



# **SAFETY MANUAL**

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## **INTRODUCTION**

It is the policy of the City to provide and maintain safe and healthful working conditions, routine safety training and education, and to follow practices that will safeguard all employees and result in safe working conditions and efficient operation.

When a person enters the employ of the City, they have a right to expect that they will be provided with a proper place in which to work, and proper equipment with which to do their job, so that they will be able to devote their energies to doing their work without danger to their life and health. Only under such circumstances can the association between employee and employer be mutually profitable and harmonious. It is the City's desire to provide a safe place to work and safe equipment to use as well as to establish and insist upon safe methods and practices at all times.

Safe practices, on the part of City employees, must be part of all operations. This responsibility is required of each official and employee who conducts the affairs of the City, no matter in what capacity they may serve. The idea of job production and safety must be inseparable.

Employee cooperation regarding safety matters will be considered a condition of employment. The supervisor is responsible for the safety and well being of their staff in the workplace. This responsibility can be met only by working continuously to promote safe working practices among all employees and to maintain property and equipment in safe operating condition.

## **MANAGEMENT COMMITMENT**

The purpose of the Safety Policies and Procedures is to provide a management system for the prevention of occupational injuries and illnesses and compliance with regulations concerning occupational safety and health. Safety Policies and Procedures assign safety responsibilities, promulgate citywide procedures, and set minimum safety program requirements for issues involving City departments. Additional department and/or division specific policies and procedures will be issued to implement safety programs.

This Safety Plan provides general direction for the administration of occupational safety and health management for the City of Great Falls. It is intended to meet the letter and spirit of the Montana Safety Culture Act and achieve full compliance with Federal Occupational Safety and Health Administration (OSHA) regulations, as adopted by the State of Montana, governing workplace accident prevention programs.

Separate Safety Policies and Procedures will be issued as needed to address specific safety and health issues or to meet the regulatory requirements for written compliance programs.

The City of Great Falls is committed to providing dependable, economical services to the public. The City recognizes its employees as the most important resource in meeting that commitment and is dedicated to providing a safe and healthful work environment.

The City recognizes that some accidents are caused by unsafe conditions or unsafe behavior and strives to systematically eliminate unsafe acts and conditions. In meeting that goal, it is the policy of the City of Great Falls to:

- Provide a safe workplace including facilities, equipment, tools and vehicles that meet safety and health standards and practices.
- Define and implement safe work practices to address hazards unique to specific job assignments.
- Train employees in the safe performance of assigned jobs.
- Monitor workplace conditions and employee behavior to ensure compliance with the City of Great Falls Safety Plan, as well as individual department and division safety and health requirements.
- Involve all employees in a systematic effort to recognize, report and correct hazardous conditions and practices.
- Investigate and analyze accidents to identify and eliminate the unsafe conditions and behaviors that caused the accidents.

The management staff will not tolerate actions that jeopardize the safety and health of employees or the general public or actions that risk non-compliance with established safety and health regulations. Employees who violate City, departmental, and/or divisional rules are subject to the disciplinary policies. Fulfillment of safety-related responsibilities will be considered a factor in performance reviews and promotions.

### **MISSION STATEMENT**

The Mission Statement of the City of Great Falls Safety and Loss Control Program is:

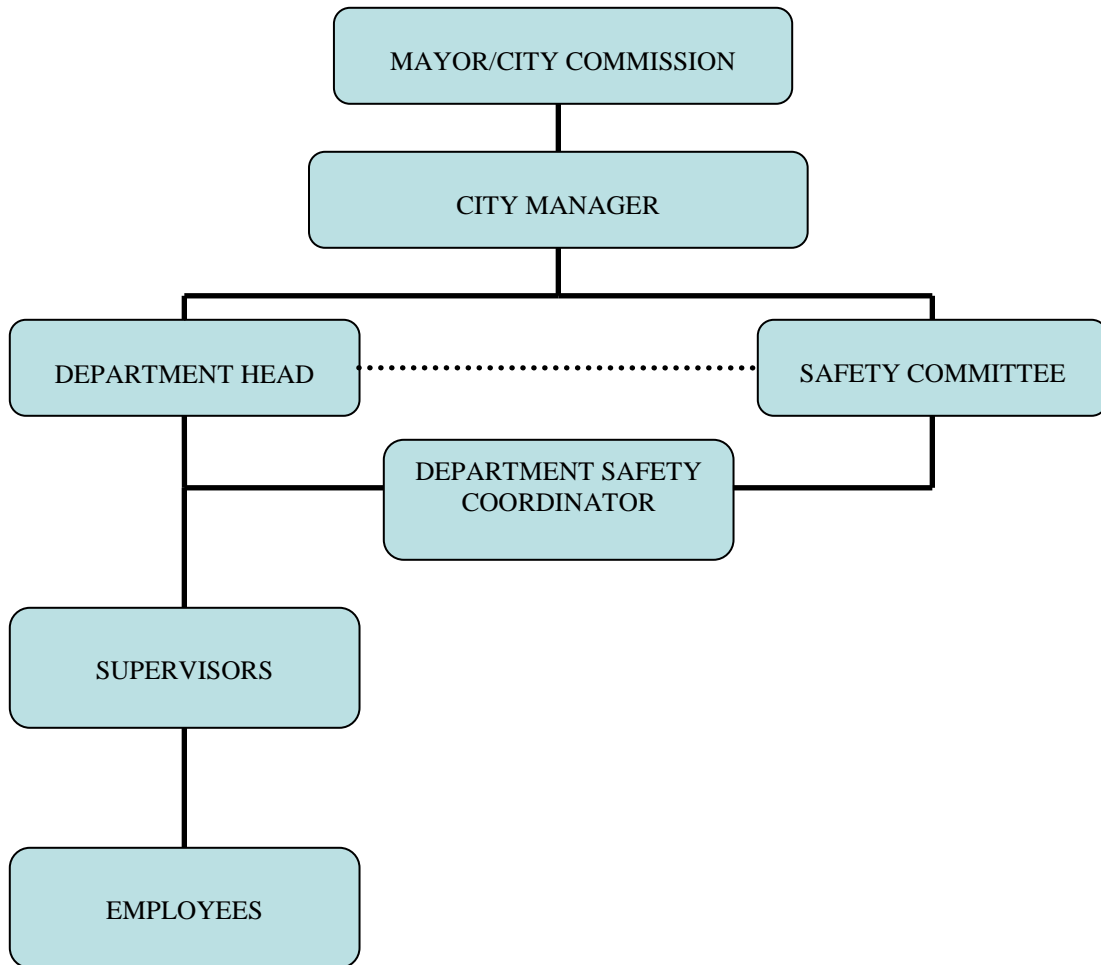
**“The City of Great Falls will provide the citizens of the Community with the best possible service at the least possible expense. Employees will contribute to the Community by working efficiently, effectively and safely.”**

### **GOALS**

Guided by the Mission Statement, the City of Great Falls’ Safety and Loss Control Program will:

1. Reduce the job-related injuries and accidents of City employees;
2. Implement a safety program that will minimize the City’s property, revenue, and personnel losses;
3. Initiate an incentive program designed to reward departments and employees that show an exemplary safety record; and
4. Improve the wellness and health of all City employees.

**CITY OF GREAT FALLS: SAFETY PROGRAM  
ORGANIZATIONAL CHART**



## **RESPONSIBILITIES**

All City of Great Falls employees share in the responsibility to establish and maintain a safe working environment. The following responsibilities are guidelines to establish accountability for the Safety Program. These responsibilities are not in any way intended to limit innovation or initiative on the part of any employee who is working toward the goal of achieving a safe workplace.

