

# **Atlantic County Municipal Joint Insurance Fund**

## **2010 SAFETY INCENTIVE PROGRAM**



Revised 12/31/2009

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# Atlantic County Municipal Joint Insurance Fund

## 2010 SAFETY INCENTIVE PROGRAM

### Introduction

Congratulations to all the members that qualified for Safety Incentive Awards in 2009 and good luck in 2010! The SIP has five key components: management commitment, communication and feedback, safety training, hazard recognition and correction, and accident investigation. All of these components are necessary to have an effective program and to help contain claim costs.

The primary goal of this program is to prevent accidents by eliminating conditions and behaviors that can contribute to unforeseen losses. The program also fosters teamwork and healthy competition and challenges members to achieve their maximum level of success in this program. We want to keep the program interesting and motivating. This year we have made some changes to help make reporting easier and we have added extra credit for Health & Wellness related activities. Keep up the great work!

### What's New in 2010

- **Go Green!** Read the summary sheets for guidance on what to send with your SIP reports. Keep your documentation files on-site and only send in the requested samples.. For members that would prefer to scan their submissions, the SIP Mid-Year and Year-End Reports may now be submitted on a CD. See specific directions for how to submit on disc.
- Safety Improvement Objectives – **NEW: only submit one per member..** Make your safety improvement objective meaningful and results oriented. Work with your safety committee to come up with ideas. Send in by **June 7, 2010**.
- **“Put safety on your Agenda”** Each member is requested to include the topic of “safety” on at least one Governing Body agenda each year. We recognize that having an effective safety program involves all level of management and employees.
- **Department Summary** reports have been revised. We are asking for more information on the summary report, but less documentation. Read each section and only send in what is requested.
- The **Supervisor's Incident Investigation** reports can now be filled in on-line from the ACMJIF website (<http://www.acmjif.org/>) and transmitted directly to the Safety Director's office. If you fill in the Safety Committee Review section on this report, there is no need to submit additional Accident Review Committee notes (See Item #15).

- **Safety Contracts** have been revised. Be sure to include the schedule of Safety Committee meetings and check which Regional Training programs apply to your town. Please fill out both pages.
- **“Special Safety Recognition Award”** nominations are due on the same day as the Year-End reports: December 6, 2010.
- Submit your **“Health and Wellness”** activity plans by March 15, 2010 to be eligible for up to 5 points “extra credit.” Include summary with the Year-End Report for point consideration. See Tab 5 for sample plan worksheet.

### **SIP Scoring**

Partial credit is available in most categories. You are only evaluated on applicable departments. Any scoring categories which do not apply for individual members will be removed from that municipality’s total possible points. Members will receive feedback on their Mid-Year and Year-End participation results.

For the SIP, you only need to send in “representative samples” of Job Site Observations and safety inspection reports. Be sure to maintain your “on-site” file with your safety program documentation, training records, etc. for inspection by safety consultants.

### **Safety Contracts**

As in previous years, completing the 2010 Safety Contract is the first step toward becoming eligible for a Safety Incentive Program award. Complete the safety contract and have all participating departments sign it. The contract demonstrates top management commitment to the safety program and sets the stage for accountability by all departments. Submission must be postmarked by March 15, 2010.

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

- Reports must be received or postmarked by the due date.
- Reports postmarked (or submitted) beyond the due date will not be scored.
- In the event of extenuating circumstances, the Executive Safety Committee will make the final decision regarding late submissions.

### **Go Green - Scan your Reports!**

For members who would prefer to scan their SIP reports instead of photocopying, documents may be scanned into PDF files and submitted on a Compact Disc (CD). **Faxed or e-mailed reports will not be accepted.** Be sure to scan both sides of double sided pages. Members who scanned their reports last year reported that this is a very convenient way to save their records. Set up PDF Document folders with the following categories

- Safety Coordinator Report (include Safety Improvement Objective, Safety Committee Meetings / Accident Review Panel, Safety on Your Agenda and RSW report.)
- Department Reports – use one folder per department (ex. DPW, Administration, Fire, Police, etc.) Be sure to include the Department Safety Summary sheet..

# ATLANTIC COUNTY MUNICIPAL JOINT INSURANCE FUND

## 2010 Safety Incentive Program Size Categories

M	Absecon
M	Avalon
L	Brigantine
S	Buena Borough
S	Buena Vista Township
M	Cape May City
XS	Cape May Point
L	City of Margate
XS	Commercial Township
XS	Corbin City
XS	Deerfield Township
S	Dennis Township
XS	Downe Township
M	Egg Harbor City
XL	Egg Harbor Township
XS	Estell Manor City
XS	Folsom Borough
L	Galloway Township
L	Hamilton Township
M	Hammonton
M	Linwood
S	Longport

L	Lower Township
L	Middle Township
XL	Millville
S	Mullica
XS	Newfield
L	North Wildwood
M	Northfield
XL	Ocean City
XL	Pleasantville
L	Sea Isle City
XS	Port Republic
M	Somers Point
M	Stone Harbor
S	Upper Deerfield Township
M	Upper Township
L	Ventnor
M	Waterford Township
XS	West Cape May
XS	West Wildwood
XS	Weymouth Township
XL	Wildwood
M	Wildwood Crest
XS	Woodbine

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

### Monetary Awards

“Gold,” “Silver,” and “Bronze” qualifier tiers have been established, based on the percent of points achieved. Members must achieve at least 75% of the available points to qualify for monetary awards.

