



**AGENDA
EMPLOYEE SAFETY COMMITTEE
REGULAR MEETING
SEPTEMBER 22, 2023
10:00 AM
CITY COMMISSION CHAMBERS 204
ASH STREET
FERNANDINA BEACH, FL 32034**

- 1. CALL TO ORDER**
- 2. PLEDGE OF ALLEGIANCE**
- 3. ROLL CALL**
- 4. NEW BUSINESS**
 - 4.1 ORGANIZATION** - *Select Chair, Vice Chair and Recording Secretary.*
 - 4.2 ORGANIZATION** - *Establish Regular Meeting date and time.*
 - 4.3 SUNSHINE & PUBLIC RECORDS LAW** - *Review*
 - 4.4 SAFETY COMMITTEE ROLES AND RESPONSIBILITIES** - *Human Resources Director Denise Matson will review the Safety Committee roles and responsibilities.*
 - 4.5 CLAIMS EXPERIENCE AND RECENT TRENDS** - *Gallagher Insurance, Risk Management & Consulting Area Senior Vice President Shaun Woleshin will review claims experience and recent trends.*
 - 4.6 AUTOMATED EXTERNAL DEFIBRILLATOR (AED)** - *Public Works and the Fire Department personnel will review the City's AED policy.*
- 5. PUBLIC COMMENT**
- 6. NEXT MEETING DATE**
- 7. ADJOURNMENT**

All members of the public are invited to be present and be heard. Persons with disabilities requiring accommodations in order to participate in this program or activity should contact the City Clerk at (904) 310-3115 or TTY/TDD 711 (for the hearing or speech impaired). All interested parties may appear at said meeting and be heard as to the advisability of any action, which may be considered with respect to such matter. For information regarding this matter, please contact the City Attorney.

RESOLUTION NO. 2000-90

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, ESTABLISHING A SAFETY POLICY IN ORDER TO PROVIDE A SAFE AND HEALTHFUL WORKPLACE FOR EMPLOYEES AND CUSTOMERS OF THE CITY OF FERNANDINA BEACH; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the safety and health of employees and customers of the City is of primary importance; and

WHEREAS, accident prevention results from a well-informed work force that practices safe work practices; and

WHEREAS, safety is the responsibility of all employees of the City.

NOW, THEREFORE, BE IT RESOLVED, by the City Commission of the City of Fernandina Beach, as follows:

SECTION 1. POLICY

The City of Fernandina Beach is committed to providing employees and customers of the City with a safe and healthful workplace. Safety is the responsibility of all employees. City management will be actively involved with employees in establishing and maintaining an effective workplace safety program. The City will give top priority to safe work practices and providing financial resources necessary to correct unsafe conditions. Employees should report any unsafe conditions and should not perform any work considered unsafe. Employees must report all accidents, injuries and unsafe conditions to their supervisors. Accidents or injuries involving customers of the City will be promptly reported by the supervisor of the location where the accident or injury occurred. No employee reports of unsafe conditions will result in retaliation, penalty, or other disincentive. Employee recommendations to improve safety and health conditions will be given thorough consideration by City management. City management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules.

SECTION 2. SAFETY PROGRAM COORDINATOR

- a. The Human Resources and Technical Services Director is designated the Safety Program Coordinator for the City.
- b. The primary responsibilities of the Coordinator will be to implement and maintain a workplace safety program to

include developing written safety plans, promoting an active Safety Committee, enforcing safety policies and practices, and ensuring employee safety training is provided.

SECTION 3.

SAFETY COMMITTEE

- a. The Safety Committee will recommend improvements to the workplace safety and health program and identify corrective measures needed to eliminate or control recognized safety and health hazards. The committee will consist of the following supervisory and non-supervisory members:

- Police Captain
- Fire Marshall
- Human Resources and Technical Services Director
Representative appointed by members of IAFF
- Representative appointed by members of PBA
- Representatives appointed by members of UBC
 - Two from Public Works
 - One from Golf Course
 - One from Parks and Recreation
 - One from Administrative Staff
(City Clerk or Finance
Department or Community
Development Department)
 - One from Marina

- b. The Safety Committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees and customers from safety and health hazards in the workplace.

- c. The Safety Committee will be responsible for:

- (1) Assisting City management in reviewing and updating workplace safety rules based on accident investigation findings, workplace safety inspection findings, reports of unsafe work practices and addressing workplace safety complaints and suggestions from employees.
- (2) Assisting City management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns,

and formulating corrective measures to prevent recurrence.

(3) Assisting City management in evaluating employment accident and illness prevention programs and promoting safety and health awareness and co-worker participation for continuous improvements to the workplace safety program.

