



TEXAS ASSOCIATION *of* COUNTIES
RISK MANAGEMENT POOL

ACCIDENT PREVENTION PLAN
A SAMPLE PLAN FOR COUNTIES

TABLE OF CONTENTS

Table of Contents.....	2
MANAGEMENT COMPONENT.....	4
Safety Policy Statement.....	4
Safety Committee Members.....	5
Authority and Accountability Statement.....	6
RECORDKEEPING COMPONENT.....	7
Records and Documentation Statement.....	7
Injury and Illness Data.....	7
Safety and Health Surveys and Inspections Program.....	7
Safety and Related Meetings.....	8
Training Records.....	8
Accident Investigation.....	9
Equipment Inspection and Maintenance.....	9
ANALYSIS COMPONENT.....	10
Trend Analysis.....	10
EDUCATION & TRAINING COMPONENT.....	11
Training Program Development.....	11
Ongoing Training.....	11
Orientation.....	11
Documentation.....	12
AUDIT/INSPECTION COMPONENT.....	13

Comprehensive Surveys.....	13
Safety and Health Self-Inspections	13
ACCIDENT INVESTIGATION COMPONENT	15
Hazard Correction.....	15
Hazard Control.....	15
Accident Reporting and Investigation	15
Employee Reporting	16
Investigation Timeline	16
Department Responsibility	16
Action by Commissioners Court.....	17
Employer Reporting.....	17
Fatalities/Catastrophic Loss	17
Lost workday cases other than fatalities:	17
Documentation	17
PROGRAM REVIEW & REVISION COMPONENT.....	19
Periodic Review and Revision of Program Components	19
FORMS SECTION	20

MANAGEMENT COMPONENT

SAFETY POLICY STATEMENT

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

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

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

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

The Loss Control Committee will establish avenues to solicit and receive comments, information, and assistance from employees about safety and health. If you have any questions or concerns about employee safety and health, please contact the individual appointed by your county as the contact for these issues _____ (the individual appointed for this task should be your county's risk manager, safety coordinator, or a departmental Loss Control Committee member).

SAFETY COMMITTEE MEMBERS

	Name	Department/Office	e-mail	Phone
Chair				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

AUTHORITY AND ACCOUNTABILITY STATEMENT

The individual appointed by your county as the contact for employee safety and health issues, as identified in the Safety Policy Statement (risk manager, loss control coordinator, or Safety Committee member), is responsible and accountable for coordinating and administrating the County Accident Prevention Plan. Some of the assigned duties include: directing the development of loss control policies and procedures, performing inspections, establishing and directing the county's safety training efforts, assisting with accident investigations, acting as liaison between the Commissioners Court, other elected officials, and the Loss Control Committee, establishing safety goals and objectives, and generally directing safety and accident prevention activities.

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

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

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

RECORDKEEPING COMPONENT

RECORDS AND DOCUMENTATION STATEMENT

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

INJURY AND ILLNESS DATA

_____ will maintain records of all work-related injuries and illnesses to employees. Copies of the records will be sent to the county's claims coordinator's office.

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

Applicable forms or records:

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

SAFETY AND HEALTH SURVEYS AND INSPECTIONS PROGRAM

_____ will maintain and review records of all safety audits and inspections that are conducted within the respective area.

Applicable forms and records:

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

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

SAFETY AND RELATED MEETINGS

_____ will maintain accurate records of all proceedings associated with the safety and health program of this county.

Applicable forms and records:

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

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

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

TRAINING RECORDS

_____ will document and maintain records of all safety and health-related training.

Applicable forms or records:

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

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

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

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

ACCIDENT INVESTIGATION

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

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

Applicable forms and records:

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

EQUIPMENT INSPECTION AND MAINTENANCE

_____ will maintain records and data pertaining to equipment inspection and maintenance programs performed at or with each facility.