### **Department Heads, Superintendents, Upper level management**

- Ensure the design, maintenance of facilities, tools, equipment and vehicles meet or exceed established safety standards.
- Approve and ensure usage of policies, procedures and safe work practices for department occupations, tasks and locations.
- Approve and ensure usage of safety-training requirements for department employees based on their occupations, work locations and tasks.
- Review department Accident Investigation Reports, Incident Reports and department injury and illness trends. Resolve corrective action issues that are beyond the scope of the supervisor to accomplish.
- Review workplace inspections with Supervisors and direct appropriate corrective action to achieve a safe work environment.

### **Supervisors**

- Establish policies, procedures and safe work practices for department/division occupations, tasks and locations.
- Establish safety-training requirements for department/division employees based on their occupations, work locations and tasks.
- Monitor workplace conditions and employee work behaviors through regular, scheduled inspections and frequent observation of the work environment.
- Enforce City, departmental, or divisional tool, equipment and vehicle standards and rules governing the workplace behavior of employees.
- Ensure employee participation in City and department required safety training. Recommend additions, deletions and modifications of safety training requirements or training programs based on observed workplace conditions and employee work behavior.
- Investigate accidents involving employee injury or illness and/or damage to vehicles or other city property. Determine the facts and causes of the accident. Implement or recommend corrective actions for the purpose of preventing future, similar occurrences.
- Encourage employee involvement in safety hazard recognition and act on hazard elimination and hazard control suggestions from the safety committee and individuals.
- Identify unsafe work conditions and unsafe practices. Correct immediate hazards within ability or report them to immediate supervisor upper management and/or report recurring conditions to management and/or safety committee.

## **All Employees**

- Abide by the City of Great Falls and department/division work practices established for specific job assignments and occupations.
- Report occupational injuries, illnesses and near misses immediately to their supervisor. Follow supervisor instructions for obtaining first aid and/or medical attention. Participate in accident investigations as requested by the supervisor.
- Participate fully in safety training. Suggest improvements in safety training requirements or programs to the supervisor or the safety committee.
- Identify unsafe work conditions and unsafe practices. Correct hazards or report them to the supervisor or safety committee as appropriate.

## **Safety Coordinator/Director**

- Assist and advise all levels of management in establishing an effective safety program.
- Provide accident trend analysis to safety committee.
- Provide new employee general safety and health training/orientation.
- Maintain accident and incident records for workers' compensation purposes.
- Plan and coordinate inspections, committee meetings, and assist management in all areas of safety and health.
- Act as permanent Chairperson and provide support for the Safety Committee.
- Report committee members' unexcused absences to supervisors and/or City Manager as appropriate.

## **SAFETY RULES & REGULATIONS**

As a basis for employee responsibilities and participating in the City of Great Falls' Safety Policy Program, the general safety rules listed below will apply to all employees. Your cooperation in voluntarily complying with these rules and all other safety responsibilities will be appreciated and expected.

### **General Safety Rules**

- Seek medical attention, if necessary, for any accidents resulting in an injury. All accidents must be reported to the supervisor as soon as possible.
- Report unsafe conditions, procedures and practices to your supervisor immediately.
- Possession of firearms on City of Great Falls property or in City vehicles is prohibited unless part of the employee's job description.
- The use or possession of alcohol, illegal drugs or other controlled substances on the job is prohibited.
- Smoking is permitted in designated areas only.
- Each employee is responsible for good housekeeping. Keep your work area in a clean, uncluttered state. Do not walk by a situation of poor housekeeping if it can be easily corrected or needs immediate attention such as spills on floors, ice on steps and so on.
- Obey all warning tags and signs. They are there because hazards exist.
- NO employee should take chances on the job which could endanger their personal safety and health or the safety and health of co-workers or others.
- Do not operate machinery or use tools you are not qualified to use.
- Do not enter hazardous areas you are not authorized to enter.
- Use all personal protective equipment and devices required and provided.
- If an established job procedure must be deviated from, supervisory approval must be obtained and an alternative, temporary job procedure must be agreed upon. This alternative job procedure must not create any new or additional hazards or unnecessarily expose employees to hazards.
- Become familiar with and conduct your work activities in accordance with these general safety rules and other specific safe operating procedures which are applicable.
- Refrain from fighting, horseplay, or distracting fellow workers.
- Follow proper lifting procedures at all times.
- Wearing of safety restraints when riding/driving a City vehicle is mandatory if so equipped.
- Know the location of fire/safety exits and evacuation procedures.
- Participate in safety training.
- When operating City vehicles or equipment, drivers must operate/drive safely and prudently.
- When using cell phones in a City vehicle, pull over and stop on the side of the road or utilize hands free device.
- Above all be ALERT and be RESPONSIBLE! Your safety and health depends on it.



## **MOTOR VEHICLES AND MOBILE EQUIPMENT**

City vehicles are easily identified as such and thus constitute a traveling advertisement seen by many citizens. They have what advertising persons call “high visibility”. While operating City vehicles, employees control an important influence on good or bad public relations between the City and other motorists and pedestrians. By courteous, considerate driving habits we build good public relations.

All employees are required to abide by State law regarding the operation of motor vehicles. In addition, **THE FOLLOWING SAFETY RULES ARE ESTABLISHED FOR THE USE OF MOTOR VEHICLES AND MOBILE EQUIPMENT:**

1. Before operating a vehicle for the first time each day, an employee shall check lights, brakes, signals, and other safety equipment installed on the vehicle, and shall obtain or schedule immediate repair of defective equipment.
2. Before operating a vehicle, adjust equipment for your use, including seat, inside and outside mirrors and sitting positions.
3. When backing up a vehicle, be certain the way is clear. Get out of the vehicle when necessary and inspect the area to be backed into. Back-up slowly. Sound horn while backing when necessary. If there is another employee along, he/she should get out and direct the backing.
4. When filling fuel tanks:
  - a. Shut off the motor of the equipment.
  - b. Do not smoke near gasoline pumps.
  - c. Keep the hose nozzle against the edge of filler pipe.
  - d. Do not fill tank too fast or too full.
  - e. Do not use cell phone while pumping the gas.
5. All City equipment that is fully enclosed or equipment that have roll bars that are stamped “approved” shall have seat belts and anchorages regardless of the age of the equipment.
6. All heavy equipment must have a dry chemical “ABC” extinguisher in the cab.

**THE FOLLOWING SAFETY PROCEDURES ARE RECOMMENDED FOR MOTOR VEHICLES AND MOBILE EQUIPMENT:**

1. Load security:
  - a. Supplies transported in motor vehicles shall be secured so that they will not be dislodged or fall out or forward during transit or sudden stops.
  - b. Drawers in moveable trucks shall always be secured before the truck is driven.
  - c. All tower equipment (ladder truck, aerial buckets, etc.) will be checked and secured prior to movement of the vehicle.