(4) Participating in safety training and assisting City management in monitoring workplace safety education and training to ensure that it is in place, is effective and is documented.

SECTION 4.

SAFETY COMMITTEE MINUTES

The minutes of safety committee meetings will be posted on official bulletin boards for a period of thirty (30) days. The minutes will contain the following information:

- Date, time and location of meeting
- Names of all persons attending meeting
- Action items from the previous safety committee meeting
- Discussion of specific items
- Review of accidents since previous meeting
- Discussion of specific accidents
- Recommendations for prevention of accidents and actions taken/proposed
- Suggestions from employees and actions taken/proposed
- Recommended update to safety program
- Recommendations from accident investigation reports and actions taken/proposed
- Safety training recommendations

SECTION 5.

SAFETY TRAINING

- a. Hazardous communications training will be provided to all new hires that will be exposed to chemicals and other compounds in the workplace.
- b. Annual training required by OSHA and State law will be provided to all City employees.
- c. Employees who potentially could be exposed to blood in the performance of their duties will receive blood borne pathogens training annually.

- d. Employees will be adequately trained by supervisors concerning the nature of all work to be performed and will be oriented on safety measures applicable prior to assigning work that the employees have not previously performed.
- e. Specific annual safety training will be provided to employees in conjunction with assigned duties and responsibilities (e.g., hand and power tools, confined space entry, hand and eye protection and lockout/tagout).

SECTION 6.

RECORDKEEPING

- a. All injuries, accidents, or incidents involving employees on or off City property and customers of the City on City property will be reported using the Accident/Injury/Incident Form shown in Appendix A.
- b. All first reports of employee injuries will be provided to the Human Resources and Technical Services Department using the form shown in Appendix A for workers' compensation reporting and maintenance of the OSHA 200 log. The Human Resources and Technical Services Department will ensure the bulletin board posting of the OSHA 200 log in February each year.
- c. Accidents and incidents involving customers of the City or damage to City vehicles and equipment will be provided to the Finance Department using the form shown in Appendix A for insurance carrier reporting purposes.
- d. The Human Resources and Technical Services Department will maintain and post minutes of all Safety Committee meetings.
- e. Each department will maintain copies of any written safety plans and procedures applicable to the work performed in the department as well as copies of all Material Safety Data Sheets for chemicals and other compounds to which employees in the department may be exposed.
- f. Results of safety audits will be maintained by the department in which the audit occurred and in the Human Resources and Technical Services Department.

SECTION 7. REPEAL: This Resolution supercedes and repeals any previous policies in conflict herewith.

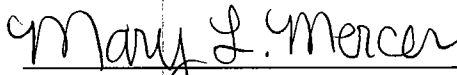
ADOPTED this 5TH day of December, 2000.

CITY OF FERNANDINA BEACH



JAMES D. RODEFFER
Mayor-Commissioner

ATTEST:



MARY L. MERCER
City Clerk



"Appendix A"

REPORT OF INJURY/ACCIDENT/INCIDENT

NOTE: IF THE INJURED INDIVIDUAL REQUIRES IMMEDIATE MEDICAL ATTENTION, CALL 911

Instructions: Supervisor/Person in charge where injury/accident occurred must complete the form below and forward to Human Resources or Finance Department (See instructions on reverse side).

PERSONAL INFORMATION		
Name of Person Involved:	☐ Employee ☐ Customer/Visitor	☐ Male ☐ Female
Address:	☐ Personal Injury ☐ Property Damage	Social Security number:
Phone No.:	Date of Occurrence:	Time: ☐ am ☐ pm
Accident/Incident/Injury Reported to:	☐ Supervisor ☐ Fire Department ☐ Other	Date: _____ Time: _____ Last Day of Work: _____
DETAILS OF ACCIDENT/INCIDENT/INJURY		
Nature of Accident/Incident/Injury (what happened?): _____ _____ _____ _____		Date returned to work (if applicable): _____
Location of Occurrence: _____		
Description of Damages and/or Injuries: (if Vehicle give make, model, year, VIN, license No., etc.) _____ _____ _____ _____		
If personal injury, describe details of bodily injury (See Reverse Side): _____ _____ _____ _____		
Professional Medical attention required? ☐ Yes ☐ No NOTE: If yes, attach Doctor's statement if available		
Attending Physician: _____ Name Address Phone		
Hospital Treatment Received? ☐ Yes ☐ No If yes, name of hospital: _____		
Supervisor's comments: _____ _____ _____ _____		
Corrective Action Taken (what was done to correct unsafe condition): _____ _____ _____		
(Complete Reverse Side)		