Applicable forms and records:

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

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

ANALYSIS COMPONENT

TREND ANALYSIS

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

This review will be conducted on a monthly or quarterly basis (please select one). The analysis will focus on hazard analysis and recognition of developing trends.

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

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

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

All immediate supervisors will provide analysis information of their respective departments to _____ for the development of the monthly analysis report for the Commissioners Court.

The claims coordinator maintaining the accident log will utilize all injury and illness documentation. The log will be utilized to prepare the regularly scheduled report to the Commissioners Court.

EDUCATION & TRAINING COMPONENT

TRAINING PROGRAM DEVELOPMENT

_____ is committed to providing safety and health-related orientation and training to all employees. _____ will develop, implement and maintain a safety and health orientation and training program.

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

ONGOING TRAINING

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

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

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

ORIENTATION

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

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

assignment until it has been determined by _____ that the employee has met the minimum safety requirements.

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

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

DOCUMENTATION

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

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

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

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

AUDIT/INSPECTION COMPONENT

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

COMPREHENSIVE SURVEYS

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

SAFETY AND HEALTH SELF-INSPECTIONS

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

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

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

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

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

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

- Jail Inspections

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

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

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

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

ACCIDENT INVESTIGATION COMPONENT

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

HAZARD CORRECTION

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

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

HAZARD CONTROL

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

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

ACCIDENT REPORTING AND INVESTIGATION

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

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

All county employees must follow the accident investigation policy.

EMPLOYEE REPORTING

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

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

INVESTIGATION TIMELINE

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

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

DEPARTMENT RESPONSIBILITY

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

ACTION BY COMMISSIONERS COURT

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

EMPLOYER REPORTING

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

FATALITIES/CATASTROPHIC LOSS

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

LOST WORKDAY CASES OTHER THAN FATALITIES:

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

DOCUMENTATION

All activities and findings of the investigators will be documented and recorded for review.

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

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

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

PROGRAM REVIEW & REVISION COMPONENT

PERIODIC REVIEW AND REVISION OF PROGRAM COMPONENTS

_____ or other designated representative will review, at least annually, and revise the components of the Accident Prevention Plan for effectiveness and implementation.

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

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

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

On a monthly basis, until the completion of the final audit, the safety coordinator designated by the county will be responsible for developing an Accident Prevention Plan Implementation status report. The report will be provided to the Commissioners Court on the last regularly scheduled Commissioners Court meeting of each month, with a copy of the report to be sent to a TAC Risk Management Services risk control consultant at tacracs@county.org . The purpose of this is to recognize the departments who are performing well and to encourage poor performers to improve.

