

CITY OF CARLSBAD

New Mexico

**LOSS PREVENTION
PROGRAM**

Control Unsafe Conditions,
Unsafe Acts and Stop Accidents

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SAFETY POLICY STATEMENT

TO ALL EMPLOYEES:

As management, we recognize our responsibility to establish a policy in the interest of protection of health and the prevention of conditions leading to injury. The elimination of these hazardous conditions becomes one of our greatest responsibilities and is as important as any of the several responsibilities incurred in the total management of our public entity. Our primary goal is reduction of injuries and property damage caused by unsafe acts. We shall also endeavor to comply with ADA, OSHA, and other regulating agencies.

In order for our health and accident prevention program to be effective, department directors and supervisory personnel must take a serious interest in the prevention of accidents involving personnel and equipment; they must carefully review this manual and insure that its contents are communicated to all employees of their departments. Failure to comply with these instructions should be considered a safety violation, and the individual(s) involved will be subject to disciplinary actions. Participation and cooperation is expected from all city employees in an effort to make our community free from accidents and hazardous conditions.

City Administrator

CHAPTER 1 CONCEPT AND RESPONSIBILITIES

PURPOSE:

This program is established to emphasize safety procedures to protect city employees and members of the public.

PROGRAM IMPLEMENTATION:

The loss control objectives herein are mandatory, and they are consistent with those directed by Federal and New Mexico Occupational Safety & Health Acts and other laws promulgating standards established to conserve lives and materials.

Because of the wide diversity of operations within our city government and the necessary differences in organizational structure within various departments, it is recognized that certain terminology and expressed procedures in this program cannot be equally applied by all. There are some details which might be impossible or impractical for one Department Head to implement as directed, while another would have no difficulty in applying every one.

Department Heads will, therefore, have some latitude in formulating and implementing alternative methods when necessary as long as our total loss control objectives are not compromised.

Although office work generally is not considered hazardous, serious disabling injuries can result from accidents in offices caused by unsafe conditions, unsafe acts, and improper work attitudes. Therefore, office supervisors shall establish an office safety program and shall hold office safety awareness meetings with employees on a frequency deemed appropriate.

RESPONSIBILITIES:

Each city employee will be fully responsible for implementing the provisions of this program as it pertains to operations under the employee's jurisdiction. The responsibilities listed below are MINIMUM, and they shall in no way be construed to limit individual initiative to implement more comprehensive procedures to curb our losses.

- A. Directors have the full authority to, and total responsibility for maintaining safe and healthful working conditions within their jurisdiction whether it be out in the field, in the shop, or in the office. Although personnel exposure to hazards varies widely from department to department, it is expected that an unrelenting effort will be directed toward controlling injuries, collisions, liabilities, and waste of materials in each. Therefore, all Directors shall make every effort to:
1. Insure that the policies and procedures set forth herein are complied with by all personnel under their direction;
 2. Provide the leadership and positive direction essential in maintaining firm loss prevention policies as a prime consideration in all operations;
 3. Devote a portion of staff meetings, as necessary, to a review of Department losses (accidents) and to discuss plans to bring about more positive loss reduction. This will vary with frequency and severity of losses and the degree of hazardous operations involved in each department;
 4. Demonstrate a personal concern in Departmental losses by interviewing directly, each worker and their supervisor who has:
 - a. lost time from an industrial injury because of negligence; or,
 - b. been involved in a vehicular collision because of failure to drive defensively or to comply with traffic laws.
 5. Actively support the Safety Committee and Safety Supervisors appointed to administer the loss prevention program within the department by designating one employee as the department safety supervisor to implement and monitor the Loss Prevention Program. This individual must be aggressive, safety

conscious, and be given the authority necessary to administer an effective program;

6. Insure that all planning for construction and remodeling of facilities fully implements appropriate refinements specified in OSHB and ADA standards;
 7. Call upon the Loss Control Specialist for any assistance needed in promoting aggressive and effective loss control;
- B. Directors will assure that supervisors comply with the provisions of the program within their department.
1. All hazardous tasks and general safety requirements are covered by specific published work rules to minimize potential injury and property damage.
 2. All personnel are briefed and fully understand department work procedures and existing policies which enforce their use.
 3. All employees are trained and when necessary, retrained in the accepted way each hazardous job must be accomplished.
 4. All employees are instructed and understand the use and need for protective equipment for specific hazardous jobs.
 5. Necessary safety equipment and protective devices for each job are available, are used, and are used properly.
 6. Employees' safety meetings are conducted to present safety training, to review accidents and analyze their cause, and promote a free discussion of hazardous work problems and possible solutions.
 7. Safety suggestions and written comments from employees are encouraged. Those that merit implementation shall be considered. Those ideas, with possible general application, are forwarded to the Loss Control Specialist, for comments and/or implementation.
 8. Equipment acquisition specifications are reviewed so that specifications conform to the current safety requirements of OSHA and American National Standards Institute (ANSI) prior to soliciting bids or purchase.
 9. All accidents are thoroughly investigated, recorded, and promptly reported

in accordance with existing directives.