Recommendations for Future Corrective Action:

Type of Event:

- ☐ Lifting-what? _____
- ☐ Fall-how? _____
- ☐ Theft/Loss-what? _____
- ☐ Contact with tools/equipment-what? _____
- ☐ Other _____

Nature of Injury:

- ☐ Laceration/Cut ☐ Infection
- ☐ Contusion/Abrasion ☐ Sprain/Strain/Pulled Muscle
- ☐ Bruise ☐ Allergic Reaction/Rash
- ☐ Fracture/Dislocation ☐ Other _____
- ☐ Burn Scald ☐ No apparent Injury

Completed By:

Please print Name: _____

Signature: _____ Date: _____

Reviewed By:

HR Manager: _____ Date: _____

To Safety Committee on (DATE) _____

Finance Director: _____ Date: _____

Reported to WC/Insurance Carrier: _____

Initials Date

Safety Committee Action:

Signature Safety Coordinator: _____ Date: _____

INSTRUCTIONS

Completion of this form is mandatory for all injuries/accidents involving employees on or off City property and citizens on City property.

In case of an employee injury, the form should be completed by the supervisor of the employee injured as soon as possible following the injury and forwarded to Human Resources for reporting to Workers' Compensation, if applicable.

In case of an injury/accident to a citizen, the form should be completed by a supervisor of the location in which the citizen was injured. A copy of the completed form will be forwarded to the Finance Department for reporting to the City's insurance carrier.



MINUTES

DEC 15 2000

CC: Jim Isom

CITY COMMISSION AGENDA ITEM CITY OF FERNANDINA BEACH

SUBJECT: RESOLUTION NO. 2000-90 - SAFETY IN THE WORKPLACE

DEPARTMENT: HUMAN RESOURCES

ATTACHMENTS: ☐ Ordinance ☒ Resolution ☐ Budget Resolution
☐ Other ☐ Support Documents Available in City Manager's Office

SUMMARY: The proposed resolution establishes a safety policy for the City in order to provide a safe and healthful workplace for employees and customers alike. A strong policy concerning safety is the initial step in meeting Federal requirements of the Occupational Safety and Health Act.

This resolution designates the Human Resources and Technical Services Director as the Coordinator for the safety program within the City. The Coordinator is responsible for implementing and maintaining a workplace safety program to include written safety plans, promoting an active safety committee and safety training.

The proposed resolution has received the concurrence of Department Heads and the presidents of the recognized bargaining units.

Adoption of the resolution is recommended.

RECOMMENDED MOTION. Approve Resolution No. 2000-90.

DEPARTMENT HEAD Submitted: Jim Isom Date: 10/16/00
Requested Agenda Date: 12/5/00

FINANCE DEPARTMENT Approved as to Budget Requirements Date:

CITY ATTORNEY Approved as to Form and Legality *WRP* Date: 11-24-00

CITY MANAGER Approved Agenda Item for: *AUB* Date: 12-5-00

COMMISSION ACTION: ☒ Approved as Recommended ☐ Disapproved
☐ Tabled Indefinitely ☐ Continued to Certain Date
☐ Approved with Modification ☐ Other

mm

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- Fire Marshall
- Human Resources and Technical Services Director
Representative appointed by members of IAFF
- Representative appointed by members of PBA
- Representatives appointed by members of UBC
 - Two from Public Works
 - One from Golf Course
 - One from Parks and Recreation
 - One from Administrative Staff
(City Clerk or Finance
Department or Community
Development Department)
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- b. The Safety Committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees and customers from safety and health hazards in the workplace.

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- c. Employees who potentially could be exposed to blood in the performance of their duties will receive blood borne pathogens training annually.

- d. Employees will be adequately trained by supervisors concerning the nature of all work to be performed and will be oriented on safety measures applicable prior to assigning work that the employees have not previously performed.
- e. Specific annual safety training will be provided to employees in conjunction with assigned duties and responsibilities (e.g., hand and power tools, confined space entry, hand and eye protection and lockout/tagout).

SECTION 6.

RECORDKEEPING

- a. All injuries, accidents, or incidents involving employees on or off City property and customers of the City on City property will be reported using the Accident/Injury/Incident Form shown in Appendix A.
- b. All first reports of employee injuries will be provided to the Human Resources and Technical Services Department using the form shown in Appendix A for workers' compensation reporting and maintenance of the OSHA 200 log. The Human Resources and Technical Services Department will ensure the bulletin board posting of the OSHA 200 log in February each year.
- c. Accidents and incidents involving customers of the City or damage to City vehicles and equipment will be provided to the Finance Department using the form shown in Appendix A for insurance carrier reporting purposes.
- d. The Human Resources and Technical Services Department will maintain and post minutes of all Safety Committee meetings.
- e. Each department will maintain copies of any written safety plans and procedures applicable to the work performed in the department as well as copies of all Material Safety Data Sheets for chemicals and other compounds to which employees in the department may be exposed.
- f. Results of safety audits will be maintained by the department in which the audit occurred and in the Human Resources and Technical Services Department.