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

Level	Score	% of Based Earned	X-Small	Small	Medium	Large	X-Large
<b>GOLD</b>	<95%	130%	\$1,600	\$2,250	\$2,650	\$3,050	\$3,500
<b>SILVER</b>	<90%	120%	\$1,400	\$1,800	\$2,200	\$2,600	\$3,000
<b>BRONZE</b>	<85%	110%	\$1,200	\$1,500	\$1,900	\$2,200	\$2,500
<b>QUALIFIER</b>	<75%	100%	\$1,000	\$1,300	\$1,600	\$1,900	\$2,200

# **IMPORTANT DATES**

**MARCH 15, 2010**

**Safety Contract,  
Safety Committee Schedule Due  
Submit Health and Wellness Plan for “Extra Credit”**

**June 7, 2010**

**Mid-Year Report Due  
Safety Improvement Objective**

**December 6, 2010**

**Year-End Report Due  
Nominations for Special Recognition Awards Due**

**Mail Reports To:**

Conner Strong Risk Control, Attn: Karen La Sala  
231 Main Street, PO Box 2017  
Toms River, NJ 08754  
Telephone 732 660 5006

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

Louis Carey (732 736 5224) [Lcarey@connerstrong.com](mailto:Lcarey@connerstrong.com)

Don Ruprecht (732 660 5051) [Druprecht@connerstrong.com](mailto:Druprecht@connerstrong.com)

Joanne Hall (732 736 5286) [Jhall@connerstrong.com](mailto:Jhall@connerstrong.com)

Karen La Sala (732 660 5006) [Klasala@connerstrong.com](mailto:Klasala@connerstrong.com)

## Atlantic County Municipal Joint Insurance Fund SAFETY INCENTIVE PROGRAM

<u>Management Commitment</u>	
	Possible Points
<p><b># 1 Submit Safety Contract ,</b></p> <p><b>Documentation Required:</b> Completed Safety Contract must be postmarked by March 15, 2010</p>	<b>0</b>
<p><b># 2 Establish one meaningful Safety Improvement Objective</b></p> <p><b>Scoring Criteria:</b> The Safety Improvement Objective provides a way for members to receive credit for activities and special safety projects that are not addressed in other parts of the Safety Incentive Program. The Safety Improvement Objective should focus on ways to reduce claims, improve safety management systems or address specific concerns. The objective should be <b>measurable</b> and have a <b>target date</b> for completion. Points will be awarded for establishing and completing one meaningful objective. For additional guidance, speak to your Conner Strong Risk Control Consultant.</p> <p><b>Documentation Required:</b> Submit one meaningful Safety Improvement Objective by June 7, 2010 Submit progress report on Safety Improvement Objective with the Year-End reports</p>	<b>10</b>
<p><b># 3 Submit Department Safety Summary Reports for each participating department</b></p> <p><b>Scoring Criteria:</b> Department Safety Summary Reports should be completed and signed by a department representative. These forms help organize your supporting materials and make it easier for scoring. Attach sample JSO's, completed inspection report and fill in the completed safety training and tool box summaries.</p> <p><b>Documentation Required:</b> Submit Department Summary Reports Mid-Year report due on June 7, 2010 with samples for the first half of the year Year-End report due on December 6, 2010, with samples for second half of year only</p>	<b>10</b>

## Safety Communication

<p><b>#4 “Put Safety On Your Agenda”</b></p> <p>Each member is requested to include the topic of “safety” on at least one Governing Body agenda each year.</p> <p><b>Scoring criteria:</b> Examples of this could include a presentation to the Governing Body on the status of your safety program, a report on the loss ratios by the RMC, Fund Commissioner, or Safety Coordinator. Ideally, the members of the Governing Body would be given an opportunity to ask questions.</p> <p><b>Documentation Required:</b> Submit minutes from Governing Body meeting with the topic of safety discussion highlighted. May be submitted with either the Mid-Year or the Year-End Report.</p>	<p><b>6</b></p>
<p><b># 5 Hold Safety Committee meetings on a regular basis</b></p> <ul style="list-style-type: none"> <li>▪ Extra Large &amp; Large members: Hold six meetings per year</li> <li>▪ Medium, Small and Extra Small members: Hold 4 meetings per year</li> </ul> <p><b>Scoring criteria:</b> Spread the meetings out over the year so you hold at least one meeting per quarter. Include copies of the agenda, minutes that show who was at the meeting and what departments were represented.</p> <p><b>Documentation Required:</b> Submit written agenda and minutes for each meeting Be sure to include names of persons and their departments. Submit with the Mid-Year and the Year-End reports.</p>	<p><b>20</b></p>
<p><b># 6 Conduct Job Site Observations (JSO’s)</b></p> <p>Applies to <u>all departments</u>, including Administration, Fire, EMS, Utility, Police, Public Works, Beach Patrol and Recreation.</p> <ul style="list-style-type: none"> <li>▪ Extra Large, Large and Medium members: Each Dept / Division should complete at least one JSO per month (except for Administration, which will complete two per year).</li> <li>▪ Small and Extra Small members: Each Dept to complete 1 JSO per quarter.</li> <li>▪ <i>Departments with 2 or more employees and volunteer departments are included</i></li> </ul> <p><b>Scoring Criteria:</b> Complete minimum number of observations; submit representative sample. We look for comments that show you are making meaningful observations and giving feedback to one another.</p> <p><b>Documentation required:</b> Submit at least one sample from each department</p>	<p><b>12</b></p>

