



**AGENDA
EMPLOYEE SAFETY COMMITTEE
REGULAR MEETING
APRIL 24, 2024
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. APPROVAL OF MINUTES**
 - 4.1 Approval of minutes from March 27, 2024
- 5. OLD BUSINESS**
 - 5.1 **AUTOMATED EXTERNAL DEFIBRILLATOR (AED)** - *Update on the status of AED's*
 - 5.2 **SAFETY TRAINING/SAFETY MANUAL** - *Continue discussion from March 27 meeting*
 - 5.3 **TRAIN THE TRAINER** - *Continue discussion from March 27 meeting.*
 - 5.4 **REVIEW/UPDATE SAFETY POLICY (RESOLUTION 2000-90 and 2022-137)**
- 6. NEW BUSINESS**
 - 6.1 **REVIEW OF INCIDENT REPORTS** - *HR Director Denise Matson will provide an overview of all incident reports received for the past month.*
 - 6.2 **COMMITTEE MEMBER DISCUSSION/COMMENTS**
- 7. PUBLIC COMMENT**
- 8. NEXT MEETING DATE**
 - 8.1 *Wednesday, May 29, 2024 at 10:00am*
- 9. 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.

DRAFT

MINUTES
Employee Safety Committee
March 27, 2024

The Employee Safety Committee of the City of Fernandina Beach, Florida met on Wednesday, March 27, 2024, at 10:00 AM in the City Commission Chambers. Present were Chair Cathy Sabattini; Vice Chair Joshua Simmons; Members Jamel Heard, Chad Manning, Denise Matson, Fino Murallo, Lance Phillips, Freddie Peak and Fire Union representative Bill Baughn. Absent were Members James Branch and Anne Marie Klosky.

Chair Sabattini called the meeting to order and led the Pledge of Allegiance to the Flag.

4. **APPROVAL OF MINUTES:** The minutes of the February 28th, meeting were reviewed. Vice Chair Simmons made a motion to approve; Member Phillips seconded. Approved unanimously.

5. **OLD BUSINESS:**

5.1 **Automated External Defibrillator (AED).** Discussion ensued regarding information needed to replace current AED's. Member Murallo has reached out to the vendor, Stryker to obtain costs. Member Murallo stated the units will run approximately \$1,400 per unit with a total cost based on our current estimated need of \$52,000. These units include cellular chip for monitoring and include maintenance. Since the Fire Department currently has an Agreement with Stryker, we would need to do an amendment to Fire's agreement to add on the additional units. Additionally, there would be not be a rate adjustment for a 10 year period. Chair Sabattini suggested Member Matson bring this information to the Department Director staff meeting for discussion and consideration to add to the FY 2025 budget process. Member Murallo also recommended that any cases needed for AED's be purchased separate of the AED unit itself and not include this cost with the Stryker Agreement. The Committee agreed as a whole to ensure employees are CPR trained and have knowledge of where AEDs are located.

5.2 **Safety Training/Safety Manual.** Member Murallo suggested that a small group of employees be formed to develop a Safety Manual. Member Matson will discuss with Directors at the next staff meeting. Chair Sabattini and Member Manning recommended the manual include a "What to do if..." guide for employees to easily follow and understand what they need to do for reporting accidents, operating equipment, etc.

5.3 **Train the Trainer.** A brief discussion ensued on this topic from last month. Member Matson recommended that this should be something included in the Safety Manual so employees know who they can contact if additional or refresher training is needed.

5.4 **Review/Update Safety Policy.** Member Matson indicated that she would provide the Committee with an edited version of the policy for review at the April safety meeting.

6. NEW BUSINESS:

6.1 Review of Incident Reports. There were four employee incidents and four citizen incidents between January 27, 2024, and March 19, 2024. Member Matson reviewed the incidents with the Committee. No additional comments provided.

6.2 Committee Member Discussion/Comments: Member Murallo suggested that Ocean Rescue should be on the Committee since they are out on the beach and can provide updates on any safety concerns at beach. Chair Sabattini provided a flyer to everyone concerning the City's Recycle Event and Food Drive on April 20th and encouraged everyone to share with their department staff.

7. PUBLIC COMMENT: No public comment.

8. NEXT MEETING DATE: April 24, 2024; 10:00 A.M.

9. ADJOURNMENT: The meeting adjourned at 10:40 A.M.

Minutes Prepared By:



Denise Matson

Human Resources Director/Recording Secretary

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
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- Suggestions from employees and actions taken/proposed
- Recommended update to safety program
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- 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.

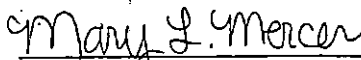
ADOPTED this 5TH day of December, 2000.

CITY OF FERNANDINA BEACH



JAMES D. RODEFFER
Mayor-Commissioner

ATTEST:



MARY L. MERCER
City Clerk

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
 - ◊ ~~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~~
 - 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

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- b. Annual training required by OSHA and State law will be provided to all City employees.
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- 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.

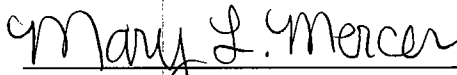
ADOPTED this 5TH day of December, 2000.

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

RESOLUTION NO. 2000-90

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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 ☐ 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.