SECTION 7. REPEAL: This Resolution supercedes and
 repeals any previous policies in conflict
 herewith.

ADOPTED this 5TH day of December, 2000.

CITY OF FERNANDINA BEACH

JAMES D. RODEFFER
Mayor-Commissioner

ATTEST:

MARY L. MERCER
City Clerk



"Appendix A"

REPORT OF INJURY/ACCIDENT/INCIDENT

NOTE: IF THE INJURED INDIVIDUAL REQUIRES IMMEDIATE MEDICAL ATTENTION, CALL 911

Instructions: Supervisor/Person in charge where injury/accident occurred must complete the form below and forward to Human Resources or Finance Department (See instructions on reverse side).

PERSONAL INFORMATION			
Name of Person Involved:		☐ Employee ☐ Customer/Visitor	☐ Male ☐ Female
Address:		☐ Personal Injury ☐ Property Damage	Social Security number:
Phone No.:		Date of Occurrence:	Time: ☐ am ☐ pm
Accident/Incident/Injury Reported to:	☐ Supervisor ☐ Fire Department ☐ Other	Date: _____	Time: _____ Last Day of Work: _____
DETAILS OF ACCIDENT/INCIDENT/INJURY			
Nature of Accident/Incident/Injury (what happened?): _____ _____ _____ _____			Date returned to work (if applicable):
Location of Occurrence:			
Description of Damages and/or Injuries: (if Vehicle give make, model, year, VIN, license No., etc.) _____ _____ _____ _____			
If personal injury, describe details of bodily injury (See Reverse Side): 			
Professional Medical attention required? ☐ Yes ☐ No NOTE: If yes, attach Doctor's statement if available			
Attending Physician: _____		Name _____	Address _____ Phone _____
Hospital Treatment Received? ☐ Yes ☐ No		If yes, name of hospital:	
Supervisor's comments: _____ _____ _____ _____			
Corrective Action Taken (what was done to correct unsafe condition): _____ _____ _____ _____			
(Complete Reverse Side)			

Recommendations for Future Corrective Action: 	
Type of Event: ☐ Lifting-what? _____ ☐ Fall-how? _____ ☐ Theft/Loss-what? _____ ☐ Contact with tools/equipment-what? _____ ☐ Other _____	Nature of Injury: ☐ Laceration/Cut ☐ Contusion/Abrasion ☐ Bruise ☐ Fracture/Dislocation ☐ Burn Scald ☐ Infection ☐ Sprain/Strain/Pulled Muscle ☐ Allergic Reaction/Rash ☐ Other _____ ☐ No apparent Injury
Completed By: Please print Name: _____ Signature: _____ Date: _____	Reviewed By: HR Manager: _____ Date: _____ To Safety Committee on (DATE) _____ Finance Director: _____ Date: _____ Reported to WC/Insurance Carrier: _____ Initials Date

Safety Committee Action:

Signature Safety Coordinator: _____ **Date:** _____

INSTRUCTIONS

Completion of this form is mandatory for all injuries/accidents involving employees on or off City property and citizens on City property.

In case of an employee injury, the form should be completed by the supervisor of the employee injured as soon as possible following the injury and forwarded to Human Resources for reporting to Workers' Compensation, if applicable.

In case of an injury/accident to a citizen, the form should be completed by a supervisor of the location in which the citizen was injured. A copy of the completed form will be forwarded to the Finance Department for reporting to the City's insurance carrier.

RESOLUTION 2022-137

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, AMENDING RESOLUTION 2000-90 BY REVISING THE POSITION TITLE OF THE SAFETY PROGRAM COORDINATOR, MAKEUP AND NUMBER OF EMPLOYEES ON THE SAFETY COMMITTEE, AND RECORDKEEPING REQUIREMENTS; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the safety and health of employees and customers of the City is of primary importance; and

WHEREAS, accident prevention results from a well-informed workforce that practices safe work practices; and

WHEREAS, safety is the responsibility of all City employees; and

WHEREAS, in December 2000, via Resolution 2000-90, the City Commission established a safety policy in order to provide a safe and healthful workplace for City employees and customers; and

WHEREAS, the position titles for the program coordinator and safety committee members have been modified and recordkeeping requirements methods have changed requiring an amendment to Resolution 2000-90 to better define the safety policy.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, THAT:

SECTION 1. The City Commission hereby amends Section 2 of Resolution 2000-90 to read as follows:

SAFETY PROGRAM COORDINATOR

- a) The Human Resources ~~and Technical Services~~ Director is designated the Safety Program Coordinator for the City.
- b) The primary responsibilities of the Coordinator will be to implement and maintain a workplace safety program to include developing written safety plans, promoting an active safety committee, enforcing safety policies and practices, and ensuring employee safety training is provided.