## Hazard Identification & Correction

### # 7 Conduct Safety Inspections of municipal facilities on a regular basis

**Scoring Criteria:** Most municipal buildings, DPW garages and Recreation Centers should be inspected at least quarterly; parks, playgrounds and seasonal operations may call for more frequent inspections. Sample inspections are included in the Appendix and your safety consultant can help you modify or develop forms for special purposes.

**Documentation required:**

Submit at least one completed Safety Inspection Reports from each department / facility with the Mid-Year and the Year-end reports

**20**

### # 8 Document the Roadway, Sign, Boardwalk and Walkway Program (RSW):

To identify, record, and correct hazards related to roadways, signs, boardwalks, sidewalks, and walkways, etc.

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

**Documentation Required**

Submit an excerpt of your RSW log (one page sample only). Submit record from first half of year with the Mid-Year report and from the second half of year with the Year-End report. You may use the sample log found in under Tab 5.

**8**

### # 9 Complete outstanding Suggestions for Improvement

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

**Scoring Criteria:** Unresolved Important SFIs dated 2007 and earlier may incur a 5 point penalty. If the suggestion is a budgetary item, member can avoid this penalty by having the Fund Commissioner submit a letter advising what arrangements the member has made to address the SFI, including a target date for completion. *Extensions may only be made for two years and are subject to review by the Executive Safety Committee.*

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

**Documentation Required:**

None. Points will be awarded based on the Safety Director's Records as of 12/1/2010 and reviewed during the December 2010 Executive Safety Committee meeting.

**Possible  
Penalty  
-5**

## Safety Training

<p><b># 10 Participate in Regional Training Workshops</b></p> <p>Attend all applicable Regional Safety Training Workshops:</p> <ul style="list-style-type: none"> <li>• Safety Coordinators’ Roundtable</li> <li>• Police Chiefs’ Roundtable (if applicable)</li> <li>• Hazard Assessment Workshop</li> <li>• DPW Superintendents’ Roundtable</li> <li>• Lifeguard Symposium (if applicable)</li> </ul> <p><b>Scoring Criteria:</b> Send at least one representative to the workshops. Points assigned based on the number of applicable workshops attended.</p> <p><b>Documentation Required:</b> None by members (sign-in sheets are kept by the Safety Director)</p>	<p><b>20</b></p>
<p><b># 11 Attend Safety Training (MSI or Equivalent) Classes:</b></p> <ul style="list-style-type: none"> <li>▪ Extra Large: Attend at least 14 topics per year</li> <li>▪ Large: Attend at least 12 topics per year</li> <li>▪ Medium members: Attend at least 8 topics per year</li> <li>▪ Small: attend at least 4 topics per year</li> <li>▪ Extra Small: attend in at least 1 topic per year</li> </ul> <p><b>Scoring Criteria:</b> Points are based on the number of different classes attended by at employees. Classes can be MSI or equivalent technical training. Technical training must be at least one hour in duration. For non-MSI classes, list the course name and instructor’s name on the training summary sheet. Partial credit will be awarded based on the number of classes attended.</p> <p><b>Documentation required:</b></p> <ul style="list-style-type: none"> <li>• For MSI, list classes on the Department Summary Reports (Do not submit certificates)</li> <li>• For non-MSI classes, list the course name, date, trainer’s name and number of attendees on the Department Safety Summary. Submit with the Mid-Year and Year-End reports</li> </ul>	<p><b>12</b></p>
<p><b># 12 Hold Tool Box Meetings and Safety Video Training sessions</b></p> <p>Applies to <u>all departments</u>, including Administration, Fire, EMS, Utility, Police, Public Works, Beach Patrol and Recreation.</p> <ul style="list-style-type: none"> <li>▪ Extra Large &amp; Large members: Hold one per month per department or division (Administration to conduct 3 per year)</li> <li>▪ Medium members: Hold six per year (Administration to conduct 3 per year)</li> <li>▪ Small members: Hold four per year per department</li> <li>▪ Extra Small member: Hold two per year per department <ul style="list-style-type: none"> <li>▪ <i>Depts. with 2 or more employees are included; Volunteer Depts. are included.</i></li> </ul> </li> </ul> <p><b>Scoring Criteria:</b> Keep track of the meetings and topics / videos presented. Keep a file of the sign in sheets and topics “on site” available for inspection. Space out the meetings throughout the year (i.e., quarterly, or semi-annually); Seasonal departments need only participate during their active periods.</p> <p><b>Documentation Required:</b> List the number of meetings and list topics on the Department Summary Report. Submit with the Mid-Year and the Year-End Reports</p>	<p><b>12</b></p>

