



**AGENDA
EMPLOYEE SAFETY
COMMITTEE MEETING
JUNE 25, 2024
10:00 AM
CITY COMMISSION CHAMBERS
204 ASH STREET
FERNANDINA BEACH, FL 32034**

1. PLEDGE OF ALLEGIANCE

2. CALL TO ORDER

3. ROLL CALL

4. NEW COMMITTEE MEMBERS

4.1 Matt Bowen to Replace Vice-Chair Joshua Simmons as Police Union Representative.

4.2 Leland Honacker to Replace Ann Marie Klosky; LiUNA request

5. SELECTION OF VICE CHAIR

6. APPROVAL OF MINUTES

6.1 Approval of minutes from May 29, 2024.

7. OLD BUSINESS

7.1 Automated External Defibrillator (AED) - Update on the status of AED's

7.2 Safety Training/Safety Manual - Continue discussion from May 29th meeting

7.3 Review/Update Safety Policy - (Resolution 2000-90 and 2022-137)

7.4 Resources Available from Preferred

8. NEW BUSINESS

8.1 Review of Incident Reports - HR Director Denise Matson will provide an overview of all incident reports received for the past month.

8.2 Committee Member Discussion/Comments

9. PUBLIC COMMENT

10. NEXT MEETING DATE - Wednesday, July 31, 2024; 10:00 AM

11. 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.

From: [Chad Manning](#)
To: [Denise Matson](#)
Cc: [Ronnie Burris](#)
Subject: safety
Date: Tuesday, June 11, 2024 2:57:19 PM
Attachments: [image074729.png](#)
[image065207.png](#)
[image773433.png](#)

Good afternoon. After discussing the 5 union positions on the safety committee with Ronnie we agree that the 5th position can be a nonunion person. I would like to recommend George Leland Honaker from the Parks department. Any questions please contact Ronnie . thanks



Chad Manning
Public Works - Sr. Master Mechanic
City of Fernandina Beach
1017 S. 5th St. Ext.
Fernandina Beach, Florida 32034
(904) 310-3310 | cmanning@fbfl.org
www.fbfl.us

If this email is related to the Board, Committee or Commission that you serve on, please DO NOT REPLY TO ALL.

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DRAFT

MINUTES
Employee Safety Committee
May 29, 2024

The Employee Safety Committee of the City of Fernandina Beach, Florida met on Wednesday, April 24, 2024, at 10:00 AM in the City Commission Chambers. Present were Chair Cathy Sabattini; Vice Chair Joshua Simmons; Members Anne Marie Klosky, James Branch, Chad Manning, Lance Phillips, Denise Matson, and Freddie Peake. Absent were Members Jamel Heard, Fino Murrillo, and Fire Union representative.

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

4. APPROVAL OF MINUTES: The minutes of the April 24th meeting were reviewed. Member Peake made a motion to approve; Member Manning seconded. Approved unanimously.

5. OLD BUSINESS:

5.1 Automated External Defibrillator (AED). Chair Sabattini indicated departments have budgeted for the replacements in the 2024-25 budget and that it will provide for consistency across the City. Member Matson mentioned last month she intended to reach out to Member Murallo regarding having one representative overseeing the project, or the point person if there is a problem. Additionally, she will reach out to Member Murallo regarding an update to the Resolution with Stryker to implement the new AED's. She has not yet spoken to Member Murallo but will do so prior to next meeting.

5.2 Safety Training/Safety Manual. This item will be continued to the next meeting.

5.3 Review/Update Safety Policy. This item to be continued. Member Matson indicated that she would provide the Committee with an edited version of the policy for review at a future safety meeting. The change is to have the Human Resources Committee Member become the liaison, and remove from a voting committee position.

6. NEW BUSINESS:

6.1 Review of Incident Reports. Incident involving the wrong trailer ball hitch for a Parks department trailer was discussed. This trailer is the only trailer with a different size. Recommended to change out the size on the trailer to make it the same as the others. Regarding the incident with hitting the parking bollard, the incident was deemed preventable, however, Member Manning also suggested that a factor could be that the

driver of the vehicle has the seat reclined too far and could not accurately determine distance. Incident from December 2023 that was reported late: Member Matson reminded members to ensure employee accidents are reported immediately, even if medical care is not needed right away, as HR has an obligation to report incidents to our insurance carrier and the State within a very short period of time. Member Manning suggested that new employees and existing employees be provided a reminder of what to do if an accident occurs and who to report it to.