- d. Only materials, equipment, and personnel necessary to carry on City work will be transported in or on City vehicles.
  - e. If material extends beyond the end of the tailgate, a red flag (or, at night, a red lamp) should be fastened to the end of the material. No material should extend over the sides.
  - f. Bulk and weight capacity of the truck should be observed.
2. Not more than three persons shall be permitted to ride in the front seat of any vehicle. Persons shall not be transported in any vehicle unless safe and secure seating is provided for each person. No person shall ride on the back or side of a vehicle unless appropriate manufactured hand rails have been installed, and employee is otherwise secured with some part of seat belt or other fastening device.
3. Parking vehicles:
    - a. Except when working conditions require otherwise, parked vehicles must have motor stopped, key removed, and emergency brakes set and be left in gear or in “park”.
    - b. If on a downgrade, turn front wheels toward the curb. If on an upgrade, turn wheels away from the curb. Set brakes and leave transmission in gear or in “park” before leaving the driver’s seat.
    - c. Vehicles will not be parked on the wrong side of the street facing traffic except in case of emergency.
    - d. When trucks or vehicles must be stopped on streets or highways, adequate warning signals must be used and also a flagperson if traffic warrants.
4. While working in areas such as schools, parks, playgrounds, swimming pools, or community centers, drivers will be especially watchful for children and will drive carefully and slowly at all times.
  5. Do not assume the right-of-way. The driver who has the last chance to avoid an accident may be the driver in the legal right. **DON’T BE PUSHY – YIELD OR STOP – DRIVE DEFENSIVELY.**
  6. Keep a distance behind other vehicles so as to avoid tailgating. Do not allow others to tailgate. Slow down, pull over to the side, and let the tailgater pass.
  7. In the event of an accident involving City-owned vehicles, the following procedures will be followed:
    - a. Render first aid, if necessary.
    - b. Notify the Police Department immediately.
    - c. Remain at the scene of the accident until proper authorities have arrived. Offer no information regarding the responsibility for the accident or what should have been done to avoid the accident.
    - d. The driver of the City vehicle must report the accident to his/her supervisor as soon as possible within the shift, and the supervisor shall report the accident to the Risk Manager as soon as possible.
    - e. All claims against the City insurance policies are to be forwarded to the Fiscal Services Department within 24 hours.

## FIRE PREVENTION

One of the most dangerous things we have to deal with is fire. The loss of life and injuries can be devastating, not to mention very costly. By knowing practices to avoid, having a basic knowledge in fire extinguishers, and most of all, using common sense, we can all reduce the risk of fire.

### Know Your Fire Extinguishers

Sometimes a small fire will break out where you work. These fires can often be handled by using a fire extinguisher. Knowing which type to use and how to use it is very important. The following lettering and picture system was developed to make recognition easy.



Class A

Extinguishers suitable for "Class A" fires should be identified by a triangle containing the letter "A." If colored, the triangle should be green.

ORDINARY



COMBUSTIBLES



Class A/B

Extinguishers suitable for Class B fires should be identified by a square containing the letter "B." If colored, the square shall be colored red.

FLAMMABLE



LIQUIDS



Class B/C

Extinguishers suitable for Class C fires should be identified by a circle containing the letter "C." If colored, the circle should be colored blue.

ELECTRICAL



EQUIPMENT



Class A/B/C

Extinguishers suitable for fires involving metals should be identified by a five-pointed star containing the letter "D." If colored, the star shall be colored yellow.

COMBUSTIBLE



METALS

**CLASS A** extinguishers will extinguish ordinary combustibles such as wood, paper, clothing, etc. Extinguishers rated Class A are: Water, loaded steam, multi-purpose dry chemical.

**CLASS B** extinguishers will extinguish liquefied petroleum such as gasoline, solvents and diesel fuel. These are also used on grease fires.

**CLASS C** extinguishers will extinguish energized electrical fires where electricity has caused an ordinary combustible or a liquefied petroleum product to burn. Class C extinguishers will be dry chemical or Carbon Dioxide.

**Class D** extinguishers will extinguish burning combustible metals. However, these extinguishers will not work on all metals.

**HALON** is an ABC type extinguisher. Mostly used in computer rooms, due to the fact it doesn't further damage circuitry. If HALON is discharged, remove all personnel from area. HALON is an alter gas and will displace oxygen in the lungs. Suffocation will result if person is confined to the area.

If you use an extinguisher to put out a fire, call the Fire Department anyway.

### **Cleaning and Storage**

1. Small quantities of gasoline and solvents must be stored in UL (Underwriters Laboratory) approved explosion proof containers.
2. Do not use gasoline for cleaning; use only approved solvents.
3. Oily rags and other flammable wastes must be stored in airtight approved metal containers and removed from premises as soon as possible, not to be left overnight.

### **General Fire Safety**

1. Exits shall remain unlocked at all times.
2. Smoking is only allowed in designated areas.
3. Keep fire equipment clearly marked and free of obstruction.
4. Stay out of areas suspected of containing flammable/hazardous vapors. Call the Fire Department.
5. Call the Fire Department if you need information on chemicals, hazardous conditions, or personal training for fire safety.

## SLIPS AND FALLS



Slips and falls cause thousands of accidents and serious injuries every year. A tragic number of cases end in permanent crippling or death! The dollar cost is tremendous.

No business or industry is free from the danger of slips and falls. The hazards exist everywhere – stores and factories, sidewalks and stairs, homes and playgrounds – everywhere!

A little extra care, a few cents for correction or materials, and **PROMPT ATTENTION** to unsafe floor surfaces will easily and quickly prevent most falls.

HERE'S WHAT TO DO – If the unsafe condition is due to:

1. **WETNESS:** Divert the water, ditch, drain or otherwise prevent it from getting on the walking surface in the first place. If it is impossible or impractical to dry the floor, use duck boards or similar devices to keep feet from contact with the wet surface; or cover the area with an abrasive (non-skid) coating.

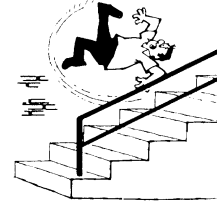
2. **LEAKS AND SPILLS.** Stop the leak at its source. Make all necessary repairs and establish maintenance and inspection procedures to prevent recurrence of the leak.

All employees should be instructed to clean up spills promptly. If clean up must be delayed, the affected area should be cordoned off to reduce the slip and fall exposure.



3. **OIL OR GREASE.** Stop the oil or grease from getting on the floor at its origin. Where this is not always possible, (such as under vehicles), wipe up all excess oil or grease. Use non-flammable absorbents to clean up the residue. Dispose of oil soaked rags and absorbents promptly and safely.
4. **RAIN, ICE OR SNOW.** Stop at the source if possible by use of canopies, eaves troughs, location of down spouts, etc. Use grille type flooring so snow falls through. Shovel snow promptly before it packs. Use salt or safe commercial compounds to melt ice so it can be cleared off. For ice and snow that can not be removed, apply coarse sand to provide an abrasive walking surface. Door mats and/or lengths of rubber runners at building entrances help prevent rain water, snow and ice from getting on floors and creating slipping hazards.
5. **OBJECTS ON THE FLOOR.** Prevent the development of tripping and slipping hazards from such things as scrap, tool parts, etc., on the floor. Provide and **USE** scrap boxes, tool holders, tote boxes or whatever may be necessary for this purpose. Train employees to pick up such items whenever they see them. Establish regular housekeeping procedures and inspections.