<b><u>Accident Reporting &amp; Investigation</u></b>	
<p><b># 13 Report all claims in a timely manner</b></p> <p><b>Scoring Criteria:</b></p> <ul style="list-style-type: none"> <li>▪ Full credit if 90% of claims are reported within 3 days of occurrence</li> <li>▪ Partial Credit (3 points) if at least 80% of the claims are reported within 3 days of occurrence</li> <li>▪ No credit if less than 80% of the claims are reported within 3 days of occurrence.</li> <li>▪ Full credit awarded if there are no claims to report</li> </ul> <p><b>Documentation required:</b> None by members; report summary provided by CSG.</p>	<b>5</b>
<p><b># 14 Implement Transitional Duty (Return to Work) Program In Place</b></p> <p><b>Scoring Criteria:</b></p> <ul style="list-style-type: none"> <li>▪ Full credit if member uses at least 50% of the available “Opportunity Days”</li> <li>▪ Partial credit (3 pts) if member uses at least 25% of the available “Opportunity Days”</li> <li>▪ No credit if member uses less than 25% of the available “Opportunity Days.”</li> <li>▪ Full credit awarded if there are no lost time injuries.</li> </ul> <p><b>Documentation required:</b> None by members; report summary provided by CSG.</p>	<b>5</b>
<p><b># 15 Investigate Accidents and implement Accident Review Process</b></p> <p>Complete the Supervisors Incident Investigation on all claims and “near misses.” The Supervisors Incident Investigation report can be found on the JIF website and can be submitted to the Safety Director on-line. Be sure to include notes from the Safety Committee Review.</p> <p><b>Scoring Criteria:</b> Documentation will vary based on the frequency and severity of claims. Members that have no claims will receive full credit.</p> <p><b>Documentation Required:</b> Submit representative sample (25%) of Supervisory Incident Investigation reports that demonstrate accidents are being investigated and corrective action has been taken. Other suitable documentation may include loss summary reports, analysis of trends or notes from Accident Review Committee meetings. Partial credit will be awarded.</p> <p><b>Documentation required:</b> Submit with the Mid-Year and the Year-End reports or submit on line.</p>	<b>10</b>
<p><b>EXTRA CREDIT – HEALTH &amp; WELLNESS Plan</b> Submit plan for promoting health and wellness activities by <b>March 15, 2010</b>. See Appendix for ideas</p>	<b>Up to 5 pts</b>
<b>Total Points Available</b>	<b>150</b>

**2010 MUNICIPAL SAFETY CONTRACT**  
**Atlantic County Municipal Joint Insurance Fund**

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

1. **Our Safety Coordinator is:** \_\_\_\_\_  
 (Name and Title)
2. **Our Alternate Safety Coordinator is:** \_\_\_\_\_  
 (Name and Title)

3. **We have established a Safety Committee for our community and the following members have been appointed: (Use additional sheets, if necessary.)**

Name	Title	Department

4. **Proposed Safety Committee Meeting Dates: Insert Dates for 2010 Meetings:**

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

**6. Regional Training. We plan to attend the following Regional Training programs: (Check applicable box)**

<b>Topic</b>	<b>Date</b>	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
Safety Coordinator Round Table	2/11/2010			
PPE Hazard Assessment Workshop	April 2010			
Public Works Round Table	6/10/2010			
Lifeguard Symposium	6/30/2010			
Police Chief Round Table	Sept 2010			

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

<b>Department</b>	<b>Signature</b>	<b>Date</b>
Police / Public Safety		
Fire / Rescue		
EMS		
Administration		
Public Works		
Utilities		
Other:		

\_\_\_\_\_

**(Mayor)**

\_\_\_\_\_

**(Date)**

\_\_\_\_\_

**(Administrator/Clerk/Manager)**

\_\_\_\_\_

**(Date)**

**To participate in the Safety Incentive Program please sign and return the completed Safety Contract to the Safety Director by March 15, 2010.**

**MID-YEAR**

**REPORT**

**FORMS**

## **SAFETY IMPROVEMENT OBJECTIVE**

The Safety Improvement Objective provides a way for members to receive credit for activities and special safety projects that are not addressed in other parts of the Safety Incentive Program. The Safety Improvement Objective should focus on ways to reduce claim frequency, improve safety management systems or address specific concerns. The objective should be **measurable** and have a **target date** for completion. Points will be awarded for establishing and completing one meaningful objective. For additional guidance, refer to Information under Tab 5 or speak to your Conner Strong Risk Control Consultant.

Submit **one** meaningful Safety Improvement Objectives by **June 7, 2010** and submit progress report on Safety Improvement Objective with the Year-End report. Members are encouraged to use the attached worksheet to track progress.