SECTION 2. The City Commission hereby amends Section 3 Resolution 2000-90 to read as follows:

SAFETY COMMITTEE

- a) The safety committee will recommend improvements to the workplace safety and health program and identify corrective measures needed to eliminate or control

recognized safety and health hazards. The committee will consist of the following supervisory and non-supervisory members:

- Police Captain
 - ~~Fire Marshall~~ Fire Marshal
 - Human Resources ~~and Technical Services~~ Director
 - One Representative appointed by members of the IAFF
 - One Representative appointed by members of the PBA
 - Five Representatives appointed by members of ~~UBC~~ the LiUNA representing various departments within the City
 - ~~Ø Two from Public Works~~
 - ~~Ø One from Golf Course~~
 - ~~Ø One from Parks and Recreation~~
 - ~~Ø One from Administrative Staff (City Clerk or Finance Department or Community Development Department~~
 - ~~Ø One from Marina~~
 - One Non-union Representative appointed by the City Manager
- b) The Safety Committee ~~shall~~ determines the schedule for evaluating the effectiveness of control measures used to protect employees and customers from safety and health hazards in the workplace.
- c) The Safety Committee will be responsible for:
1. Assisting City management in reviewing and updating workplace safety rules based on accident investigation findings, workplace safety inspection findings, reports of unsafe work practices and addressing workplace safety complaints and suggestions from employees.
 2. Assisting City management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.
 3. Assisting City management in evaluating employment accident and illness prevention programs and promoting safety and health awareness and co-worker participating for continuous improvements to the workplace safety program.
 4. Participating in safety training and assisting City management in monitoring workplace safety education and training to ensure that it is in place, is effective and is documented.

SECTION 3. The City Commission hereby amends Section 6 of Resolution 2000-90 to read as follows:

RECORDKEEPING

- a) All injuries, accidents, or incidents involving employees on or off City property and customers of the City-on-City property will be reported using the

Accident/Injury/Incident Form shown in ~~Appendix A~~ designated by Human Resources.

- b) All first reports of employee injuries will be provided to the Human Resources ~~and Technical Services~~ Department using the form ~~shown in Appendix A designated by Human Resources~~ for workers' compensation reporting, ~~and maintenance of the OSHA 200 log.~~ The Human Resources and Technical Services Department will ensure the bulletin board posting of the OSHA 200 log in February each year.
- c) Accidents and incidents involving customers of the City and/or damage to City property, vehicles and/or equipment will be provided to the Legal Department and Finance Department using the form ~~shown in Appendix A~~ designated by Human Resources for insurance carrier reporting purposes.
- d) The Human Resources ~~and Technical Services~~ Department will maintain and post minutes of all safety committee meetings.
- e) Each department will maintain copies of any written safety plans and procedures applicable to the work performed in the department as well as copies of all Material Safety Data Sheets for chemicals and other compounds to which employees in the department may be exposed.
- f) Results of safety audits will be maintained by the department in which the audit occurred and in the Human Resources ~~and Technical Services~~ Department.

SECTION 4. REPEAL: This Resolution supersedes and repeals any previous policies in conflict herewith.

ADOPTED this 2nd day of August, 2022.

ATTEST:

Caroline Best

CAROLINE A. BEST
City Clerk

CITY OF FERNANDINA BEACH

Michael A. Lednovich

MICHAEL A. LEDNOVICH
Mayor - Commissioner

APPROVED AS TO FORM AND
LEGALITY:

Tammi E. Bach

TAMMI E. BACH
City Attorney

RESOLUTION NO. 2000-90

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, ESTABLISHING A SAFETY POLICY IN ORDER TO PROVIDE A SAFE AND HEALTHFUL WORKPLACE FOR EMPLOYEES AND CUSTOMERS OF THE CITY OF FERNANDINA BEACH; AND PROVIDING FOR AN EFFECTIVE DATE

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SECTION 6.