6. **SMOOTH SURFACES.** Safeguarding smooth surfaces will depend on the circumstances involved. The basic objective is to make walking and standing surfaces as non-slippery as possible. To illustrate, smooth terrazzo steps should have at least “roughened” nosings. These are 3 ½” to 4” Carborundum type or other non-skid strips set flush with the rest of the tread. Running boards, catwalks, machine steps, truck beds, ramps, platforms, washrooms – any and every place where a person steps or stands should be made of non-slip material or should have a non-slip coating. Anti-slip materials include grilles, knurled, corrugated or other roughened metal plates, etc. Anti-slip coatings include special “paints” or other surfacings which contain abrasives.
7. **POLISHING WAXES.** Floors in stores, halls and offices are of many types – hardwood, rubber tile, cork, etc. Each presents special problems of maintenance for cleaning and preservation without damage to the surface. What is ideal for one may be harmful to others. There are anti-slip waxes or other anti-slip wax or material for the individual floor. The manufacturer of the flooring materials or of floor treatment materials should be consulted for the exact product which will provide anti-slip treatment for the floor in question.

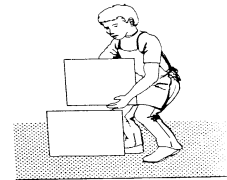


Non-skid mats, runners or carpet strips are highly effective to prevent slips and falls in many areas without harm to the flooring and without detracting from its beauty.

## BACK INJURIES

The most common type of employee injury in the workplace is sprain/strain of the lower back. It is estimated that back injuries account for one out of every three on-the-job injuries. Lifting, carrying and other manual material handling operations present significant potential for employee injury. Completion of the five simple steps listed below will assist with the reduction and control of back injuries.

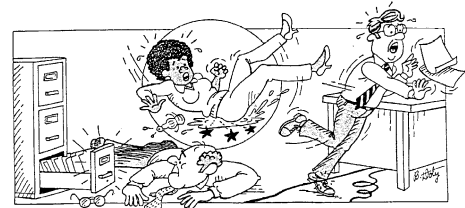
1. **REVIEW WORK TASKS.** If work requires continuous material handling or heavy lifting, pre-employment physicals, strength testing, as well as physical conditioning and stretching programs, coupled with lifting training, will ensure that workers are physically fit and knowledgeable on how to avoid back injury.
2. **INSPECT WORK AREAS.** Slips and falls cause many back injuries. Wet/Slippery floors, poor housekeeping conditions and improperly maintained stairs/ladders/walking surfaces should be corrected in order to reduce the chance for injury.
3. **USE MECHANICAL LIFTING DEVICES.** Although lifting capabilities vary by individual, the potential for injury increases significantly when material to be moved approaches or exceeds 40 pounds or is excessively bulky. The use of material handling equipment will not only reduce injury potential, but will also increase productivity.
4. **INSTRUCT EMPLOYEES TO LIFT WITH THEIR LEGS.**  
The leg muscles are a lot stronger than the back muscles. With the back kept straight, load kept close to the body, and the legs used to lift, there is less strain placed on the back muscles and potential for injury is reduced.
5. **PROVIDE ADEQUATE HELP** to move heavy or awkward items. Workers that try to move heavy objects without assistance can exceed their limitations and injure themselves. Getting help takes very little extra time and can eliminate serious injury potential.



## OFFICE SAFETY

Office work is more dangerous than is commonly supposed and serious injury accidents can occur during normal office routines. Good housekeeping and proper storage are important factors in office safety and fire prevention. Proper lifting techniques will prevent most back injuries. Offices are typically inspected for safety compliance less often than other areas. It is important that you correct or report unsafe conditions to your supervisor.

1. Every employee is responsible for keeping his or her work area clean and orderly. Even a pencil or paper clip can cause a slip or fall.
2. Open doors slowly. Be extra cautious when you come to a door that can be opened in your direction. Slow down when you come to a “blind” corner.
3. Do not read while walking.
4. Proceed with caution. Haste when walking between desks can result in bruises and falls.
5. Keep electrical cords and other tripping hazards out of aisle ways, and do not run cords through doorways.
6. Keep file, desk and table drawers closed when not in use. Close them before you leave them.
7. Never open more than one file drawer at a time. The entire cabinet may tip over.
8. Be careful when opening drawers to full extension in case there is no locking device.
9. Load file cabinets and bookcases with the heaviest items in the bottom to prevent tipping.
10. Maintain office tables, desks and chairs in good condition and free from sharp corners, projecting edges, wobbly legs, etc.
11. Use chairs sensibly. Do not tilt chair or slump back, which may cause the chair to slip or break.
12. Never use a chair, desk or other office furniture for a step stool or ladder.
13. Recognize the potential for puncture injuries with message spindles. Consider not using spindles, bending the point horizontal or covering the point.
14. Keep the blades of paper cutters closed when not in use.
15. Keep razor and “exacto” blades covered. Report even minor injuries and take precautions to avoid infection.
16. Be sure that cords and plugs on all electrical equipment are in good shape. If a machine causes a shock or starts smoking, unplug it immediately and report it to the supervisor. Do not overload outlets.
17. Do not attempt any electrical repairs.
18. Use handrails when ascending or descending stairs. Don’t carry a load that restricts vision.
19. Walk, do not run. When walking in hallways, keep to the right, especially at corners.
20. Be careful in front of doors that open outward and open doors slowly.
21. Avoid spilling or splashing liquids on the floor. If you spill it, clean it up. Provide barricades or other warnings as necessary.





## OFFICE ERGONOMICS

Ergonomic injuries include tendonitis, carpal tunnel syndrome, lower back pain and other disorders that involve pain and damage to muscles, tendons and nerves in the back, neck, shoulders, elbows, wrists and hands. These musculoskeletal problems are referred to as cumulative trauma disorders (CTD) or repetitive motion injuries and are generally caused by:

- Making the same motion over and over
- Staying in the same position too long
- Working in a position that puts stress on muscles and joints
- Working with tools and equipment that does not fit your body
- Using excessive physical force
- Exposure

You can help prevent CTD's by avoiding awkward body positions:

- Adjust your workstation before you begin working
- Maintain the natural curve in your back while sitting, standing and lifting
- Keep your wrist straight as much as possible while typing or doing other repetitive tasks
- Take breaks from repetitive motion tasks by switching periodically to other tasks
- Use the right tools for the job, especially when they are used often or for long periods of time

If you spend a lot of time at a computer workstation:

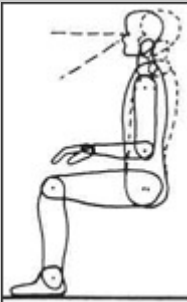
- Position the keyboard so that the wrists are kept straight – use a wrist rest if necessary. Your elbows should be about the same height as the keyboards
- Sit with your back in a neutral posture, maintaining the natural curve, with feet on the floor and thighs parallel to the floor. (Adjust the chair height and use a foot rest if necessary)
- Position the screen just below eye level and about 18-24" away to prevent neck and shoulder strain (the screen should be lower if you use bifocals)
- Change positions, stretch and take "mini-breaks" periodically



Pay attention to early signs of cumulative trauma disorders and make adjustments in your workstation or the way you do your work. Report the symptoms to your supervisor and work together to correct the causes of the injuries. Early indicators of CTD, which usually occur in the hands, arms, shoulders, neck and back, include:

- Stiffness or soreness
- Aches and pains
- Numbness or tingling
- Swelling
- Burning sensation
- Reduced strength

**Upright sitting posture.** The user's torso and neck are approximately vertical and in-line, the thighs are approximately horizontal, and the lower legs are vertical.

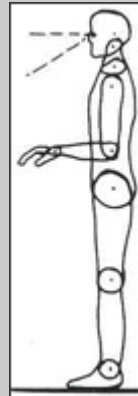


**Figure 1.**  
Upright sitting posture



**Figure 2.**  
The user's torso and neck are approximately vertical and in-line, the thighs are approximately horizontal, and the lower legs are vertical

**Standing posture.** The user's legs, torso, neck, and head are approximately in-line and vertical. The user may also elevate one foot on a rest while in this posture.