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

- Start with an action verb. For example, “write, inspect, develop, implement, train”, etc.
- Specify a single key result to be accomplished. For example, “Implement an internal safety recognition program and recognizes one employee or department per month for their efforts.”
- Focus on behaviors, not just results. For example, “Reduce playground injuries by training employees in how to correctly identify hazards. Complete weekly inspections during busy seasons and promptly correct and unsafe conditions found. Keep written inspection records to document your observations.”
- Clearly communicate the objective. For example, “Install pedestrian walkway and traffic control devices along Main Street; coordinate with Police Department to implement a public awareness and enforcement campaign.”
- Specify a target date for its accomplishment. For example, “Remove and replace splintered wood on the picnic tables with maintenance free materials by May 31.”
- Make the objective specific and quantifiable. For example, “Train at least six Administration employees in CPR / AED by end of the year.”
- Make the objective realistic and attainable. For example, “Review and update at least one Job Hazard Assessment per month. Include hazard identification, engineering and administrative controls, training requirements and recommended PPE. Hold tool box meeting to review the JHA with employees.
- Make your objective relevant to the most frequent types of injuries. For example, “Help reduce the frequency of strains and sprain injuries by teaching employees simple stretching exercises. Spend five minutes before the start of heavy activities doing a warm up / stretching routine.”
- Consider building in wellness initiatives. For example, “Hold a health and wellness fair during the spring season” or “start a walking campaign to encourage employees to walk during their lunch breaks. Track participation by department and reward the department with the most miles.”
- Make it fun, for example, “Start a “biggest loser” competition.
- Break your objective into steps and track your progress.... See next page for sample tracking sheet. Be sure to update your progress during safety committee meeting.



<b>Atlantic County</b> <b>Municipal Joint Insurance Fund</b> <b>Safety Coordinator Mid Year Report</b> <b>January 1, 2010 – May 31, 2010</b> <b><u>Submit by June 7, 2010</u></b>	
<b>Municipality Name:</b>	
<b>Include the following:</b>	
<input type="checkbox"/>	<b>Safety Improvement Objective</b> Submit one safety improvement objective.
<input type="checkbox"/>	<b>Department Safety Summary Reports</b> Submit one summary sheet for each participating department. Attach sample JSO's, completed hazard inspection reports and fill in safety and tool box training summaries.
<input type="checkbox"/>	<b>“Put Safety On Your Agenda”</b> Submit minutes from Governing Body meeting with the topic of safety discussion highlighted. (May be submitted with either the Mid-Year or the Year-End Report).
<input type="checkbox"/>	<b>Safety Committee Meetings</b> Attach copies of safety committee agenda and minutes. Include names and department of attendees.
<input type="checkbox"/>	<b>Roads/Signs/Walkways/ Boardwalk Program</b> Provide an excerpt of your RSW log (one page sample only) from the first half of the year.
<input type="checkbox"/>	<b>Accident Investigations and Review</b> Submit representative sample (25%) of Supervisory Incident Investigation reports that demonstrate accidents are being investigated and corrective action has been taken. Other suitable documentation may include loss summary reports, analysis of trends or notes from Accident Review Committee meetings.
<input type="checkbox"/>	<b>EXTRA CREDIT - Health and Wellness Plan</b> Submit update on Health and Wellness Plan
<b><u>Mail / Deliver All Reports by June 7, 2010 to:</u></b> Conner Strong Risk Control, Attn Karen La Sala 231 Main Street, PO Box 2017 Toms River, NJ 08754 Telephone 732 660 5006	

## Mid Year Department Safety Summary

### Administration / Municipal Complex

Period covered: January 1, 2010 – May 31, 2010

Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

**Job Site Observations:** How many JSO reports were completed by members of this department during this reporting period? \_\_\_\_\_ List at least one significant finding from the observations made: Attach a sample of at least one completed JSO.

**Safety Inspection Reports:** Which buildings and facilities are regularly inspected by this department? How often? Attach a sample of at least one completed inspection report from each facility.

List at least one significant observation that was found and corrected as a result of regular inspections.

**Safety Training Classes:** List the safety training classes that were attended by this department. Do not attach certificates (keep them on file at your workplace); Use additional pages if needed.

Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered; Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

## Mid Year Department Safety Summary

### Police / Public Safety Department

Period covered: January 1, 2010 – May 31, 2010

Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

**Job Site Observations:** How many JSO reports were completed by members of this department during this reporting period? \_\_\_\_\_ List at least one significant finding from the observations made: Attach a sample of at least one completed JSO.

**Safety Inspection Reports:** Which buildings and facilities are regularly inspected by this department? How often? Attach a sample of at least one completed inspection report from each facility.

List at least one significant observation that was found and corrected as a result of regular inspections.

**Safety Training Classes:** List the safety training classes that were attended by this department. Do not attach certificates (keep them on file at your workplace); Use additional pages if needed.

Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

## Mid Year Department Safety Summary

### Fire / Rescue Department

Period covered: January 1, 2010 – May 31, 2010

Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

**Job Site Observations:** How many JSO reports were completed by members of this department during this reporting period? \_\_\_\_\_ List at least one significant finding from the observations made: Attach a sample of at least one completed JSO.

**Safety Inspection Reports:** Which buildings and facilities are regularly inspected by this department? How often? Attach a sample of at least one completed inspection report from each facility.