10. Full use of the Safety Committee/Accident Review Board findings is made to preclude future reoccurrence of the same type of accident and to determine their preventability.
11. Prompt, corrective action is taken wherever hazards are recognized, or unsafe acts are observed.
12. Budget requirements include anticipated costs for protective equipment, training materials, and facility modifications to meet OSHA specifications.
13. Department policy calls for full compliance with the city's disciplinary action procedures.
14. Each supervisor is held accountable for the preventable injuries, collisions or liabilities incurred by their employees.
15. Each supervisor is required to include an employee's safety record in the basic criteria used to judge each formal PERFORMANCE EVALUATION. An employee who causes accidents to happen to him/herself or to others has specific performance deficiencies that must be recognized, identified, and corrected. To ignore the deficiency and reward substandard performance is a disservice to the individual concerned and detrimental to the efforts of management.

C. All supervisors will:

1. Assume full responsibility for safe and healthful working areas for their employees while they are under their jurisdiction.
2. Be fully accountable for preventable injuries, collisions, and liabilities caused by their employees.
3. Insure that each employee is fully trained for the job they are assigned to do, that they are familiar with published department work rules, and that they certify in writing that they understand compliance is mandatory. (See Form Appendix 1.)
4. Fully cooperate with the Loss Control Specialist or State or Federal

Inspectors in shutting down operations considered to be an imminent danger to employees or in removing personnel from hazardous jobs when they are not wearing or using prescribed protective equipment.

D. Employees: All employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves and to their fellow workers and follow published work rules. All employees will:

1. Correct all unsafe conditions, if possible, or report them to their supervisor.
2. Keep work areas clean and orderly at all times.
3. Report all collisions/injuries immediately to their supervisor.
4. Avoid engaging in any horseplay and avoid distracting others.
5. Lift and handle materials properly.

IN ADDITION, EACH EMPLOYEE working at hazardous jobs will:

1. Obey all safety rules, written, or verbal, and follow published department safe work instruction. (If doubt exists about the safety of doing a job he/she will STOP and get instructions from his/her supervisor before continuing work.
2. Operate only machines, equipment, or vehicles that he/she is qualified and authorized by his/her supervisor to operate.
3. Use only the prescribed equipment for the job and handle equipment properly.
4. Wear required protective equipment when working in hazardous operations areas.
5. Take an active part in the safety program.

E. Loss Control Specialist: The Loss Control Specialist, under the direction of the City Administrator, will conduct an aggressive loss prevention program. The Loss Control Specialist is fully responsible for the staff direction and administration of this program, will take all actions deemed essential to produce a positive reduction in accidents/injuries and their causes, and will:

1. Maintain the program to incorporate the current practices and philosophies adopted by the safety profession as most effective in preventing injuries,

- occupational illnesses, vehicular collisions, liabilities, and damage to equipment and material.
2. Consult, as appropriate, with all management personnel and employees on loss prevention matters, and provide all the guidance necessary to assure effective administration of this program.
 3. The Loss Control Specialist shall prepare essential loss control information for presentation at staff meetings and follow through on recommendations and resolutions made by staff members.
 4. Periodically attend department safety meetings to promote maximum understanding of the program objectives.
 5. Periodically evaluate compliance with the program within departments. Make inspections of facilities for hazardous conditions and housekeeping, and make frequent checks of field and shop areas to insure worker compliance with OSHB, ADA, and city work rules. The Loss Control Specialist has full authority to stop hazardous jobs when in his opinion there is an imminent danger to personnel, property or the public. Upon verbal notification of the violation, the supervisor in charge will stop the operation until the discrepancy is corrected. The Loss Control Specialist will immediately notify the City Administrator, appropriate Director and submit a report specifying the reasons for the work stoppage to the Department Head.
 6. Maintain an effective driver training program for drivers of city vehicles.
 7. Maintain complete records of city accidents in accordance with OSHB requirements and publicize information which will apprise management and personnel of trends which call for strong corrective measures.
 8. Administer the processing of OSHB citations received by the city, monitor and log all responses that departments submit to the Occupational Health and Safety Bureau (OSHB).
 9. Cooperate with the Building and/or Engineering Department(s) in recommending provisions for compliance with OSHA and ADA in plans and