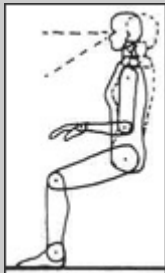


**Figure 3.**  
Standing posture



**Figure 4.**  
The user's legs, torso, neck, and head are approximately in-line and vertical

**Declined sitting posture.** The user's thighs are inclined with the buttocks higher than the knee and the angle between the thighs and the torso is greater than 90 degrees. The torso is vertical or slightly reclined and the legs are vertical.



**Figure 5.**  
Declined  
sitting  
position



**Figure 6.**

The user's thighs are inclined with the buttocks higher than the knee and the angle between the thighs and the torso is greater than 90 degrees. The torso is vertical or slightly reclined and the legs are vertical

**Reclined sitting posture.** The user's torso and neck are straight and recline between 105 and 120 degrees from the thighs.



**Figure 7.**  
Reclined sitting  
posture



**Figure 8.**

The user's torso and neck are straight and recline between 105 and 120 degrees from the thighs

## **WORKING IN EXTREME WEATHER CONDITIONS**

Great Falls' climate may be severe and conditions may change rapidly. Hot weather and exposure to the sun present the potential for heat stress and sunburn. Cold conditions can lead to hypothermia or frostbite, either of which can be fatal in the worst cases. Employees are expected to monitor weather and be prepared to protect themselves against its effects.

In general, employees will provide clothing as protection from severe weather conditions, if it is the type of clothing that may be used both on and off the job. Examples include coats, hats or caps, boots and gloves. Departments may provide some or all of such clothing. Check with your supervisor.

### **Hot Weather Guidelines**

1. Dress for conditions – lightweight, light-colored loose clothing is best. Wear a hat with a wide brim if you're out in the sun.
2. Use sunscreen.
3. Reflected sun is even more potent than direct exposure. Be particularly careful of sun exposure on cloudy days and near water, concrete or sand.
4. Eat a well-balanced diet, but try to stay away from hot or heavy foods. Do not take salt tablets or other salt supplements without a doctor's recommendation.
5. Drink plenty of fluids. Don't wait until you're thirsty. The best fluid replacement is water. Avoid alcohol and caffeine.

### **Cold Weather Guidelines**

1. Dress for the conditions in layers of loose, dry clothing. Cotton or wool clothing with a waterproof layer over it is very effective.
2. Change clothing right away if you get wet.
3. Cover your head and face. You can lose up to 40 percent of your body heat if you don't wear a hat.
4. Wear shoes and gloves designed for cold weather. Don't handle anything with bare hands, especially if it is made of metal.
5. Keep moving when you're in the cold.
6. Return to a warm vehicle or take regular breaks in warm areas frequently.

For hypothermia, get medical help quickly and keep the person covered with blankets. Don't use hot baths, electric blankets or hot water bottles. For frostbite, get medical help and warm the body part with blankets or warm (not hot!) water. Don't rub, use heat lamps or hot water bottles or go near a hot stove. Don't break any blisters that form.

# WORKPLACE VIOLENCE

## INTRODUCTION

On any given day, newspapers are filled with stories of disgruntled employees taking out their frustration and anger at work.....often with deadly results.

- An employee in Chicago, angry over a suspension, fires a gun at his manager, misses but kills someone who tries to intercede.
- Several injured during a brawl among employees after a California shipyard announces its impending closure.
- A postal employee in Dearborn, Michigan upset over losing a promotion kills supervisor, the person promoted and himself.
- An unemployed teacher kills a superintendent of schools in Florida.
- A man angry over a legal dispute kills eight and wounds six at a law firm in San Francisco.
- Four teenage yogurt shop workers killed in Texas.
- Husband stabs wife in employer's parking lot.

The list goes on and on. In fact, according to the Bureau of Labor Statistics, homicide is the number two cause of death in the workplace; number one for women. Recent studies suggest that one out of every four employees was attacked, threatened or harassed at work in the last year.

This section will teach you how to identify different types of violence, their causes, how you can protect yourself and your co-workers, and why reporting workplace violence is extremely important.

## **AWARENESS: Understanding Workplace Violence**

### **Types of Violence**

Workplace violence is more commonly thought of as homicide, but there are other forms of workplace violence which include:

Hitting	Kicking
Shoving	Sexual assaults
Pushing	

Workplace violence also includes verbal outbursts and can happen in the form of:

Threats	Abuse
Harassment	Intimidation

Verbal forms of violence often signal more serious violence to come.

Most workplace violence is directed towards a person, usually an employee, supervisor or customer. However, violence directed at the workplace itself, such as vandalism or arson, can also occur.

## **Sources of Violence**

Violence can be categorized as either internal or external. Internal violence is violence that comes from within the organization and is committed by current employees or former employees.

However, another common, but often forgotten workplace hazard is violence that comes from outside the organization. This external violence is committed by robbers or customers and is more common among retail establishments such as convenience stores, grocery stores, gas stations and taxi cabs.

## **CAUSES OF WORKPLACE VIOLENCE**

### **Internal**

There are many conditions causing employee frustration and anger:

- |  |                                     |
|--|-------------------------------------|
| An unstable economy                        | Pressure for increased productivity |
| Widespread job layoffs                     | Psychological instability           |
| A rigid, authoritarian style of management | Lack of individual responsibility   |
| Insensitive terminations                   |                                     |

These conditions can lead to stress, conflicts and possibly workplace violence. Obsessive love affairs and domestic disputes that spill over into the workplace also cause violence.

### **External**

There are conditions which place you at a higher risk of crime and violence from outside the organization:

- If you work alone or in small numbers
- If your work involves exchanging money with the public
- If you work late at night or early in the morning
- If you guard valuable property
- If you work in high crime areas
- If you work with the public

These conditions make you vulnerable to violence out of sheer coincidence. For example, during a robbery, a victim happens to be the person on duty at the convenience store the robber decided to target. The victim doesn't get the money out of the drawer fast enough, so the robber kills him. Often, there is no motive for external violence. It's just senseless.

Customer violence is caused by angry customers who resort to violence when either:

- They aren't satisfied with a service or product
- They have to wait
- Mistakes are made
- Promises aren't kept

## PREVENTION

Both you and the City can take steps to prevent workplace violence. The City takes the issue of workplace violence very seriously and has implemented policies and procedures to prevent violence – make sure you follow them. Individually, you can take action to prevent violence as well. Knowing the warning signs, reporting any violent or potentially violent behavior, learning to effectively deal with stress and conflicts are all ways you can help prevent violence.

### KNOW THE WARNING SIGNS

Most cases of workplace violence don't just happen. The best way to identify potential violence is to recognize warning signs. Perpetrators often leave a series of clues. For example, the postal carrier who killed 14 people in Royal Oaks, Michigan in 1991 had threatened to shoot people after an arbitrator ruled against his labor complaint. The Dearborn gunman was clearly upset over losing a promotion and had voiced his intention to commit violence.

A threat is the clearest indicator that violence will follow. There are three types of threats:

- **Direct threats:** “I’ll get even with him.”
- **Veiled threats:** “This place would shut down for days if the mainframe crashed and the backups were damaged.”
- **Conditional threats:** “If I’m fired, there’ll be hell to pay.”