RECORDKEEPING

- a. All injuries, accidents, or incidents involving employees on or off City property and customers of the City on City property will be reported using the Accident/Injury/Incident Form shown in Appendix A.
- b. All first reports of employee injuries will be provided to the Human Resources and Technical Services Department using the form shown in Appendix A for workers' compensation reporting and maintenance of the OSHA 200 log. The Human Resources and Technical Services Department will ensure the bulletin board posting of the OSHA 200 log in February each year.
- c. Accidents and incidents involving customers of the City or damage to City vehicles and equipment will be provided to the Finance Department using the form shown in Appendix A for insurance carrier reporting purposes.
- d. The Human Resources and Technical Services Department will maintain and post minutes of all Safety Committee meetings.
- e. Each department will maintain copies of any written safety plans and procedures applicable to the work performed in the department as well as copies of all Material Safety Data Sheets for chemicals and other compounds to which employees in the department may be exposed.
- f. Results of safety audits will be maintained by the department in which the audit occurred and in the Human Resources and Technical Services Department.

SECTION 7. REPEAL: This Resolution supercedes and repeals any previous policies in conflict herewith.

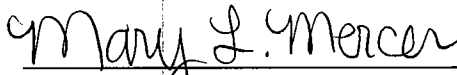
ADOPTED this 5TH day of December, 2000.

CITY OF FERNANDINA BEACH



JAMES D. RODEFFER
Mayor-Commissioner

ATTEST:



MARY L. MERCER
City Clerk



"Appendix A"

REPORT OF INJURY/ACCIDENT/INCIDENT

NOTE: IF THE INJURED INDIVIDUAL REQUIRES IMMEDIATE MEDICAL ATTENTION, CALL 911

Instructions: Supervisor/Person in charge where injury/accident occurred must complete the form below and forward to Human Resources or Finance Department (See instructions on reverse side).

PERSONAL INFORMATION		
Name of Person Involved:	☐ Employee ☐ Customer/Visitor	☐ Male ☐ Female
Address:	☐ Personal Injury ☐ Property Damage	Social Security number:
Phone No.:	Date of Occurrence:	Time: ☐ am ☐ pm
Accident/Incident/Injury Reported to:	☐ Supervisor ☐ Fire Department ☐ Other	Date: _____ Time: _____ Last Day of Work: _____
DETAILS OF ACCIDENT/INCIDENT/INJURY		
Nature of Accident/Incident/Injury (what happened?): _____ _____ _____ _____		Date returned to work (if applicable):
Location of Occurrence: _____		
Description of Damages and/or Injuries: (if Vehicle give make, model, year, VIN, license No., etc.) _____ _____ _____ _____		
If personal injury, describe details of bodily injury (See Reverse Side): _____ _____ _____ _____		
Professional Medical attention required? ☐ Yes ☐ No NOTE: If yes, attach Doctor's statement if available		
Attending Physician: _____ Name Address Phone		
Hospital Treatment Received? ☐ Yes ☐ No If yes, name of hospital: _____		
Supervisor's comments: _____ _____ _____ _____		
Corrective Action Taken (what was done to correct unsafe condition): _____ _____ _____		
(Complete Reverse Side)		

Recommendations for Future Corrective Action:

Type of Event:

- ☐ Lifting-what? _____
- ☐ Fall-how? _____
- ☐ Theft/Loss-what? _____
- ☐ Contact with tools/equipment-what? _____
- ☐ Other _____

Nature of Injury:

- ☐ Laceration/Cut ☐ Infection
- ☐ Contusion/Abrasion ☐ Sprain/Strain/Pulled Muscle
- ☐ Bruise ☐ Allergic Reaction/Rash
- ☐ Fracture/Dislocation ☐ Other _____
- ☐ Burn Scald ☐ No apparent Injury

Completed By:

Please print Name: _____

Signature: _____ Date: _____

Reviewed By:

HR Manager: _____ Date: _____

To Safety Committee on (DATE) _____

Finance Director: _____ Date: _____

Reported to WC/Insurance Carrier: _____

Initials Date

Safety Committee Action:

Signature Safety Coordinator: _____ Date: _____

INSTRUCTIONS

Completion of this form is mandatory for all injuries/accidents involving employees on or off City property and citizens on City property.

In case of an employee injury, the form should be completed by the supervisor of the employee injured as soon as possible following the injury and forwarded to Human Resources for reporting to Workers' Compensation, if applicable.

In case of an injury/accident to a citizen, the form should be completed by a supervisor of the location in which the citizen was injured. A copy of the completed form will be forwarded to the Finance Department for reporting to the City's insurance carrier.



