. Tobacco or tobacco products

D. Wood or wood products

E. Articles formed to a specific shape or design during manufacture and that do not release or otherwise result in exposure to a hazardous chemical under normal conditions of use

F. Food, drugs, cosmetics or alcoholic beverages

G. Consumer products or hazardous substances used in the workplace in the same manner as normal consumer use and if the use results in a duration and frequency of exposure that is not greater than exposures experience by a consumer

H. Radioactive waste.

III. Definitions

A. **"Appropriate Hazard Warning"** – Any words, pictures, symbols, or combination thereof appearing on a label or other appropriate form of warning which convey the health and physical hazards, including the target organ effects of the chemical(s) in the container(s).

B. **"Categories of Hazardous Chemicals"** – A grouping of hazardous chemicals with similar properties.

C. **"Container"** – Any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, or the like that contains a hazardous chemical or contains multiple smaller containers of an identical hazardous chemical. The term "container" does not mean pipes or piping systems, nor does it mean engines, fuel tanks, or other operating systems in a vehicle. A **primary container** is one in which the hazardous chemical is received from the supplier. A **secondary container** is one to which the hazardous chemical is transferred after receipt from the supplier.

D. **"Employee"** – A person who may be or may have been exposed to hazardous chemicals in the person's workplace under normal operating conditions or foreseeable emergencies. Workers such as office workers or accountants who encounter hazardous chemicals only in non-routine, isolated instances are not employees for the purposes of this Act.

E. **"Expose"** – Subjecting an employee to a hazardous chemical in the course of employment through any route of entry, including inhalation, ingestion, skin contact, or absorption. The term includes potential, possible, or accidental exposure under normal conditions of use or in a reasonably foreseeable emergency.

F. **“Hazardous Chemical”** or **“Chemical”** – An element, compound, or mixture of elements or compounds that is a physical hazard or a health hazard.

G. **“Health Hazard”** – A chemical for which acute or chronic health effects may occur in exposed employees and which is a toxic agent, irritant, corrosive, or sensitizer.

H. **“Label”** – Any written, printed, or graphic material displayed on or affixed to containers of hazardous chemicals, and which includes the same name as on the Safety Data Sheet (SDS) or Material Safety Data Sheet (MSDS).

I. **“Material Safety Data Sheet” (“MSDS”)** – A document containing chemical hazard and safe handling information for the hazardous chemical as determined by the chemical’s manufacturer.

J. **“Physical Hazard”** – A chemical which is a combustible liquid, a compressed gas, explosive, flammable, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive), or water-reactive.

K. **“Personal Protective Equipment”** – Protective equipment provided to an employee by the employer which provides a level of protection to chemicals to which an employee may be exposed that will be adequate to ensure their health and safety based on current industry standards.

L. **“Safety Data Sheet” (“SDS”)** – The Hazard Communication Standard (HCS) (29 CFR 1910.1200(g)), aligned with the GHS in 2012, requires that the chemical manufacturer, distributor, or importer provide Safety Data Sheets (SDSs) for each hazardous chemical to downstream users to communicate information on these hazards. Safety Data Sheets were formerly called Material Safety Data Sheets, or MSDSs. The information contained in the

SDS is largely the same as the MSDS, except now the SDSs are required to be presented in a consistent, user-friendly, 16 section format.

M. **"Stationary Process Container"** – A tank, vat, or other such container which holds different hazardous chemicals at different times.

N. **"Technically Qualified Individual"** – An individual with a professional education and background working in the research or medical fields, such as a physician or registered nurse, or an individual holding a minimum of a bachelor's degree in a physical or natural science.

O. **"Work Area"** – A room, defined space, utility structure, or emergency response site in a workplace where hazardous chemicals are present, produced, or used, and where employees are present.

P. **"Workplace"** – A contiguous facility that is staffed 20 hours or more per week, unless such a facility is subdivided by the employer. Normally this subdivision would be a building, cluster of buildings or other structures, or a complex of buildings, but could be for a portion of a building if the employer chooses. Noncontiguous properties are always separate workplaces unless they are temporary workplaces, in which case they can be either work areas or a headquarters' workplace or separate workplaces, which is at the discretion of the employer.

IV. Workplace Chemical List……. (HSC §502.005 and 25 TAC §295.4)

A. The (name of employer or workplace) will develop and maintain a list of hazardous chemicals normally present in the workplace in excess of 55 gallons or 500 pounds. This Workplace Chemical List will be developed for each workplace where such quantities of hazardous chemicals are used or stored and will be available for review by employees and their designated representatives.
(Employers may use Attachment A, *Model Workplace Chemical List*, to comply with this requirement.)