There are other signs that usually accompany a threat. A potentially violent person:

- Is unusually argumentative
- Doesn't cooperate well with others
- Has a problem with authority figures
- Frequently blames others for his or her problems
- Displays marked changes in work patterns like tardiness or absenteeism
- Demonstrates extreme or bizarre behavior
- Frequently appears depressed
- Is involved in alcohol or drug abuse
- Has a history of violence

Keep in mind that a potentially violent person may not exhibit *all* of these signs. Likewise, it's important not to make a hasty judgment about someone. For example, a co-worker who is having a bad day may appear frustrated, but that does not necessarily mean he or she will return the next day and become violent. Use your common sense, and avoid stereotyping or labeling people.

## **REPORTING WORKPLACE VIOLENCE**

### **Importance of Reporting**

*“If you don’t take them all seriously then the one time you get the threat that is the real threat, you won’t be prepared for it, because you would have said ‘well he’s just like all the rest of the guys.’ So you can’t say that every threat is going to be a follow-through, but you can’t say that this threat may not be.”*

Angela Bowman  
*Victim or workplace violence*

It is crucial that you report any violence – verbal or physical – to your supervisor or the Human Resources Department. Don’t ignore it. If the perpetrator actually commits the violence he or she threatened, the consequences can be devastating.

- Personal guilt if someone is killed or harmed
- Disciplinary action from your employer
- Loss of life (yours and/or your co-workers)

Don’t fear any repercussions from reporting, you are doing your job by accepting responsibility and following policy.

### **What to Report**

Thoroughly report the actual behaviors or threats that were made. Just give the facts – where and when it happened, who witnessed it and what was said. For example, one report might be:

*“Dave leaned over, pointed his finger at me and said ‘Bob will soon realize that he can’t treat me like this.’”*

Or, another report might be:

*“Carl walked up to me, grabbed my arms and threw me against the door and said ‘Why didn’t you cover for me? They docked me three days pay.’”*

### **Documentation**

Also, make sure your report is documented. Although it might be someone else’s responsibility to do this, take the initiative and make sure it gets done.

## **STRESS MANAGEMENT**

Typically, perpetrators of workplace violence have been disgruntled and “stressed out” employees. If you can recognize when you or other employees are stressed and know how to respond, you will be better able to prevent it from escalating.

Stress is psychological or physical tension created by some action or situation. However, if the stresses of your daily life keep your body in this state of alert all the time, eventually your health can break down.



Try these methods in dealing with stress:

- Talk more often about how you are feeling
- Build better relationships with people

Remember that exercise, nutrition and the right amount of sleep are equally important in preventing stress.

## **CONFLICT RESOLUTION**

Conflicts and problems can be discussed and diffused before harassing or abusive behaviors develop. It is important to solve conflicts so that problems don't escalate into violent behavior.

There are several ways to solve conflicts:

- Compromise
- Collaboration
- Avoidance

Compromising on an issue is one way to reach an agreement when both parties have competing goals. Each person gives up something in order to meet halfway.

Collaborating on an issue will help you find innovative ways to resolve the conflict. Each person's position is clear, but an alternative solution is achieved.

You may want to avoid responding to the conflict at that particular moment if:

- The conflict is found to be trivial
- Someone else would more effectively resolve the conflict
- One or both of you simply need time to cool off

## **PERSONAL SAFETY TIPS**

### **Dealing with Internal Violence**

Of course, the best protection against internal violence is to report *all* threats or behaviors that you believe could lead to an outburst. However, if a situation has gone beyond reporting and your well-being is threatened, follow these tips:

If possible, talk the person into calming down. Empathize and sympathize. Ask the person what you can do to help him or her. Make sure they know you understand their position by re-stating what it is they're upset about. Focus on the behavior and not the person. Definitely call for help when necessary.

### **Dealing with External Violence**

Here are some personal safety tips to protect yourself from external violence, no matter what your workplace.

- Don't open the door to a stranger before or after regular business hours.
- When you work early or late, let someone know so they can check on you.
- If anyone calls while you're alone in the office, never mention that fact to the caller.
- Report any "strange" looking customers.

- Always notice the appearance of any “strange” customers in case a crisis occurs later.
- Build a rapport with customers so you’ll be able to distinguish strangers from repeat customers.
- Walk to and from your car with another person.

### **Other Personal Safety Tips**

- Keep purses and other valuables out of sight in your car, when it’s parked and when you’re driving.
- When you approach your car, have your keys in hand ready to unlock the door. Check in, around and under the car before you get in.
- Always keep your car doors locked, even when you’re in your car.
- Don’t get on an elevator if you’re suspicious of someone on it. If you’re in an elevator and a suspicious person gets on, get off! Stand close to the floor-selection buttons and if someone threatens you, press as many buttons as you can. The elevator will stop often and you’ll have more chances to escape or get help.
- Avoid stairwells in parking garages. The auto ramp is less isolated, and if you have to scream for help, you’re more likely to be heard. Walk as far from parked cars as possible.

Dealing with angry and potentially violent customers:

- Apologize for inconveniences to the customer.
- Try to control your emotions.
- Empathize and sympathize with customers.
- Ignore sarcastic remarks and personal attacks.
- Don’t argue with customers.
- Explain to customers things you can do to help.
- Don’t accuse customers.
- Call for help when necessary.

## **RESPONSE**

### **Handling a Crisis**

If you are faced with a customer or employee with a gun, don’t resist. If he or she wants your money, give it to him or her.

The City has a plan for dealing with crises including acts of violence. However, follow these tips if you have been the victim of an attack or have witnessed one:

- Call 911 immediately.
- Carefully and accurately describe the act and the attacker.
- Do not change anything at the scene where the violence occurred.
- Do not clean up, reset furniture or touch any objects handled by the attacker.
- In the event of rape, do not wash yourself or change clothes until a doctor has completed an exam.
- If it was *not* an attack that warrants a call to police, immediately report it to your supervisor or authorities at your workplace.

## **SUMMARY**

Although workplace violence is increasing, you can decrease the odds that you'll be a victim. Keep in mind that verbal threats are as much a form of violence as physical attacks. Don't ignore angry outbursts. Know that workplace stress and conflicts can cause a violent incident. Protect yourself from external, or outside violence by following the tips provided.

Most importantly, report any violence that occurs in your workplace. Don't worry about being a "tattletale". By informing your supervisors of potentially dangerous individuals, you could save many lives – even your own.

## **PERSONAL PROTECTIVE CLOTHING AND EQUIPMENT (PPE)**

Personal protective clothing and equipment (PPE) plays an important role in protecting workers from hazards on the job. PPE is required in particular locations and for certain tasks, based on safety regulations and good safety practice. Examples of PPE include, but are not limited to:

- Safety Shoes
- Fall protection harnesses
- Protective headgear
- Safety Glasses
- Goggles
- Face Shields
- Welding glasses
- Protective Clothing
- High-visibility clothing
- Hearing protection
- Air Purifying respirators
- Self-contained breathing apparatus (SCBA)
- Welding clothing
- Gloves
- Rubber Boots

The City of Great Falls provides Personal Protective Equipment if PPE is required for certain tasks or in certain locations. Check with your supervisor to learn what equipment is required and/or provided in your area. Departments will specify and issue all required safety equipment to employees except in some cases where PPE must be fitted to the employee, such as safety shoes or prescription safety glasses. You must obtain department approval prior to purchase of safety shoes or glasses, and demonstrate that all safety specifications are met, in order to be reimbursed for the cost.