FORMS SECTION

250 Hour Heavy Equipment Inspection

3,000 Mile Vehicle Inspection

Accident Prevention Plan Implementation Status Report

Annual Review of Accident Prevention Plan

Daily Equipment Inspection

General Safety Inspection

Hazard Communication Checklist

Incident Investigation Report

Inspection Checklist and Report

Inspection Schedule

Jail Inspection Checklist and Report

New Employee Safety Orientation Checklist

Precinct Yard Inspection

Quarterly Analysis Report

Safety Inspection Guide Office Hazards

Safety Meeting Record

Sample Recordkeeping Plan

Sample Training Schedule

Specialized Training Schedule

Training Documentation

3,000 MILE INSPECTION CHECKLIST

_____ COUNTY ROAD DEPARTMENT

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

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

Engine Compartment: <input type="checkbox"/> Radiator Condition <input type="checkbox"/> Pressure Cap <input type="checkbox"/> Coolant Level <input type="checkbox"/> Anti-Freeze <input type="checkbox"/> Hoses/Clamps <input type="checkbox"/> Recovery Tank <input type="checkbox"/> Oil Cooler/Lines/Fittings <input type="checkbox"/> Trans Cooler/Lines/Fittings <input type="checkbox"/> Fan Belt (A) <input type="checkbox"/> A/C Drive Belt (A) <input type="checkbox"/> Gen/Alt Belt (A) <input type="checkbox"/> Water Pump Belt (A) <input type="checkbox"/> Gen/Alt Mts/Cables <input type="checkbox"/> Starter Mts/Cables <input type="checkbox"/> Battery Condition <input type="checkbox"/> Battery Level <input type="checkbox"/> Terminals/Cables <input type="checkbox"/> Access Wiring <input type="checkbox"/> Brake Fluid <input type="checkbox"/> Brake Booster <input type="checkbox"/> Air Filter ® <input type="checkbox"/> Fuel Filter/Gasket ® <input type="checkbox"/> Fuel Lines/Fittings <input type="checkbox"/> Return Lines/Fittings <input type="checkbox"/> Carb/Choke (A) <input type="checkbox"/> PS Fluid/Filter ® <input type="checkbox"/> Hydraulic Fluid/Filter ®	Engine Running: <input type="checkbox"/> Oil Pressure Gauge <input type="checkbox"/> Oil Temperature Gauge <input type="checkbox"/> Ammeter/Voltmeter <input type="checkbox"/> Fuel Gauge <input type="checkbox"/> Coolant Temp Gauge <input type="checkbox"/> Choke <input type="checkbox"/> Neutral Safety Switch <input type="checkbox"/> Tachometer <input type="checkbox"/> Air Pressure Gauge <input type="checkbox"/> Brake Vacuum Gauge <input type="checkbox"/> Fuel Switch-over <input type="checkbox"/> Manifolds <input type="checkbox"/> Air Compressor/Tank(s) <input type="checkbox"/> Switches <input type="checkbox"/> Service Lights <input type="checkbox"/> Wipers/Washer <input type="checkbox"/> Horn <input type="checkbox"/> Heater/Defroster <input type="checkbox"/> Mirrors Miscellaneous <input type="checkbox"/> Cab Steps <input type="checkbox"/> Cab Handrails <input type="checkbox"/> Side Mirrors <input type="checkbox"/> Beacon Light	Lubrication: <input type="checkbox"/> Oil/Filter ® <input type="checkbox"/> Clutch Release Bearing <input type="checkbox"/> U Joints/Flanges <input type="checkbox"/> Ball Joints <input type="checkbox"/> Kingpins/Draw Keys <input type="checkbox"/> Tie Rods/Idle Arm/Drag Link <input type="checkbox"/> Fittings <input type="checkbox"/> Transmission <input type="checkbox"/> Differential <input type="checkbox"/> Hydrovac Underbody: <input type="checkbox"/> Exhaust System <input type="checkbox"/> Shocks/Springs <input type="checkbox"/> Torsion Bars <input type="checkbox"/> Suspension Bushings <input type="checkbox"/> PS Hoses/Cylinders <input type="checkbox"/> Steering Gear (A) <input type="checkbox"/> Brake Lines <input type="checkbox"/> Tires/Pressure (A) <input type="checkbox"/> Wheel Lugs/Rims	Operating: <input type="checkbox"/> Brakes (A) <input type="checkbox"/> Clutch (A) <input type="checkbox"/> Emergency Brake (A) <input type="checkbox"/> Steering (A) <input type="checkbox"/> Shift Linkage (A) <input type="checkbox"/> Transmission <input type="checkbox"/> Odometer <input type="checkbox"/> Two-Speed Axle <input type="checkbox"/> Backup Alarm <input type="checkbox"/> Headlight Alignment (A) <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Front End Alignment/Toe-in <input type="checkbox"/> Doors/Glass/Seals Supplemental: <input type="checkbox"/> PTO <input type="checkbox"/> Hydraulic Pump <input type="checkbox"/> Bed Hoist <input type="checkbox"/> Hoist Cylinder Mts. <input type="checkbox"/> Dump Bed <input type="checkbox"/> Bed Hinge Pins <input type="checkbox"/> Dump Bed Lock <input type="checkbox"/> Tailgate Lock <input type="checkbox"/> Aux. Fuel Tank
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250 HOUR INSPECTION CHECKLIST