B. The (position/person) will be responsible for reviewing and updating the Workplace Chemical List(s) for the (name of employer or workplace) as necessary, but at least by December 31 of each year.

C. The Workplace Chemical List will be maintained for at least 30 years.

D. Further information on chemicals list on the Workplace Chemical List can be obtained by referring to the Safety Data Sheet (SDS) or Material Safety Data Sheet (MSDS) located in each workplace where these chemicals are used or stored.

V. Safety Data Sheets and/or Material Safety Data Sheets (HSC §502.006 and TAC §295.5)

A. The (name of employer or workplace) will maintain a current and appropriate Safety Data Sheet (SDS) or Material Safety Data Sheet (MSDS) for each hazardous chemical purchased.

B. The (position/person) will be responsible for the SDS/MSDS system for (name of employer or workplace) and will ensure that:

1. Incoming SDSs/MSDSs are reviewed for new and significant health/safety information and that any new information is passed on to the affected employees.

2. Hazardous chemicals received without an SDS or MSDS are withheld from use until a current SDS or MSDS is obtained.

3. Missing SDSs or MSDSs are requested from an appropriate source (e.g. chemical manufacturer, distributor, or electronic database) within 30 days from receipt of the hazardous chemical.

4. Affected employees are provided a description of any alternative system (such as electronic databases) being used in lieu of hard copy SDSs/MSDSs.

5. As SDSs are received from hazardous chemical manufacturers and distributors, they replace the Material Safety Data Sheets on file. Training on both the old MSDSs and the new SDSs should continue throughout the transition period until employers no longer have any of the old MSDSs on site.

6. Emergency responders are provided SDSs/MSDSs as soon as practical upon request.

C. SDS and MSDS files for (name of employer or workplace) will be kept in (location).

D. SDSs/MSDSs will be readily available for review by employees or their designated representatives upon request.

VI. Chemical Container Labels……(HSC §502.007 and TAC §295.6)

A. All containers of hazardous chemicals used or stored by (name of employer or workplace) will be appropriately labeled.

B. The (position/person) will be responsible for the hazardous chemical labeling system and will verify that:

1. All **primary containers** of hazardous chemicals are clearly labeled to include:

   a. The identity of the chemical as it appears on the SDS/MSDS

   b. The appropriate hazard warnings

   c. The name and address of the manufacturer

2. All **secondary containers** of hazardous chemicals are clearly labeled to include:

   a. The identity of the chemicals as it appears on the SDS/MSDS

   b. The appropriate hazard warnings

3. A description of alternative labeling systems, if used, is provided to employees. Examples of alternative labeling systems are the National Fire Protection Association (NFPA) 704m Standard and the Hazardous Materials Information Systems (HMIS) Standard

C. The (name of employer or workplace) will rely on the chemical manufacturers or distributors to provide labels which meet the above requirements for primary containers of all hazardous chemicals purchased, and will re-label containers only when the label is illegible or otherwise does not meet the above requirements.

VII. Employee Training Program…...(HSC §502.009 and 25 TAC §295.7)

A. The (name of employer or workplace) will provide an education and training program to all employees who routinely use or handle hazardous chemicals in their workplace.

B. The (position/person) will be responsible for the employee training program and will ensure that:

1. Appropriate training is provided to all covered employees and includes:

   a. The use of information provided on SDSs/MSDSs and chemical container labels

   b. The location of hazardous chemicals present in the employee's' work areas

   c. The physical and health effects of exposure

   d. Proper use of personal protective equipment

   e. Safe handling of hazardous chemicals

   f. First aid treatment for exposure to hazardous chemicals

   g. Safety instruction on clean-up and disposal of hazardous chemicals

2. Required training records are maintained and include:

   a. The date of the training session

b. A legible list of all employees attending the training session

c. The subjects covered

d. The name of the instructors (Employers may use either Attachment B, *Employee Training Roster,* or Attachment C, *Employee Training Sheet,* to comply with this requirement)

3. All covered employees are identified and incorporated into the training program.

4. Employees are provided information concerning the hazardous chemicals to which they may be exposed during the performance of non-routine tasks.

5. New employees are trained prior to their being required to use or handle a hazardous chemical.

6. The need and frequency for periodic/refresher training is assessed.

C. Employees subject to these training requirements will sign an attendance roster for each training session attended, verifying that they received and understood the information.

VIII. Reporting Employee Deaths and Injuries…(HSC §502.012 and 25 TAC §295.9)

A. The (name of employer or workplace) will notify the Texas Department of State Health Services, Division for Regulatory Services, Policy, Standards & Quality Assurance Unit, Environmental Hazards Group, of any employee accident that involves a hazardous chemical exposure or asphyxiation, and that is fatal to one or more employees or results in the hospitalization of five or more employees.