All PPE must meet the appropriate American National Standards Institute (ANSI) specifications as directed by OSHA. Any employee who provides his or her own PPE must present the PPE to their supervisor for approval prior to use on the job.

Even where specific PPE is not required, certain types of clothing may not be appropriate for some jobs or work locations. For example, sandals, high-heeled shoes and athletic-type shoes may not be suitable for some types of jobs. Some non-PPE clothing and equipment may be provided by the department, but generally it is the employee's responsibility to be dressed properly for work.

Employee responsibilities:

1. Always use PPE when and where it is required.
2. Inspect PPE prior to each use.
3. Never use defective or damaged PPE.
4. Keep PPE in a clean and sanitary condition.
5. Follow the correct methods of putting on, taking off and adjusting PPE.
6. Properly care for, maintain and dispose of PPE.

## **PRESCRIPTION SAFETY GLASSES POLICY**

For those City employees that wear prescription glasses and are required to wear both a face shield and goggles while performing their duties, the City Insurance and Safety Budget will provide a total of \$75.00 every other year, per employee toward the purchase of prescription safety glasses.

The employee must first have an eye examination at the eye doctor of their choice. The eye examination must be turned into the City's Health Insurance.

After you purchase the prescription safety glasses, a bill must be submitted to the City Risk Manager for reimbursement. A check will then be issued to the employee. This policy only covers the cost of the safety glasses, not the eye exam. If you only spend \$40.00 on the safety glasses, this is all you will be reimbursed.

This policy will only apply to those City employees who wear prescription glasses and are required to wear both a face shield and goggles while performing their duties.

## **DISCIPLINARY POLICY**

See Section 15 – Disciplinary Policy – of the City of Great Falls Personnel Policy Manual.

## **ACCIDENT/INCIDENT REPORTING**

### **WORKERS' COMPENSATION**

Employee occupational injuries and illnesses are covered by Workers' Compensation Insurance provided by the Montana Municipal Insurance Authority. Workers' Compensation covers medical and rehabilitation expenses, partial income replacement if the employee is out of work more than 4 days or 32 working hours, and benefits to the surviving family in case of death. It is a no-fault system, providing exclusive remedy for on-the-job injuries or illnesses regardless of blame, except in certain situations, such as employees:

- Willfully hurting themselves;
- Acting in a premeditated way to cause injury;
- Starting a fight with a co-worker;
- Intentionally violating safety rules; and
- Becoming intoxicated or impaired by drug use.

If you are injured on the job or have a work-related illness, report it to your supervisor right away and get proper medical treatment. You may be denied benefits if you wait too long to report an injury, because it may be difficult to establish the case of the injury. Cooperate with the City, medical professional and insurance claims personnel in order to ensure that you receive your full Workers' Compensation benefits.

Recovery from an occupational injury or illness is sometimes slow, but light duty or alternative duty is sometimes possible during your transition back to normal employment. These transitional employment situations, and sometimes rehabilitation programs recommended by medical professionals, can speed your recovery and provide you with better compensation than Workers' Compensation alone.

Workers' Compensation income replacement does not begin until the occupational illness or injury has caused the employee to miss work for 4 days (or 32 working hours), and provides only a portion of your normal wage. Employees may elect to use sick leave credits in lieu of Workers' Compensation payments or use their vacation in addition to receiving Workers' Compensation payments.

### **REPORTING REQUIREMENTS**

Report on-the-job injuries to your supervisor/employer as soon as possible. You must report the accident within 30 days. We recommend that you report minor injuries to your employer whether or not you receive medical treatment.

You must submit a written Employees Loss Control Report to your supervisor. Your supervisor will then fill out a Supervisor's Loss Control Report along with a First Report of Injury (FROI). If you needed medical attention you will sign the FROI and it will be submitted to the Insurance company. Even if you do not receive medical attention a FROI will still be filled out and kept on file should you need medical attention in the next 12 months.

These forms will be forwarded to the Risk Manager who will process accordingly. The City of Great Falls' Workers' Compensation carrier and claims processor is:

**Montana Municipal Insurance Authority (MMIA)**

**PO Box 6669**

**Helena MT 59604-6669**

**406-443-0907**

**1-800-635-3089**

This is where physicians need to address their claims questions. Claim numbers will not be available for several days following an injury. When the claim is received by the insurance carrier, a number will be assigned to the claim. **A claim number is not required for a physician to file paperwork with the MMIA. All they need to include is the patient's name and date of injury.**

**Other Accident/Incident**

Report all other vehicle accidents, City property damage and incidents of citizen injury and/or property damage to your supervisor. You will need to fill out an Employee's Loss Control Report. You may attach pictures, statements, sketches and other support data as appropriate. Report only factual information – do not speculate.

City Employees and officials have a duty to protect the City from unjust accusations and lawsuits. Do not admit liability in any way. This is a matter for the Police, the City Attorney, our insurance carrier and others to determine.

Do be careful what you say. If you say something like "We'll take care of it," you may mean that you'll turn in a report, but the statement may be misconstrued to mean that the City is admitting fault. Do not admit guilt or speculate about the cause of the accident; refer questions from citizens to the supervisor or the Risk Manager.



## CITY OF GREAT FALLS EMPLOYEE'S LOSS CONTROL REPORT

This report must be forwarded to the immediate supervisor within (1) day of occurrence of any damage/loss involving City property, a City Employee, City vehicle, a citizen, private property or private vehicle. (If the employee is unable to complete the report, the immediate supervisor must fill out the Supervisor's Loss Control Report and the employee can fill this report out later.) The supervisor is to forward the completed report to the department Safety Coordinator who will forward the original to the Risk Management Specialist in Fiscal Services.

**If employee was not injured do not fill out numbers 5 or 6.**

Date of this report \_\_\_\_\_

1. Name of Employee \_\_\_\_\_ Department \_\_\_\_\_

2. Division \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time \_\_\_\_\_  
\_\_\_\_\_ am/pm

Time Shift Started \_\_\_\_\_

Overtime Yes \_\_\_ No \_\_\_

3. Location of Incident \_\_\_\_\_

4. Describe how incident occurred (give complete details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List safety equipment in use at time of accident: \_\_\_\_\_

6. Nature & Extent of Injury \_\_\_\_\_

7. Name & Address of doctor or hospital (if applicable) \_\_\_\_\_

8. Description of events preceding accident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Task/activity engaged in at time of accident \_\_\_\_\_

\_\_\_\_\_

10. Equipment/materials involved in accident \_\_\_\_\_  
\_\_\_\_\_

11. Physical surroundings of accident \_\_\_\_\_  
\_\_\_\_\_

12. List any recommendations to prevent a future occurrence of the same type of incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Explain any unsafe conditions that may have caused the incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Witnesses: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
\_\_\_\_\_

**If Damage/Loss involves City property, City Vehicle, a citizen, private property or a private vehicle please continue:**

15. Name of the other party involved: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\_\_\_\_\_

16. What was the condition of the other party?  Apparently Normal  Fatigued  Intoxicated  
 Sick  
 Other (Explain): \_\_\_\_\_  
\_\_\_\_\_

17. Describe type of **CITY** property damage. (What was involved, material, equipment, extent of damage, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ S/N \_\_\_\_\_  
Lic# \_\_\_\_\_

18. Describe type of **PRIVATE PROPERTY** damage. (What was involved, material, equipment, extent of damage, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ S/N \_\_\_\_\_  
Lic# \_\_\_\_\_

**GUIDELINES FOR EMPLOYEE'S LOSS CONTROL REPORT**

Following are guidelines which may be helpful to employees in completing the Employee's Loss Control Report.