_____ COUNTY ROAD DEPARTMENT Shop Work Order #: _____

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

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

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

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

Inspection Remarks:

Reviewed By: _____

Repair Remarks: _____

Reviewed By: _____

ANNUAL REVIEW OF ACCIDENT PREVENTION PLAN

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

MANAGEMENT COMPONENT

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

ANALYSIS COMPONENT

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

RECORDKEEPING COMPONENT

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

- | | |
|---|--|
| <input type="checkbox"/> Safety inspections | <input type="checkbox"/> Safety meeting minutes |
| <input type="checkbox"/> Employee training | <input type="checkbox"/> Accident investigations |
| <input type="checkbox"/> Accident log | <input type="checkbox"/> Emergency response drills |

EDUCATION AND TRAINING COMPONENT

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

<input type="checkbox"/> Work area hazards	<input type="checkbox"/> Emergency action plan
<input type="checkbox"/> Back injury prevention	<input type="checkbox"/> Fire extinguisher use
<input type="checkbox"/> Equipment operation	<input type="checkbox"/> Hazard communications
<input type="checkbox"/> Material handling	<input type="checkbox"/> Other required training
- Have employees received instructions in reporting unsafe conditions/acts?
- Have supervisors received training in accident investigation?

AUDIT INSPECTION COMPONENT

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

ACCIDENT INVESTIGATION COMPONENT

Are responsibilities assigned for all phases of the accident investigation?

- | | |
|--|--|
| <input type="checkbox"/> Who investigates the accident | <input type="checkbox"/> Who reviews the report |
| <input type="checkbox"/> What forms are used | <input type="checkbox"/> What accidents are investigated |
| <input type="checkbox"/> Who completes the TWCC-1 | <input type="checkbox"/> Who assures corrective action |
- Have all involved employees been trained in what types of accident/incidents to report?

PERIODIC REVIEW AND REVISION COMPONENT

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

CORRECTIVE ACTIONS

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

New Exposures Identified:

Action Taken:

Required Program Changes:

Significant Injury/Accident Trends:

Reviewed By: _____

Date: _____

DAILY EQUIPMENT INSPECTION

County/Road Department: _____

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

MILEAGE AND FUEL CONSUMPTION RECORD

Next 3,000 Inspection _____

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

GENERAL SAFETY INSPECTION

County/Department: _____

Date: _____

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

GENERAL SAFETY INSPECTION (continued)

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

Comments:

Name: _____ Location: _____

Date: _____ Time: _____

HAZARD COMMUNICATION CHECKLIST

Entity/Department: _____

Completed By: _____

Date: _____

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

INCIDENT INVESTIGATION REPORT

This form MUST be submitted within 24 hours of incident.

This incident is an: Injury Illness Near-miss

Date: _____
 Company: _____
 Supervisor: _____

Date Reported: _____
 Department: _____
 Phone Number: _____

1. Name of Party Involved		2. Social Security Number	3. Sex	4. Age	5. Date of Incident
6. Home Address _____ Phone () _____		7. Employee's Occupation		8. Job Task at Time of Incident	
9. Date of Hire	10. Employee was Working <input type="checkbox"/> Alone <input type="checkbox"/> with Fellow Workers <input type="checkbox"/> Other _____	11. Employment Category <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Non-employee		12. Time and Day <input type="checkbox"/> ____ A.M. <input type="checkbox"/> ____ P.M. <input type="checkbox"/> _____ day of week	
10. Experience in Occupation at Time of Incident <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-5 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 5 or more years		11. Name and Address of Physician _____ Phone () _____		12. Name and Address of Hospital _____ _____	
13. Specific Location of Incident Was it on the employer's premises? Yes No		14. Phase of Employee's Workday at Time of Injury <input type="checkbox"/> During break period <input type="checkbox"/> Entering or leaving the building <input type="checkbox"/> Performing work duties <input type="checkbox"/> Working overtime <input type="checkbox"/> Other (explain below) <input type="checkbox"/> During meal period			
15. Employee's Supervisor at time of Incident. Witnessed Incident? <input type="checkbox"/> yes <input type="checkbox"/> no		16. Probable Recurrence Rates <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare		17. Loss Severity Potential <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor	