List at least one significant observation that was found and corrected as a result of regular inspections.

**Safety Training Classes:** List the safety training classes that were attended by this department. Do not attach certificates (keep them on file at your workplace); Use additional pages if needed.

Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

## Mid Year Department Safety Summary

### Public Works Department

Period covered: January 1, 2010 – May 31, 2010

Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

**Job Site Observations:** How many JSO reports were completed by members of this department during this reporting period? \_\_\_\_\_ List at least one significant finding from the observations made: Attach a sample of at least one completed JSO.

**Safety Inspection Reports:** Which buildings and facilities are regularly inspected by this department? How often? Attach a sample of at least one completed inspection report from each facility.

List at least one significant observation that was found and corrected as a result of regular inspections.

**Safety Training Classes:** List the safety training classes that were attended by this department. Do not attach certificates (keep them on file at your workplace); Use additional pages if needed.

Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

## Mid Year Department Safety Summary

**Emergency Medical Services Department**  
**Period covered: January 1, 2010 – May 31, 2010**

**Municipality** \_\_\_\_\_ **How Many Employees in this Department?** \_\_\_\_\_

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

**Job Site Observations:** How many JSO reports were completed by members of this department during this reporting period? \_\_\_\_\_ List at least one significant finding from the observations made: Attach a sample of at least one completed JSO.

**Safety Inspection Reports:** Which buildings and facilities are regularly inspected by this department? How often? Attach a sample of at least one completed inspection report from each facility.

List at least one significant observation that was found and corrected as a result of regular inspections.

**Safety Training Classes:** List the safety training classes that were attended by this department. Do not attach certificates (keep them on file at your workplace); Use additional pages if needed.

Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

## Mid Year Department Safety Summary

### Beach Patrol

Period covered: January 1, 2010 – May 31, 2010

Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

**Job Site Observations:** How many JSO reports were completed by members of this department during this reporting period? \_\_\_\_\_ List at least one significant finding from the observations made: Attach a sample of at least one completed JSO.

**Safety Inspection Reports:** Which buildings and facilities are regularly inspected by this department? How often? Attach a sample of at least one completed inspection report from each facility.

List at least one significant observation that was found and corrected as a result of regular inspections.

**Safety Training Classes:** List the safety training classes that were attended by this department. Do not attach certificates (keep them on file at your workplace); Use additional pages if needed.

Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

## Mid Year Department Safety Summary

\_\_\_\_\_ Department  
 Period covered: January 1, 2010 – May 31, 2010

Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

**Job Site Observations:** How many JSO reports were completed by members of this department during this reporting period? \_\_\_\_\_ List at least one significant finding from the observations made: Attach a sample of at least one completed JSO.

**Safety Inspection Reports:** Which buildings and facilities are regularly inspected by this department? How often? Attach a sample of at least one completed inspection report from each facility.

List at least one significant observation that was found and corrected as a result of regular inspections.

**Safety Training Classes:** List the safety training classes that were attended by this department. Do not attach certificates (keep them on file at your workplace); Use additional pages if needed.

Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

**YEAR-END  
REPORT  
FORMS**

<b>Atlantic County</b> <b>Municipal Joint Insurance Fund</b> <b>Safety Coordinator Year-End Report</b> <b>June 1, 2010 – November 30, 2010</b> <b><u>Submit by December 6, 2010</u></b>	
<b>Municipality Name:</b>	
<b>Include the following:</b>	
<input type="checkbox"/>	<b>Safety Improvement Objective</b> Submit progress report on safety improvement objective.
<input type="checkbox"/>	<b>Department Safety Summary Reports</b> Submit one summary sheet for each participating department. Attach sample JSO's, completed hazard inspection reports and fill in safety and tool box training summaries.
<input type="checkbox"/>	<b>“Put Safety On Your Agenda”</b> Submit minutes from Governing Body meeting with the topic of safety discussion highlighted. (May be submitted with either the Mid-Year or the Year-End Report).
<input type="checkbox"/>	<b>Safety Committee Meetings</b> Attach copies of safety committee agenda and minutes held during this reporting period. Include names and department of attendees.
<input type="checkbox"/>	<b>Roads/Signs/Walkways/ Boardwalk Program</b> Provide an excerpt of your RSW log (one page sample only) from the second half of the year.
<input type="checkbox"/>	<b>Accident Investigations and Review</b> Submit representative sample (25%) of Supervisory Incident Investigation reports that demonstrate accidents are being investigated and corrective action has been taken. Other suitable documentation may include loss summary reports, analysis of trends or notes from Accident Review Committee meetings.
<input type="checkbox"/>	<b>EXTRA CREDIT - Health and Wellness Plan</b> Submit update on Health and Wellness Plan.
<b><u>Mail / Deliver All Reports by December 6, 2010 to:</u></b> Conner Strong Risk Control, Attn Karen La Sala 231 Main Street, PO Box 2017 Toms River, NJ 08754 Telephone 732 660 5006	

## Year End Department Safety Summary

**Administration / Municipal Complex**  
**Period covered: June 1, 2010 – November 30, 2010**

**Municipality** \_\_\_\_\_ **How Many Employees in this Department?** \_\_\_\_\_

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

**Job Site Observations:** How many JSO reports were completed by members of this department during this reporting period? \_\_\_\_\_ List at least one significant finding from the observations made: Attach a sample of at least one completed JSO.