**Date of this report:** Date this report was filled out (not the date of incident).

1. **Name of Employee:** Employee injured or involved in accident or incident.  
**Department:** Fire, Police, Public Works, Community Development, Park & Recreation, etc.
2. **Division:** Street, Sanitation, Recreation, Parks, etc.  
**Date of Incident:** Date the incident occurred.  
**Time:** Time of day the incident occurred.  
**Time Shift started:** Time you started work the day of incident.  
**Overtime:** Did the incident occur while you were working overtime?
3. **Location of Incident:** Where did it occur – the address and/or location on the property.
4. **Describe how incident occurred:** How did the accident/injury occur? Give complete explanation/details.
5. **List safety equipment in use at time of accident:** List any safety equipment you were using at time of accident.
6. **Nature & Extent of Injury:** An explanation of the injury sustained by employee.
7. **Name & Address of doctor or hospital:** Full name of the doctor(s) who treated the injury and the addresses.
8. **Description of events preceding accident:** What was the employee doing before the accident occurred?
9. **Task/Activity engaged in at time of accident:** What was the employee and/or other party doing when the incident occurred?
10. **Equipment/materials involved in accident:** What equipment and/or materials was the employee using at the time of accident?
11. **Physical surroundings of accident:** Was it icy, rainy, dark, bright, etc.
12. **List any recommendations to prevent a future occurrence of the same type of incident:** What does the employee feel could be done to avoid this type of incident in the future?
13. **Explain any unsafe conditions that may have caused the incident:** List any conditions that you feel may have contributed to the accident.
14. **Witnesses:** Person or persons actually witnessing injury, accident, etc., as it occurred (need not be a City employee).
15. **Name of other party involved:** The name of the other party or property owner or vehicle driver or other city employee, if applicable.  
**Address:** Home or business address of the other party involved.  
**Phone:** Home or business telephone number of the other party involved.  
**Insurance Company:** Name of the other party's insurance company handling their insurance.

16. **What was the Condition of the other party:** What was the other party's condition at the time the incident occurred?
17. **Describe type of City property damage:** Describe the damage to City property  
**Vehicle:** If City vehicle involved, give the specifics of that vehicle.
18. **Describe type of Private Property damage:** Describe the damage to the private property.  
**Vehicle:** If private vehicle involved, give the specifics of that vehicle.

**CITY OF GREAT FALLS  
 SUPERVISOR'S LOSS CONTROL REPORT**

This report shall be forwarded to the department Safety Coordinator within two (2) days of occurrence of any damage/loss involving City property, a City employee, City vehicle, liability or non-vehicle property. The department Safety Coordinator will forward the original along with a completed workers' compensation form (if applicable) to the Risk Management Specialist in the Fiscal Services Department.

Date of this report \_\_\_\_\_

1. Name of Employee \_\_\_\_\_ Department \_\_\_\_\_

2. Division \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time \_\_\_\_  
 \_\_\_\_\_ am/pm

Time Shift Started \_\_\_\_\_

Overtime Yes \_\_\_ No \_\_\_

3. Location of Incident \_\_\_\_\_

4. Describe how incident occurred (give complete details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Did Police investigate the Incident/Accident?  Yes  No
6. Did the other party violate a traffic regulation?  Yes  No
7. Was a citation issued to the other party?  Yes  No

8. Did City employee violate a traffic regulation?  Yes  No

9. Was a citation issued to the City employee?  Yes  No

10. UNSAFE CONDITIONS

	YES	NO	
Faulty Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Faulty or Unsafe Construction
<input type="checkbox"/> <input type="checkbox"/>			
Inadequate Safeguards	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate Traffic Control
<input type="checkbox"/> <input type="checkbox"/>			
Improper Dress	<input type="checkbox"/>	<input type="checkbox"/>	Improper Lighting
<input type="checkbox"/> <input type="checkbox"/>			
Poor Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment (sight, hearing
Adverse Weather	<input type="checkbox"/>	<input type="checkbox"/>	fatigue, etc.)
<input type="checkbox"/> <input type="checkbox"/>			

Other: \_\_\_\_\_

Explain Condition(s): \_\_\_\_\_

11. UNSAFE ACTS

	YES	NO	
Unsafe position or posture	<input type="checkbox"/>	<input type="checkbox"/>	Distraction (daydreaming, horseplay,
Failure to use warning devices	<input type="checkbox"/>	<input type="checkbox"/>	confused, diverted, etc.)
<input type="checkbox"/> <input type="checkbox"/>			
Operating at unsafe speeds	<input type="checkbox"/>	<input type="checkbox"/>	Lack of training or skill
<input type="checkbox"/> <input type="checkbox"/>			
Improper use of safety devices	<input type="checkbox"/>	<input type="checkbox"/>	Attitude (carelessness, lax, intentional,
<input type="checkbox"/> <input type="checkbox"/>			Malicious, negligent, thoughtless, etc.)

Other: \_\_\_\_\_

Explain Act(s): \_\_\_\_\_

12. Witnesses: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Please list others on separate sheet and attach.

13. Employee's normally assigned task: \_\_\_\_\_  
\_\_\_\_\_

14. Length of employment and assignment to current job: \_\_\_\_\_  
\_\_\_\_\_

15. Relevant training received by employee and dates: \_\_\_\_\_  
\_\_\_\_\_

16. Actions taken to prevent similar accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Recommendations for additional action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Back at work? Yes \_\_\_ No \_\_\_  
Work Days Lost:  
Estimated \_\_\_\_\_ Actual \_\_\_\_\_ Time lost at a later date \_\_\_\_\_

19. Signatures:

\_\_\_\_\_  
IMMEDIATE SUPERVISOR                      DATE                      DIVISION HEAD  
DATE

\_\_\_\_\_  
DEPARTMENT HEAD                      DATE

**REPORT OF UNSAFE CONDITION**

Date \_\_\_\_\_ Time Discovered or Informed \_\_\_\_\_

Location \_\_\_\_\_

\_\_\_\_\_

Describe Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What immediate action has been taken to prevent an accident or injury? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was a person, or department contacted to remedy the situation? Please note to whom you spoke.

\_\_\_\_\_

Please let the department involved or the Risk Management Specialist in the Fiscal Services Department know immediately if this situation is dangerous and needs immediate attention. Call 455-8440.

Thank you for your assistance in preventing an accident.

Name of person providing information \_\_\_\_\_

Department \_\_\_\_\_

**ACTION TAKEN**

Information received by \_\_\_\_\_

Time and Date of Receipts \_\_\_\_\_

Action Taken including person spoken to if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGMENT FORM**

EMPLOYEE'S NAME: \_\_\_\_\_  
(Please Print)

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

As an employee of the City of Great Falls, I am responsible to:

1. Observe all safety rules established by the City of Great Falls and apply the principles of accident prevention in my day-to-day duties.
2. Report any job-related injury, illness, or property damage to my supervisor and seek treatment promptly.
3. Follow all general safety policies set forth in this manual and those specific to my job with the City.

**I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED A COPY OF THE CITY OF GREAT FALLS SAFETY MANUAL AND THAT MY RESPONSIBILITIES WERE EXPLAINED TO ME.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Any suggestions for revision of the Safety Manual:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* This form is to be returned to your immediate supervisor within two weeks of receiving it.