B. The (position/person) will be responsible for reporting all such accidents to the Texas Department of State Health Services, Division for Regulatory Services, Policy, Standard & Quality Assurance Unit, Environmental Hazards Group, within 48 hours after their occurrence. Notifications will be made either orally or in writing to:

Texas Department of State Health Services
Division for Regulatory Services Policy,
Standards & Quality Assurance Unit
Environmental Hazards Group
PO Box 149347, MC 1987
Austin, TX 78714-9347

Phone: (512) 834-6787
Fax: (512) 834-6726

C. Employees will be responsible for reporting all accidents involving a hazardous chemical to their supervisor.

D. Supervisors will be responsible for reporting all accidents involving a hazardous chemical to (position/person).

IX. Posting the *Notice to Employees*…(HSC §502.0017 and 25 TAC §295.12)

A. The (position/person) will post and maintain in all workplaces where hazardous chemicals are used or stored the most current version of the THCA *Notice to Employees,* informing employees of their rights under the THCA. (See attachment D, *Notice to Employees*)

B. The *Notice to Employees* shall be clearly posted and unobstructed at all locations in the workplace where notices are normally posted, and with at least one location in each workplace.

C. In workplaces where employees that have difficulty reading or understanding English may be present, a copy of the *Notice to Employees*, printed in Spanish, will be posted together with the English version. (See attachment E, *Notice to Employees,* Spanish version (*Aviso Al Empleado*))

D. Additional copies of the *Notice to Employees*, in both English and Spanish, are available on the Worker Right-To-Know website at http://www.dshs.state.tx.us/tiertwo/publications.shtm#notice or on request from the Policy, Standards & Quality Assurance Unit, Environmental Hazards Group, at the address or telephone number listed on the cover page of this written program.

X. Personal Protective Equipment…(HSC §502.017 and 25 TAC §295.12)

A. The (name of employer or workplace) will provide appropriate personal protective equipment (PPE) to all employees who use or handle hazardous chemicals.

B. The (position/person) will assume overall responsibility for the PPE program and will ensure that appropriate equipment and training are provided, to include:

1. Proper selection of PPE based on:

    a. Routes of entry

    b. Permeability of PPE material

    c. Duties being performed by the employee

    d. Hazardous chemicals present

2. Proper fit and functionality of PPE as described by the manufacturer's specifications

3. Appropriate maintenance and storage of PPE

XI. Maintaining Employee Rights…….(HSC §502.017 and TAC §295.12)

A. The (name of employer) shall not discipline, harass, or discriminate against any employee for filing complaints, assisting inspectors of the Texas Department of State Health Services, participating in proceedings related to the Texas Hazard Communication Act, or exercising any rights under the Act.

B. Employees cannot waive their rights under the Texas Hazard Communication Act. A request or requirement for such a waiver by an employer is a violation of the Act.

The Division for Regulatory Services, Policy, Standards & Quality Assurance Unit, Environmental Hazards Group welcomes your questions or comments regarding this Model Written Hazard Communication Program, the Texas Hazard Communication Act, or any aspect related to the administration and enforcement of the Act. You may contact the Texas Department of State Health Services, Policy, Standards & Quality Assurance Unit, Environmental Hazards Group, at:

Texas Department of State Health Services
Division for Regulatory Services Policy,
Standards & Quality Assurance Unit
Environmental Hazards Group
PO Box 149347, MC 1987
Austin, TX 78714-9347

Phone: (512) 834-6787
Fax: (512) 834-6726

XII. Attachments

A. Workplace Chemical List

B. Employee Training Roster

C. Employee Training Sheet

D. *Notice to Employees* (English version)

E. *Notice to Employees* (Spanish version)

Workplace Chemical List

Name of Workplace, Work Area, or Temporary Workplace:

Identity Used on the Safety Data Sheet & Container Label	Work Area	Quantity (optional)	Unit Size (optional)

Workplace Chemical List Prepared By: _____ _____

Name (Printed) Signature (Required)

Date of Preparation (This form must be revised annually): _____

EMPLOYEE TRAINING ROSTER

Texas Hazard Communication Act, Section 502.009(g)

Department/Work Area: _____

Instructor:_____ Date: _____

Employee Name (Print)	Employee Signature	Job Title

Employee Training Roster (continued)

A. Per Sections 502.009(c) and (g) of the Texas Hazard Communication Act (THCA), the following subject(s) were covered in this training:

- ❑ Reading and interpreting chemical container labels
- ❑ Reading and interpreting alternative labeling systems, if such labeling systems are being used by the employer
- ❑ Reading and interpreting Safety Data Sheets (SDSs) and/or Material Safety Data Sheets (MSDSs)
- ❑ Location of hazardous chemicals in the workplace
- ❑ Physical and health effects of exposure
- ❑ Proper use of personal protective equipment
- ❑ First aid treatment for exposure
- ❑ Safety instruction on handling, cleanup and disposal procedures

B. Per Section 502.009(g) of the THCA, training was conducted based on:

- ❑ Categories of hazardous chemicals
- ❑ Individual hazardous chemicals

C. This hazard communication training was provided as:

- ❑ Initial training per Section 502.009(a) and (f) of the THCA
- ❑ Periodic/refresher training per Section VII(B)(6) of this Written Hazard Communication Program

EMPLOYEE TRAINING SHEET
Texas Hazard Communication Act, Section 502.009(g)

Department/Work Area: _____

Instructor: _____ **Date:** _____

Per Sections 502.009(c) and (g) of the Texas Hazard Communication Act (THCA), the following subject(s) were covered in this training:

- ❑ Reading and interpreting chemical container labels
- ❑ Reading and interpreting alternative labeling systems, if such labeling systems are being used by the employer
- ❑ Reading and interpreting Safety Data Sheets (SDSs) and/or Material Safety Data Sheets (MSDSs)
- ❑ Location of hazardous chemicals in the workplace
- ❑ Physical and health effects of exposure
- ❑ Proper use of personal protective equipment
- ❑ First aid treatment for exposure
- ❑ Safety instruction on handling, cleanup and disposal procedures

Per Section 502.009(g) of the THCA, training was conducted based on:

- ❑ Categories of hazardous chemicals
- ❑ Individual hazardous chemicals

This hazard communication training was provided as:

- ❑ Initial training per Section 502.009(a) and (f) of the THCA
- ❑ Periodic/refresher training per Section VII(B)(6) of this Written Hazard Communication Program

Employee: _____ **Date:** _____
(Printed)

Employee: _____
(Signature)

Instructor: _____
(Signature)

NOTICE TO EMPLOYEES

The Texas Hazard Communication Act, codified as Chapter 502 of the Texas Health and Safety Code, requires public employers to provide employees with specific information on the hazards of chemicals to which employees may be exposed in the workplace. As required by law, your employer must provide you with certain information and training. A brief summary of the law follows.

HAZARDOUS CHEMICALS

Hazardous chemicals are any products or materials that present any physical or health hazards when used, unless they are exempted under the law. Some examples of more commonly used hazardous chemicals are fuels, cleaning products, solvents, many types of oils, compressed gases, many types of paints, pesticides, herbicides, refrigerants, laboratory chemicals, cement, welding rods, etc.

WORKPLACE CHEMICAL LIST

Employers must develop a list of hazardous chemicals used or stored in the workplace in excess of 55 gallons or 500 pounds. This list shall be updated by the emplayer as necessary, but at least annually, and be made readily available for employees and their representatives on request.

EMPLOYEE EDUCATION PROGRAM

Employers shall provide training to newly assigned employees before the employees work in a work area containing a hazardous chemical. Covered employees shall receive training from the employer on the hazards of the chemicals and on the measures they can take to protect themselves from those hazards. This training shall be repeated as needed, but at least whenever new hazards are introduced into the workplace or new information is received on the chemicals which are already present.

SAFETY DATA SHEETS

Employees who may be exposed to hazardous chemicals shall be informed of the exposure by the employer and shall have ready access to the most current Safety Data Sheets (SDSs) or Material Safety Data Sheets (MSDSs) if an SDS is not available yet, which detail physical and health hazards and other pertinent information on those chemicals.

LABELS

Employees shall not be required to work with hazardous chemicals from unlabeled containers except portable containers for immediate use, the contents of which are known to the user.

EMPLOYEE RIGHTS

Employees have rights to:

- access copies of SDSs (or an MSDS if an SDS is not available yet)
- information on their chemical exposures
- receive training on chemical hazards
- receive appropriate protective equipment
- file complaints, assist inspectors, or testify against their employer

Employees may not be discharged or discriminated against in any manner for the exercise of any rights provided by this Act. A waiver of employee rights is void; an employer's request for such a waiver is a violation of the Act. Employees may file complaints with the Texas Department of State Health Services at the telephone numbers provided below.