**Safety Inspection Reports:** Which buildings and facilities are regularly inspected by this department? How often? Attach a sample of at least one completed inspection report from each facility.

List at least one significant observation that was found and corrected as a result of regular inspections.

**Safety Training Classes:** List the safety training classes that were attended by this department. Do not attach certificates (keep them on file at your workplace); Use additional pages if needed.

Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

**Year End Department Safety Summary**

**Police / Public Safety Department**

**Period covered: June 1, 2010 – November 30, 2010**

**Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_**

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

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Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

**Year End Department Safety Summary**

**Fire / Rescue Department**

**Period covered: June 1, 2010 – November 30, 2010**

**Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_**

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

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Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

**Year End Department Safety Summary**

**Public Works Department**

**Period covered: June 1, 2010 – November 30, 2010**

**Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_**

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

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Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

**Year End Department Safety Summary**

**Emergency Medical Services Department**  
**Period covered: June 1, 2010 – November 30, 2010**

**Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_**

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

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Name of Course	Duration	Date	MSI or Other (if other, list trainers name)	Number Attendees

**Tool Box or Safety Video Training Sessions:** How many department safety meetings were held by this department? \_\_\_\_\_ List topics covered: Use additional pages if needed.

Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

**Year End Department Safety Summary**

**Beach Patrol Department**

**Period covered: June 1, 2010 – November 30, 2010**

**Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_**

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

**Noteworthy accomplishment:** Describe at least one noteworthy safety accomplishment that was achieved by this department during the reporting period. Use extra sheet if needed.

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Tool box topic / Video Title	Duration	Date	Presenter's Name	Number Attendees

<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

**Year End Department Safety Summary**

\_\_\_\_\_ Department  
**Period covered: June 1, 2010 – November 30, 2010**  
**Municipality \_\_\_\_\_ How Many Employees in this Department? \_\_\_\_\_**

**Municipal Safety Committee:** How many municipal safety committee meetings were attended by employees from this department during this reporting period? \_\_\_\_\_

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<b>Name &amp; Title of Person Completing this Report:</b>	<b>Date:</b>

# SPECIAL SAFETY RECOGNITION AWARD PROGRAM

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

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

**Nominations should be submitted to the Safety Director's Office on the enclosed form by December 6, 2010.** Use additional pages if necessary. Photographs, write-ups or other documentation may be submitted, but are not required. We suggest that any nominations be discussed with your Safety Committee. Fill out a separate form for each person or department being nominated.

## **Nomination Form**

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

**Atlantic County Municipal Joint Insurance Fund**

**SPECIAL SAFETY RECOGNITION PROGRAM**

**Municipality:**

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

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

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

**Signature of Person submitting nomination:**

**Position / Title:**

**Printed name of person submitting nomination:**

**Date:**

**Submit this form by December 6, 2010**

**Conner Strong Risk Control, Attn: Karen La Sala  
231 Main Street, PO Box 2017  
Toms River, New Jersey 08754**

# SAMPLE FORMS

- Job Site Observation Reports
- Emergency Medical Services Department Safety Checklist
- Municipal Complex / Administration Safety Checklist
- Fire Department Safety Checklist
- Playground Safety Checklist
- Police Department Safety Checklist
- Public Works Department Safety Checklist
- Promoting Health & Wellness Activities – Sample Plan Worksheet

**Note: Additional checklists and JSO forms can be found in the Safety Coordinator Handbook or obtained from your Conner Strong Safety Consultant.**