- specifications for new construction, repair, or modification of city property.
10. Recommend the use, approved type, and source of safety equipment essential for specified hazardous operations.
 11. Review and consider all safety recommendations and present all feasible ideas to management for adoption.
 12. Fully utilize the assistance available from State and Federal Labor Departments, insurance carriers, and safety councils on matters pertaining to safety and health.
 13. Conduct regular Safety Committee meetings for representatives from all departments for the purpose of discussing common safety problems and disseminating information concerning current loss prevention efforts.
 14. Insure the thorough investigation of industrial injuries and vehicle collisions.
 15. Actively participate in the community efforts of safety professionals and citizens groups striving to promote accident prevention.
 16. Perform the functions of Risk Loss Manager to the effect of investigating claims against the city from the public regarding property damage or injury on city streets, parks, buildings and grounds, and other city holdings. The Loss Control Specialist shall make recommendations regarding public safety in the parks, streets, and on public grounds.

Loss Control Specialist, as directed by the City Administrator, has the full responsibility and authority to administer the Loss Prevention program. The Loss Control Specialist is responsible to, and under the direct authority of, the City Administrator. Loss Prevention objectives will be administered through the Loss Prevention Manual, the Loss Control Specialist, and policies as directed by the City Administrator.

Monthly and quarterly reports shall be submitted to the City Administrator to reflect the number of personal injuries and vehicle accidents, as well as lost or restricted work time. The annual report will include these figures and the total Worker's Compensation costs.

Other special reports will be submitted as requested.

CHAPTER 2

CITY OF CARLSBAD GENERAL SAFETY RULES

The following rules and regulations will apply to all employees and other visiting personnel. These rules are minimum and everyone has the responsibility to learn these rules and their department's safety and work rules.

1. After appropriate safety equipment has been issued to the individual employee, it is his/her responsibility to have the equipment on the job site at all times. Any employee reporting for work without the proper safety equipment required for the job will not be allowed to work until such equipment is obtained.
2. As a condition of employment, it is the employee's responsibility to obtain and use the proper safety equipment when necessary. It is the responsibility of the immediate supervisor to insure that the employee has been properly instructed in the use of the equipment. The immediate supervisor of any employee not complying with the safety rules will be subject to disciplinary action, if that supervisor had knowledge that the employee was not complying with the safety rules.
3. Department Heads and supervisors shall be responsible for correcting infractions and violations of safety rules committed by their employees, and shall take disciplinary action when appropriate.
4. The immediate supervisor may require that specific protective equipment be worn where the supervisor feels conditions warrant such equipment usage. Any employee may recommend that a specific piece of protective equipment be provided for safety on a particular job.
5. Department Heads will have the authority to issue additional safety regulations applicable to special operations involving their respective departments.
6. All personal equipment shall be in good condition and properly marked for identification purposes.
7. Lost or stolen equipment shall be replaced immediately. The employee may be held liable for the equipment if his/her negligence contributed to the equipment being lost or stolen.
8. Horseplay, throwing things, scuffling, and fooling around are very dangerous and will not be tolerated.
9. Alcoholic beverages, marijuana, or illicit drugs will not be permitted on the premises at any time. Drinking of alcoholic beverages, or use of the above substances during working hours and break periods during the work day is prohibited.
10. Do not attempt to lift or push objects that may be too heavy for you. Ask for help when you need it. Learn to lift the right way to avoid strains. Bend your knees; keep your body erect; then, push upward with your legs.
11. Operate only vehicles and machinery on which you are trained and qualified, and only when authorized by your supervisor.