EMPLOYERS MAY BE SUBJECT TO ADMINISTRATIVE PENALTIES AND CIVIL OR CRIMINAL FINES RANGING FROM $50 TO $100,000 FOR EACH VIOLATION OF THIS ACT

Further information may be obtained from:

Texas Department of State Health Services
Division for Regulatory Services
Policy, Standards, & Quality Assurance Unit
Environmental Hazards Group
PO Box 149347, MC 1987
Austin, TX 78714-9347

(800) 452-2791 (toll-free in Texas)
(512) 834-6787
Fax: (512) 834-6726
TXHazComHelp@dshs.texas.gov

TEXAS Department of State Health Services

Wcrker Right-To-Know Program
Publication# E23-14173
Revised 03/2014

AVISO AL EMPLEADO

La Ley de Comunicación sobre Peligros de Texas, codificada como el capítulo 502 del Código de Salud y Seguridad de Texas, exige que los empleadores públicos le provean a los empleados información específica sobre los peligros de los químicos a los que los empleados podrían estar expuestos en el centro de trabajo. Según exige la ley, su empleador debe proveerle cierta información y capacitación. A continuación presentamos un breve resumen de la ley.

QUÍMICOS PELIGROSOS

Los químicos peligrosos son cualquier producto o material que represente algún peligro físico o de salud al ser usado, a menos que este quede exento bajo la ley. Como ejemplos de químicos peligrosos más comúnmente usados están los combustibles, los productos de limpieza, los solventes, muchos tipos de aceite, los gases comprimidos, muchos tipos de pintura, los pesticidas, los herbicidas, los refrigerantes, los químicos de laboratorio, el cemento, las varillas de soldadura, etc.

LISTA DE QUÍMICOS EN EL CENTRO DE TRABAJO

Los empleadores deben desarrollar una lista de los químicos peligrosos usados o almacenados en el centro de trabajo que sobrepasen los 55 galones o las 500 libras. El empleador debe renovar la lista de ser necesario, y al menos anualmente, y debe ponerla a fácil disposición de los empleados y de sus representantes al esta ser solicitada.

PROGRAMA DE INSTRUCCIÓN DEL EMPLEADO

Los empleadores deben proveerle capacitación a los empleados recién asignados antes de que los empleados trabajen en un área de trabajo que contenga químicos peligrosos. Los empleados contemplados en la ley deben recibir capacitación del empleador sobre los peligros de los químicos y sobre las medidas que ellos mismos pueden tomar para protegerse de dichos peligros. La capacitación debe repetirse de ser necesario, y al menos cuando se introduzcan nuevos peligros en el centro de trabajo o se reciba nueva información sobre los químicos que ya están presentes.

HOJAS DE DATOS DE SEGURIDAD

El empleador debe informar de la exposición a los empleados que pudieran estar expuestos a químicos peligrosos y ellos deben tener acceso fácil a las hojas de datos de seguridad (SDS) o las hojas de datos de seguridad del material (MSDS) más recientes si es que todavía no hay una SDS disponible, las cuales detallen los peligros físicos y de salud y cualquier otra información pertinente sobre dichos químicos.

ETIQUETAS

No se requerirá que los empleados trabajen con químicos peligrosos provenientes de contenedores que no están etiquetados con excepción de los contenedores portátiles de uso inmediato, el contenido de los cuales el usuario conoce.

DERECHOS DEL EMPLEADO

Los empleados tienen derecho a:

- acceder a copias de las SDS (o una MSDS si es que todavía no hay una SDS disponible)
- la información sobre sus exposiciones químicas
- recibir capacitación sobre los peligros químicos
- recibir el equipo protector apropiado
- presentar quejas, asistir a los inspectores y testificar en contra de su empleador

No se despedirá a los empleados ni se les discriminará de ninguna manera por ellos ejercer cualquiera de los derechos que esta ley estipula. Las renuncias de derechos del empleado no tienen ninguna validez; el que el empleador solicite ese tipo de renuncia infringe esta ley. Los empleados pueden presentar sus quejas ante el Departamento Estatal de Servicios de Salud de Texas llamando al teléfono sin costo provisto abajo.

LOS EMPLEADORES PODRÍAN ESTAR SUJETOS A SANCIONES ADMINISTRATIVAS Y A MULTAS CIVILES O PENALES QUE VAN DESDE LOS $50 HASTA LOS $100,000 DÓLARES POR CADA INFRACCIÓN DE ESTA LEY

Puede obtener mayor información en:
Texas Department of State Health Services
Division for Regulatory Services
Policy, Standards, & Quality Assurance Unit
Environmental Hazards Group
PO Box 149347, MC 1987
Austin, TX 78714-9347

(800) 452-2791 (llamada gratuita dentro de Texas)
(512) 834-6787
Fax: (512) 834-6726
TXHazComHelp@dshs.texas.gov

TEXAS Department of State Health Services

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