21. PART of BODY INJURED or AFFECTED

<input type="checkbox"/> Skull, Scalp	<input type="checkbox"/> Jaw	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Foot
<input type="checkbox"/> Eye	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Hand	<input type="checkbox"/> Thigh	<input type="checkbox"/> Toe
<input type="checkbox"/> Nose	<input type="checkbox"/> Spine	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Elbow	<input type="checkbox"/> Finger	<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Ankle
<input type="checkbox"/> Mouth	<input type="checkbox"/> Chest	<input type="checkbox"/> Other Body Part	<input type="checkbox"/> Forearm	<input type="checkbox"/> Hip	<input type="checkbox"/> Other _____	

22. NATURE of INJURY or ILLNESS

<input type="checkbox"/> Puncture	<input type="checkbox"/> Bruise, Contusion	<input type="checkbox"/> Skin Disorder	<input type="checkbox"/> Amputation	<input type="checkbox"/> Muscle Sprain	<input type="checkbox"/> Cumulative Trauma Disorder
<input type="checkbox"/> Laceration	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Burn	<input type="checkbox"/> Insect/Animal Bite	<input type="checkbox"/> Muscle Strain	<input type="checkbox"/> Irritation
<input type="checkbox"/> Fracture	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Hernia	<input type="checkbox"/> Infection

23. DISPOSITION 24. DIAGNOSIS 25. SEVERITY

<input type="checkbox"/> Days away from work # _____ <input type="checkbox"/> Restricted work days # _____ <input type="checkbox"/> Date returned to work ____/____/____ Sent to <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital	_____ _____ _____	<input type="checkbox"/> First Aid <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Lost Work Days <input type="checkbox"/> Fatality <input type="checkbox"/> Other (specify) _____
---	-------------------------	--

26. WITNESSES

Names: _____

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

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

28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? Not Applicable

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

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

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

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

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

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

Signature of Employee: _____

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

33. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN

Corrective Action Taken	Person Responsible	Target Date	Date Completed

Supervisor's Signature

Date

Manager's Signature

Date

Personnel Representative's Signature

Date

Loss Prevention Signature

Date

INSPECTION CHECKLIST AND REPORT

County _____

Location/Department _____

Date of Inspection _____ Date of Last

Inspection _____

Names of Inspection

Personnel _____

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

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
--	-----	----	--------------------------	--------------

1. General Conditions:

- a) First Aid – adequate equipment, properly used: _____
- b) Adequate Light throughout work area: _____
- c) Noise level satisfactory: _____
- d) Adequate ventilation throughout: _____
- e) Housekeeping satisfactory: _____
- f) Material storing and stacking satisfactory: _____
- g) Hand tools properly maintained: _____
- h) Acids and corrosives safely handled and stored: _____
- i) _____
- j) _____

2. Unsafe Practices:

- a) Existence or observance of unsafe practices: _____
- b) Personal protective equipment provided/used: _____
- c) Following safety rules: _____
- d) _____
- e) _____

3. Housekeeping:

- a) Oily rags stored in closed containers _____
- b) Mops and brooms stored when not in use _____
- c) Proper signs for mopping and waxing area _____
- d) _____
- e) _____

4. Fire Hazards:

- a) Fire extinguishers checked, tagged, accessible: _____
- b) Extinguishers proper for exposure: _____
- c) Hoses, sprinkler equipment, alarms: _____
- d) Exits marked, lighted, accessible: _____
- e) Flammable liquids stored, handled & disposed of properly: _____
- f) Proper disposal of rubbish: _____

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

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
--	-----	----	--------------------------	--------------