## Job Site Observation General Observation Report

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

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

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

### Some Conditions to Consider

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

### Comments

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

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

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

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

## Emergency Medical Services Department Safety Checklist

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

**Location Surveyed:**

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

## Municipal Complex / Administration Safety Checklist

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

## Fire Department Safety Checklist

<b>Municipality:</b>				<b>Inspection Date:</b>
<b>Name of Inspector:</b>				<b>Title:</b>
<b>Location Surveyed: (Each station done on separate sheet)</b>				
#	Needs Work	O K	N/A	Condition: Write line #'s and comments on back for all "Needs Work" listings
<b>Building Conditions</b>				
1				Stairs clear & handrails? Exits identified? Emergency lights function, occupancy posted?
2				Warning signs posted for emergency vehicles exiting
3				Trucks arranged to allow free movement & adequate aisles for walking & working?
4				Fire doors kept closed, latches and automatic closures work
5				Floors & aisles clean; slip, trip & fall hazards eliminated
6				Interior lighting adequate
7				Grounds & walkways in good condition; Exterior lighting adequate
				Radio towers grounded and bonded; protected from impact by barriers or location
<b>Building, Housekeeping &amp; Sanitary Conditions</b>				
8				Offices clean, adequate walking area, smooth floor, no hazardous chemicals
9				Basement, clear access, adequate headroom, lighting
10				Electrical/heater room, pressure relief piped to floor? Cooking hazards protected?
11				Vehicle exhausts system installed and functional? Filters changes as needed?
12				Lockers secured? Shower facilities provided? Turn out gear clean, neat and orderly?
<b>Power Sources</b>				
17				Computers & radio equipment provided with surge protector, GFCI's where needed
18				Emergency lighting operational
19				36 inches clearance maintained in front of electrical panels
20				Cords used for charging batteries in a location that will not cause a tripping hazard
21				Emergency generator exercised weekly, tested under load and log maintained
<b>Vehicle Fueling</b>				
23				Fuel tanks are labeled with name, CAS# and NFPA Hazard codes
24				Minimum of a 20 BC rated extinguisher is within 50 feet of tank
25				NO SMOKING signs posted, emergency fuel shut-off identified
<b>Breathing Air</b>				
26				Air quality lab certification current and posted
27				All 1A compressed air cylinders supported and in the up right position
				Personnel trained in the operation of the cascade or compressor system
<b>Dispatch Area</b>				
28				Access to room is restricted to authorized people? Workstation Ergonomic issues?
29				Power cords & cables properly secured
<b>Fire Detection / Suppression</b>				
30				Fire alarm and/or detection system, functional, inspected annually
31				Fire suppression system, functional, inspected annually
32				Fire extinguisher serviced annually & inspected monthly

# Playground Safety Checklist

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

#	Needs Work	O K	N/A	Condition: <b>Write line #'s and comments on back for all "Needs Work" listings</b>
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<b>General Grounds Conditions</b>				
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1				Proper Signage – Rules, Hours and Age Appropriate
2				Vandalism (broken glass, trash, graffiti, etc.)
3				Poor drainage areas, Tripping hazards such as roots, rocks, etc
4				Fencing damaged, exposed sharp edges, end caps missing
5				Low hanging, dead tree limbs removed?
6				All overhead wires or tree branches above 84 inches?
7				Surfacing compacted or inadequate? Need minimum of 9 inches of wood mulch
8				Surfacing material thin, worn or scattered (in landing pits, etc.)
9				Accessible to handicapped? Ramps 36' min. wide, w/ slope between 1:20 and 1:12. Max

<b>General Equipment Conditions</b>				
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10				There is a minimum use zone of 6 foot in all directions for all equipment.
11				Visible cracks, bending, warping, rusting or breakage of any component
12				Deformation of open "S" hooks, (dime fits) shackles, rings or links
13				Worn swing hangers and chains, Broken or missing rails, steps, rungs or seats
14				Missing, damaged or loose swing seats; heavy seats with sharp edges or corners
15				Broken or damaged supports / anchors, footings exposed, cracked, loose in ground
16				No Loose bolts, nuts, corrosion, splintered, cracked or otherwise deteriorated wood
17				Exposed ends of tubing that should be covered by plugs or caps
18				Protruding bolt ends (more than 2 threads) without smooth finished caps & covers?
19				Chipped or peeling paint check if installed before 1962 Lead Paint possible
20				Lack of lubrication on moving parts, Worn bearings
21				Space between slats of barriers & guardrails is not between 3 1/2-9 inches

<b>Special Equipment</b>				
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22				Seesaw fulcrum is fixed, enclosed, or designed to prevent crush & shear; no footrests
23				All climbing ropes must be fastened at both ends
24				Merry-go round, have handgrips, essentially round, no greater than 9 in above surface
25				Sides of bed ways on slides are minimum 4" high
26				Sliding pole is max. 1.9" D and continuous w/ no protruding welds or joints
27				Steps/rungs do not allow accumulation of water or debris

<b>Ancillary Activities or Equipment</b>				
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28				Surfaces for basketball or tennis courts cracked or uneven
29				Sand play is located in shaded area, inspected & raked weekly to remove debris.
30				All gymnastic equipment removed, i.e., trapeze bars or rings, PAR courses separate

## Police Department Safety Checklist

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

**Location Surveyed:**

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

## Public Works Department Safety Checklist

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

## Promoting Health & Wellness Activities

<b>Member:</b>	<b>Date Submitted:</b>
<p><b>Submit your “Health and Wellness” activity plans by March 15, 2010 to be eligible for up to 5 points “extra credit.” Submissions and results will be reviewed by committee to determine number of EC points to be awarded. Send in year-end progress report by December 7, 2010.</b></p> <p><b>Some ideas suggested by members include the following:</b></p> <ul style="list-style-type: none"><li>• Employee health surveys, interactive websites</li><li>• Awareness programs, newsletters, pamphlets</li><li>• Educational programs</li><li>• On-site screening programs</li><li>• Creating A Healthy Environment – food choices, vending machines,</li><li>• Walking clubs – competitions among teams</li><li>• Health promotions, “biggest loser,”</li><li>• One-on-one coaching programs</li><li>• Employee Assistance Programs</li></ul>	
<p><b>Description of 2010 Health &amp; Wellness Plan</b> (What we plan to do to encourage health and wellness among our employees)</p>	
<p><b>Year end Progress Report</b> (What we actually did this year)</p>	
<b>Submitted By:</b>	<b>Date:</b>