12. Learn the location and proper use of available fire fighting equipment and emergency notification procedures.
13. Keep all work areas clean and practice good housekeeping.
14. Do not attempt repair on electrical circuits. The city electrician is responsible for electrical repairs and modifications.
15. Tennis shoes, jogging shoes, sandals, and high platform shoes will not be worn in hazardous areas. Leather or safety toe shoes are required for hazardous jobs when specified by management.
16. Individuals with long hair shall wear a cap or net while working around machines.
17. Personally Owned Vehicles: No employee shall utilize a personally owned vehicle during regular work hours for city business without the permission of the City Administrator.
18. Stereo headphones for entertainment will not be worn while on duty.
19. Proper Dress for Work: Each employee shall wear the prescribed work uniform when provided.
20. Equipment will not be operated without protective shields or guards installed when provided by the manufacturer or when special guards have been provided by management.
21. Hard Hats: All personnel will wear safety hard hats any time they are out of their vehicles in a hard hat area. A hard hat area is defined as any area when the following conditions exist:
 - a. Any time there is danger of falling or flying objects.
 - b. Any time there is danger of electrical shock or electrical burns.
 - c. Within any area designated as a hard hat area by management or an outside contractor.
 - d. While working around backhoe or wench truck.
 - e. While operating sewer truck.
 - f. When operating overhead hoists.
 - g. When working in other specified areas as designated by the department head or supervisor.
22. Safety Vests: Safety vests will be worn at all times while working in or around traffic lanes, streets, and highway right-of-ways.
23. Goggles and Face Shields: Goggles or face shields will be worn when operating the following equipment or performing the following tasks and any time there is danger of foreign material getting into the eyes:
 - a. Concrete saws
 - b. Use of chain saw
 - c. Tampers
 - d. Grinders (street, shop, and portable)
 - e. Jackhammers
 - f. Rotary drill
 - g. Rotary broom
 - h. Mixing and spraying chemicals

- i. Power saw
 - j. Cutting torch
 - k. Drill Press
 - l. Weedeaters
- Or other applicable machinery

24. Respirators: Respirators will be used when mixing or spraying chemicals or when excessive dust levels are present, and in any atmosphere where hazardous chemical fumes or dusts present a health hazard.
25. Equipment Suspended on Hoists or Raised on Jacks: An employee will not work or walk under any suspended load at any time. Equipment, vehicles, etc., raised on jacks shall be blocked or placed on jack stands prior to an employee working under them.
26. Compressed Air: Compressed air used for cleaning will be regulated to a pressure of 30 P.S.I. or less. Use compressed air only on the job for which it is intended. Do not clean your clothes with it. Never blow the air against any one or on the skin.
27. Ear Protection: Ear protection will be worn when the noise level indicates use. They should be used when the following equipment is being used:
- a. Jackhammers
 - b. Tampers
 - c. Street grinders
 - d. Concrete saws
 - e. Vacuum tanks
 - f. Blower Room Sewer Plant, if over 30 minutes
28. Lifting Device: Where proper lifting devices are available, they will be used for lifting heavy objects.
29. Gloves: Gloves, for the most part, are optional when using equipment. However, their use is recommended/mandatory when operating or performing the following:

RECOMMENDED

MANDATORY

Tamper	Handling braided line cable
Rotary drills	Handling caustic solutions/chemicals
Street grinders	Distribution truck operator
Concrete saws	Pulling traffic signal cable
Sewer jets	Working with energized circuits
Vacuum tanks	Welding operations
Rodding machines	Refuse collection
Bucket machines	Cleaning interior of Emco type truck
Sweepers	

30. Shop Coats and Aprons, or Suitable Protective Clothing: Will be used to protect clothing and skin when working with molten metals, caustic acids, chemicals, hydrocarbons, and solvents.
31. Welding: Welding operations will be conducted in a safe area away from explosive and other hazards. Suitable shielding from glare shall be provided and fumes shall be exhausted when welding in an enclosed area. Proper eye and body protection