MINUTES

DEC 15 2000

CC: Jim Isom

CITY COMMISSION AGENDA ITEM CITY OF FERNANDINA BEACH

SUBJECT: RESOLUTION NO. 2000-90 - SAFETY IN THE WORKPLACE

DEPARTMENT: HUMAN RESOURCES

ATTACHMENTS: Ordinance x Resolution Budget Resolution
 Other Support Documents Available in City Manager's Office

SUMMARY: The proposed resolution establishes a safety policy for the City in order to provide a safe and healthful workplace for employees and customers alike. A strong policy concerning safety is the initial step in meeting Federal requirements of the Occupational Safety and Health Act.

This resolution designates the Human Resources and Technical Services Director as the Coordinator for the safety program within the City. The Coordinator is responsible for implementing and maintaining a workplace safety program to include written safety plans, promoting an active safety committee and safety training.

The proposed resolution has received the concurrence of Department Heads and the presidents of the recognized bargaining units.

Adoption of the resolution is recommended.

RECOMMENDED MOTION. Approve Resolution No. 2000-90.

DEPARTMENT HEAD Submitted: Jim Isom Date: 10/16/00
Requested Agenda Date: 12/5/00

FINANCE DEPARTMENT Approved as to Budget Requirements Date:

CITY ATTORNEY Approved as to Form and Legality *WRP* Date: 11-24-00

CITY MANAGER Approved Agenda Item for: *AUB* Date: 12-5-00

COMMISSION ACTION: ☒ Approved as Recommended ☐ Disapproved
☐ Tabled Indefinitely ☐ Continued to Certain Date
☐ Approved with Modification ☐ Other

mm

RESOLUTION NO. 2000-90

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF FERNANDINA BEACH, FLORIDA, ESTABLISHING A SAFETY POLICY IN ORDER TO PROVIDE A SAFE AND HEALTHFUL WORKPLACE FOR EMPLOYEES AND CUSTOMERS OF THE CITY OF FERNANDINA BEACH; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the safety and health of employees and customers of the City is of primary importance; and

WHEREAS, accident prevention results from a well-informed work force that practices safe work practices; and

WHEREAS, safety is the responsibility of all employees of the City.

NOW, THEREFORE, BE IT RESOLVED, by the City Commission of the City of Fernandina Beach, as follows:

SECTION 1. POLICY

The City of Fernandina Beach is committed to providing employees and customers of the City with a safe and healthful workplace. Safety is the responsibility of all employees. City management will be actively involved with employees in establishing and maintaining an effective workplace safety program. The City will give top priority to safe work practices and providing financial resources necessary to correct unsafe conditions. Employees should report any unsafe conditions and should not perform any work considered unsafe. Employees must report all accidents, injuries and unsafe conditions to their supervisors. Accidents or injuries involving customers of the City will be promptly reported by the supervisor of the location where the accident or injury occurred. No employee reports of unsafe conditions will result in retaliation, penalty, or other disincentive. Employee recommendations to improve safety and health conditions will be given thorough consideration by City management. City management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules.

SECTION 2. SAFETY PROGRAM COORDINATOR

- a. The Human Resources and Technical Services Director is designated the Safety Program Coordinator for the City.
- b. The primary responsibilities of the Coordinator will be to implement and maintain a workplace safety program to

include developing written safety plans, promoting an active Safety Committee, enforcing safety policies and practices, and ensuring employee safety training is provided.

SECTION 3.

SAFETY COMMITTEE

- a. The Safety Committee will recommend improvements to the workplace safety and health program and identify corrective measures needed to eliminate or control recognized safety and health hazards. The committee will consist of the following supervisory and non-supervisory members:

- Police Captain
- Fire Marshall
- Human Resources and Technical Services Director
Representative appointed by members of IAFF
- Representative appointed by members of PBA
- Representatives appointed by members of UBC
 - Two from Public Works
 - One from Golf Course
 - One from Parks and Recreation
 - One from Administrative Staff
(City Clerk or Finance Department or Community Development Department)
 - One from Marina

- b. The Safety Committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees and customers from safety and health hazards in the workplace.

- c. The Safety Committee will be responsible for:

- (1) Assisting City management in reviewing and updating workplace safety rules based on accident investigation findings, workplace safety inspection findings, reports of unsafe work practices and addressing workplace safety complaints and suggestions from employees.
- (2) Assisting City management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns,

and formulating corrective measures to prevent recurrence.

- (3) Assisting City management in evaluating employment accident and illness prevention programs and promoting safety and health awareness and co-worker participation for continuous improvements to the workplace safety program.
- (4) Participating in safety training and assisting City management in monitoring workplace safety education and training to ensure that it is in place, is effective and is documented.