12. Machine Hazards:

- a) Operator Training Provided: _____
- b) Points of operation guarded: _____
- c) Gears, pulleys, machine parts guarded: _____
- d) Guards interlocked where necessary: _____
- e) _____
- f) _____

13. Vehicle Operations:

- a) Written procedures regarding driver restrictions, personal use, etc. distributed to and reviewed with drivers of county vehicles: _____
- b) Driving record of county employees operating vehicles For county purposes reviewed prior to hiring & done annually: _____
- c) Road test given by qualified driver prior to hiring: _____
- d) Defensive driving course offered to new employees Who drive in the scope of their employment: _____
- e) _____
- f) _____

14. Vehicle Maintenance:

- a) Preventive maintenance system established: _____
- b) Vehicle safety inspection conducted monthly: _____
- c) Hoods, cabovers, dump sections of trucks and similar movable parts blocked or rendered inoperative when doing maintenance: _____
- d) _____
- e) _____

15. Mowers, Shredders:

- a) Preventive maintenance performed on mowers and shredders: _____
- b) Slow moving signs installed on mowers & shredders: _____
- c) Proper guards installed on mowers & shredders: _____
- d) Axles and U-joints inspected regularly: _____
- e) Blades checked before use for tightness: _____
- f) _____
- g) _____

16. Parking Areas:

- a) Parking areas well illuminated with _____
- b) designated entrances, and directional sign(s): _____
- c) Car stops provided around buildings: _____
- d) Signs, utility poles, gas meters, power transformers, fire hydrants, etc. in parking area properly marked & protected: _____
- e) Areas designated for delivery: _____
- f) Signs in good condition: _____
- g) Holes filled in parking areas: _____
- h) _____
- i) _____

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
--	-----	----	--------------------------	--------------

17. Pressure Apparatus:

- a) Recent inspection certificate: _____
- b) Welding cylinders, compressors secured and guarded: _____
- c) _____
- d) _____

18. Other:

Use this space for additional information or suggestions:

Report Submitted To: _____ Date: _____

Follow-up conducted by: _____ Date: _____

Additional actions/recommendations: _____

JAIL INSPECTION CHECKLIST AND REPORT

County: _____

Location/Department: _____

Date of Inspection: _____

Date of Last Inspection: _____

Names of Inspection Personnel: _____

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

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
--	-----	----	--------------------------	--------------

1. Floors and walkways:

- a) Floors free of tripping hazards: YES NO
- b) Loose carpet, tile: YES NO
- c) Liquid, oil, grease hazards: YES NO
- d) Slippery walking surfaces: YES NO
- e) Changes on floor elevation properly marked: YES NO
- f) Proper signs for mopping and waxing area: YES NO
- g) Unobstructed halls and walkways: YES NO

2. Stairs:

- a) Lighting adequate and maintained: YES NO
- b) Handrails adequate, secure: YES NO
- c) Non-skid surface: YES NO
- d) Unobstructed steps: YES NO
- e) _____: YES NO
- f) _____: YES NO

3. Ramps and Platforms:

- a) Strength adequate: YES NO
- b) Surfaces unobstructed, non-slip: YES NO
- c) Railings and toe boards in place: YES NO
- d) _____: YES NO

4. Electrical Equipment:

- a) Unobstructed electrical panels: YES NO
- b) Apparatus identified, grounded, guarded: YES NO
- c) Portable tools grounded: YES NO
- d) Circuit overload prevented: YES NO
- e) Extension cords, proper size and secured: YES NO
- f) _____: YES NO
- g) _____: YES NO

5. Booking Area:

- a) Accessible First Aid kit: YES NO
- b) Floors free of slippery conditions: YES NO
- c) Housekeeping satisfactory: YES NO
- d) Furniture free of nails, splinters, or sharp corners: YES NO

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

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

Report Submitted to:

Date:

Follow-up conducted by:

Date:

Additional actions/recommendations:

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

NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

Name _____ Date Employed _____

Department/Precinct Assigned _____ Type of Work _____

Previous Work Experience and Training

I HAVE BEEN INSTRUCTED IN THE FOLLOWING, WHERE APPLICABLE:

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

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

Follow-up on employee will be observed by _____

Supervisor's Signature

Employee's Signature

Date _____

Date _____

PRECINCT YARD INSPECTION FORM

County/Precinct Number: _____ Work Area: _____ Date: _____
 Completed by: _____ Title: _____

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

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

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

Completed by: _____

Date:

QUARTERLY/ MONTHLY ANALYSIS REPORT

Accidents, Incidents, Injuries, Hazard Review, Trend Identification

1. Review of last analysis report:

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

3. Hazardous condition reports reviewed:

4. Inspection reports reviewed:

5. Employee safety information:

6. Trends identified:

7. Corrective actions required and responsible person:

8. Status of prior corrective actions:

9. Additional comments:

Completed by: _____

Date: _____

SAFETY INSPECTION GUIDE

Office Hazards

Department:

Inspected By:

Date of Inspection:

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

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

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

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

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

Safety Meeting Record

County/Department: _____

Training Topic: _____

Individual Responsible: _____ Date: _____

Print name, do not write in cursive

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Sample Recordkeeping Plan

RECORD	RESPONSIBLE PERSON	COMPLETION TIMEFRAME	RECORD LOCATION	RETENTION OF RECORDS	REPORT METHOD
FIRST REPORT OF INJURY		Within 24 hrs of employer knowledge of accident or occupational disease. (See TAC Workers' Compensation Claim Handbook).		5 years from the last day of the year in which the injury occurred.	FORM - TWCC-1 (See TAC Workers' Compensation Claim Handbook for instructions).
ACCIDENT LOG		Update Monthly and with each TWCC-1 filed.		5 years	FORM - [name]
ACCIDENT INVESTIGATION		<ol style="list-style-type: none"> 1. Within 24 hours of accident/incident 2. Within 3 working days 3. Quarterly or more often for special circumstances 		5 years	FORM Loss Control Coordinator's Accident Investigation Report
INSPECTIONS					
• Shop & Yard		First day of each Month Risk Manager to review quarterly for report to Commissioners' Court. (if applicable)	Precinct Shop	3 years	FORM
• Vehicles		Daily as used and 3000 miles. Risk Manager to review quarterly for report to Commissioners' Court.	Precinct Shop	3 years	FORM
• Heavy Equipment		Daily as used and every 250 hours. Risk Manager to review quarterly for report to Commissioners' Court.	Precinct Shop	3 years	FORM
• Job Site		Weekly Risk Manager to review quarterly for report to Commissioners' Court.	Precinct Shop	3 years	FORM
Analysis Report		Monthly-Quarterly		3 years	
Training		Monthly		3 years	
Accident Prevention Plan Implementation Status Report		Monthly		3 years	

TRAINING DOCUMENTATION

Training Information		
Group Trained (dept., committee, precinct, etc.):	Date(s) of Training:	Length of Program (hours):
Training Subject/Title:	Topics Covered:	
Materials Used:	Materials Distributed:	
Instructor Information		
Instructor Name(s):	Training Organization:	Instructor Signature(s):
Certification Information (check applicable boxes)		
Training Meets: <input type="checkbox"/> Requirements of: <input type="checkbox"/> Recommendations of: <input type="checkbox"/> N/A	<input type="checkbox"/> County Policy <input type="checkbox"/> Department Policy <input type="checkbox"/> Insurer <input type="checkbox"/> Regulation (explain): ___ HazCom (Worker Right to Know) ___ Bloodborne Pathogen ___ TCLEOSE Certification ___ Other _____ <input type="checkbox"/> Loss Control Committee <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A	
Certifying Organization (if applicable):		
Trainer Certification Number (if applicable):		

TRAINING DOCUMENTATION

Training Attendance

Please print, do not write in cursive

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