6.2 Resources Available from Preferred: Member Matson said most are available on Target Solutions. Mike Marinar from Preferred indicated the videos are available with a separate login. He will forward that to Member Matson. Member Branch mentioned setting up time monthly to do training. Chair Sabattini requested to carry this item over to next month so members can review the training and report back on recommendations that can be brought to Directors for discussion. Member Manning mentioned the possibility of requiring so many hours of training on an annual basis that is documented.

6.3 Committee Member Discussion/Comments: Member Klosky indicated Parks & Rec employees have been working to complete CPR/First Aid and all employees should be trained within the next month. Chair Sabattini also said she is working with her staff to get everyone certified. Vice Chair Simmons will be stepping down from the Committee and Lt. Matt Bowen will be replacing him.

7. PUBLIC COMMENT: Mr. Mike Marinar of Preferred reminded the committee members TIPS matching grant program that allows agencies to receive up to \$5000 per year for up to \$10000 spent on eligible items. Member Matson will discuss with the Directors to see if we have any items that can be submitted. She also indicated that she had spoken to Mr. Marinar after the last meeting and we may be able to submit a request for the purchase of our new AED's for 10/1. Member Manning said the Wastewater plant needs a new AED and maybe could use to aid in replacement of that device. Member Matson will discuss with Member Murallo about replacing with the new item.

8. NEXT MEETING DATE: June 25, 2024; 10:00 A.M.

9. ADJOURNMENT: The meeting adjourned at 10:35 A.M.

Minutes Prepared By:

Denise Matson

Human Resources Director/Recording Secretary

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 A. BEST
City Clerk

CITY OF FERNANDINA BEACH



MICHAEL A. LEDNOVICH
Mayor - Commissioner

APPROVED AS TO FORM AND
LEGALITY:



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

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.

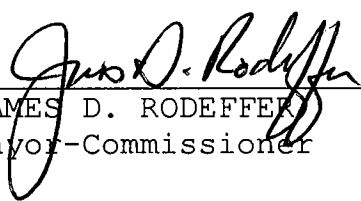
RECORDKEEPING

- 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.

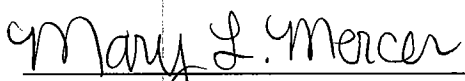
ADOPTED this 5TH day of December, 2000.

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 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

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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.

- c. The Safety Committee will be responsible for:

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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 ☐ 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 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.

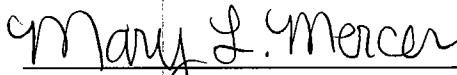
ADOPTED this 5TH day of December, 2000.

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

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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

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(City Clerk or Finance Department or Community Development Department)
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- 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.
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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

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

INSTRUCTIONS

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Date	Employee /Citizen	Dept	Personal Injury/ Property Damage	Location	Accident/Incident Details	Workers Compensation	Safety Committee Review			
							Supervisor Determined:	Meeting Date	Preventable/Non-Preventable	Comments
5/24/2024	Citizen		Property Damage	N. 2nd street from Alachua	The Citizen reported that when she turned onto N. 2nd from Alachua Street her vehicle struck an object at the edge of the road that she could not see in the grass. She called the non-emergency number to report this incident (case #202400009900). 6/3 I went to the location described by the citizen and observed that the yellow concrete pole was back in place to protect a storm drain at the corner of N. 2nd and Alachua (picture included). The Stormwater department explained that on 5/29 he had personnel reset the pole that appeared to have been knocked over by a truck. 6/7 still no response from the citizen about the estimate she received.					
5/28/2024	Employee	Police	Property Damage	94000 Block Silkvine Lane	Employee was traveling east on Silkvine Lane. A vehicle was parked on the side of the road and while I was trying to avoid the parked vehicle I over-corrected and the left front of my vehicle struck a telephone pole on the north side of Silkvine lane. I was traveling approximately 5-10 mph at the time of the impact. There is minor damage to the left front of the vehicle and no damage to the telephone pole.	No	Preventable.			
5/31/2024	Employee	Police	Property Damage	St. Michael	While working an off duty detail, the kids were playing with a ball. The ball went under my vehicle. I put the vehicle in reverse while looking at the location my back up camera normally is displayed and did not see the camera. When I looked in the rear view mirror I backed into the vehicle behind me. The ball hitch on my vehicle struck the front license plate holder. I located the owner of the vehicle and she was adamant she did not want any police action that it was only minor damage. She later found more damage and wanted a report.	No	Preventable.			
6/3/2024	Employee	Streets	Personal Injury	Corner of Broom and Benjiman	While assisting with tree removal from the City right-of-way the employee was pulling on lead line to assist with the branch falling so it doesn't come in contact with the house. Branch swung out and pulled them forward then he felt something in his left wrist pull.	Yes	Non-Preventable			

[illegible]

[illegible]