SECTION 4.

SAFETY COMMITTEE MINUTES

The minutes of safety committee meetings will be posted on official bulletin boards for a period of thirty (30) days. The minutes will contain the following information:

- Date, time and location of meeting
- Names of all persons attending meeting
- Action items from the previous safety committee meeting
- Discussion of specific items
- Review of accidents since previous meeting
- Discussion of specific accidents
- Recommendations for prevention of accidents and actions taken/proposed
- Suggestions from employees and actions taken/proposed
- Recommended update to safety program
- Recommendations from accident investigation reports and actions taken/proposed
- Safety training recommendations

SECTION 5.

SAFETY TRAINING

- a. Hazardous communications training will be provided to all new hires that will be exposed to chemicals and other compounds in the workplace.
- b. Annual training required by OSHA and State law will be provided to all City employees.
- c. Employees who potentially could be exposed to blood in the performance of their duties will receive blood borne pathogens training annually.

- d. Employees will be adequately trained by supervisors concerning the nature of all work to be performed and will be oriented on safety measures applicable prior to assigning work that the employees have not previously performed.
- e. Specific annual safety training will be provided to employees in conjunction with assigned duties and responsibilities (e.g., hand and power tools, confined space entry, hand and eye protection and lockout/tagout).

SECTION 6.

RECORDKEEPING

- a. All injuries, accidents, or incidents involving employees on or off City property and customers of the City on City property will be reported using the Accident/Injury/Incident Form shown in Appendix A.
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- f. Results of safety audits will be maintained by the department in which the audit occurred and in the Human Resources and Technical Services Department.

SECTION 7. REPEAL: This Resolution supercedes and
 repeals any previous policies in conflict
 herewith.

ADOPTED this 5TH day of December, 2000.

CITY OF FERNANDINA BEACH

JAMES D. RODEFFER
Mayor-Commissioner

ATTEST:

MARY L. MERCER
City Clerk



"Appendix A"

REPORT OF INJURY/ACCIDENT/INCIDENT

NOTE: IF THE INJURED INDIVIDUAL REQUIRES IMMEDIATE MEDICAL ATTENTION, CALL 911

Instructions: Supervisor/Person in charge where injury/accident occurred must complete the form below and forward to Human Resources or Finance Department (See instructions on reverse side).

PERSONAL INFORMATION			
Name of Person Involved:		☐ Employee ☐ Customer/Visitor	☐ Male ☐ Female
Address:		☐ Personal Injury ☐ Property Damage	Social Security number:
Phone No.:		Date of Occurrence:	Time: ☐ am ☐ pm
Accident/Incident/Injury Reported to:	☐ Supervisor ☐ Fire Department ☐ Other	Date: _____	Time: _____ Last Day of Work: _____
DETAILS OF ACCIDENT/INCIDENT/INJURY			
Nature of Accident/Incident/Injury (what happened?): _____ _____ _____ _____			Date returned to work (if applicable):
Location of Occurrence:			
Description of Damages and/or Injuries: (if Vehicle give make, model, year, VIN, license No., etc.) _____ _____ _____ _____			
If personal injury, describe details of bodily injury (See Reverse Side): _____ _____ _____ _____			
Professional Medical attention required? ☐ Yes ☐ No NOTE: If yes, attach Doctor's statement if available			
Attending Physician: _____		Name _____	Address _____ Phone _____
Hospital Treatment Received? ☐ Yes ☐ No		If yes, name of hospital:	
Supervisor's comments: _____ _____ _____ _____			
Corrective Action Taken (what was done to correct unsafe condition): _____ _____ _____ _____			
(Complete Reverse Side)			

Recommendations for Future Corrective Action: 	
Type of Event: ☐ Lifting-what? _____ ☐ Fall-how? _____ ☐ Theft/Loss-what? _____ ☐ Contact with tools/equipment-what? _____ ☐ Other _____	Nature of Injury: ☐ Laceration/Cut ☐ Contusion/Abrasion ☐ Bruise ☐ Fracture/Dislocation ☐ Burn Scald ☐ Infection ☐ Sprain/Strain/Pulled Muscle ☐ Allergic Reaction/Rash ☐ Other _____ ☐ No apparent Injury
Completed By: Please print Name: _____ Signature: _____ Date: _____	Reviewed By: HR Manager: _____ Date: _____ To Safety Committee on (DATE) _____ Finance Director: _____ Date: _____ Reported to WC/Insurance Carrier: _____ Initials Date

Safety Committee Action:

Signature Safety Coordinator: _____ **Date:** _____

INSTRUCTIONS

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