- equipment shall be worn at all times.
32. Ditches, Pits, Trenches, Holes, Excavations: Will be properly barricaded and appropriate signing will be displayed. Appropriate warning lights will be in operation during the hours of darkness. These areas will not be left unattended at any time without the proper warning devices.
 33. Machinery Maintenance: Vehicles, tractors, mowers, sweepers, chip spreaders, etc. will be shut down and the engine turned off prior to performing any maintenance or removing debris from the equipment. These procedures do not apply to mechanics performing maintenance and repair in accordance with prescribed manuals and established shop procedures.
 34. Safety Shoes: Safety shoes will be purchased and worn by employees as recommended by Department Head.
 35. Shoring Excavations: As excavating progresses, ample shoring must be used as specified in the trench construction safety orders and general construction safety orders issued by OSHA standards for construction.
 36. Sulphur Dioxide Procedure:
 - a. Self Contained Breathing Apparatus (SCBA) must be checked out at the wastewater administration building and documented.
 - b. Two (2) or more employees must be present when servicing sulfur dioxide cylinders. This procedure must be followed or employees will be subject to disciplinary action.
 37. Chlorine Change Out Procedure:
 - a. Performed by qualified personnel only.
 - b. Self-contained breathing apparatus will be present.
 - c. Be sure pressure gauge on chlorinator is on zero.
 - d. Turn off valve on cylinder also on line leading to chlorinator before disconnecting.
 - e. Disconnect line from cylinder valve, and install new cylinder.
 - f. Be sure to install new gasket or valve before reconnecting.
 - g. After reconnecting turn valve on cylinder half turn and check for leaks with ammonia.
 - h. Anyone who works around chlorine should memorize the chlorine manual and safety and emergency practices of chlorine.
 38. Manholes and Underground Structures: NO ONE shall enter unventilated underground structures without first properly checking for gases and for lack of oxygen. Such details shall be in pairs, one to remain on the surface to keep a watch on the welfare of the employee below and to service and attend to his needs. If the man in the underground structure becomes ill or unconscious, the other man is to obtain help immediately to get him out. Where sewers are involved, or there is suspicion the sewers may be involved, more precautions must be taken because of the greater possibility of dangerous gases being present.
 - a. Before manholes are opened, warning signs and barriers shall be placed

- around the area so as to provide sufficient warning of the opening and to prevent unauthorized traffic from entering the area.
- b. Workers shall not enter sewers or other underground installation without leaving a safety observer in attendance on the outside. The safety observer shall frequently monitor the operation and approaching traffic. Sufficient manpower and equipment shall be available to remove disabled worker from manhole immediately.
 - c. Before entering underground structures, the atmosphere of the structure shall be tested with an approved testing device to detect the presence of explosive gases or oxygen deficiencies.
 - d. Personnel shall not enter or work in underground facilities where concentrations of fumes, vapors or gases and oxygen deficiencies are present without protective devices.
 - e. Smoking, open flames, and spark-producing equipment shall not be permitted in or within 25 feet of any manhole.
 - f. A lifeline must be worn at all times by persons working in a manhole.
 - g. Sewage normally contains harmful bacteria that is capable of causing serious disease if precautions are not observed.
39. Operation of Riding Equipment: Riding equipment such as tractors, riding mowers, trenchers, backhoes, and front end loaders require intensive training and qualification certification before an employee will be allowed to operate this equipment. Training shall include familiarization with controls, safety rules, work sites, and routine maintenance procedures. The operator shall follow all safety rules prescribed in the on-file operator's manual.
40. Pesticide Applications: All pesticides will be applied under the direct supervision of an employee licensed by the New Mexico Department of Agriculture as a public applicator in classifications required. (For example; ornamental, turf insects for insecticides, ornamental, turf for herbicides.) The applicator shall read the entire label and use required protective equipment and follow the safety directions as prescribed on the product label.
41. Tree Work: All employees working in trees shall be certified by the supervisor as qualified before being allowed to work alone. The employee will be required to become proficient through individual training and practice in the pruning techniques, i.e. borist knots, climbing techniques, and safety rules as recommended by the National Arborist Association.
42. Trailers: All trailers shall be inspected before each use to insure safety. Where in use, they shall be hitched to the proper size ball or have a properly secure hitch pin to prevent the pin from bouncing out of the hitch. Safety chains shall be properly secured to the towing vehicle and the trailer. All trailers shall be lighted in accordance with New Mexico law. All employees shall be trained in the proper backing techniques and safety rules before being allowed to tow a trailer.
43. Spray Rigs: Special care and safe operating practices are essential while performing work with the high pressure spray rig. Attention must be given to the

pressure regulator system, hose conditions, and proper handling of spray gun or injection needles. Full protective safety gear will be worn in accordance with the pesticide/herbicide label of the chemical being applied.

Manual pressure canisters will be opened slowly, with the top away from the face or body, to prevent excessive water chemical, foreign debris, rotten rubber gasket, or entire pressure plunger from rupturing from tank chamber. Care must also be given to hose and plugged nozzle ends.

44. Office and Clerical Safety:

- a. Personnel should not run on walkways or stairways. All personnel shall enter and leave buildings in an orderly manner.
- b. All personnel shall observe safe lifting and carrying procedures when moving boxes, office machines, or other heavy materials. Large boxes or materials shall be moved with mechanical equipment, or repacked in smaller parcels. Bulky materials shall not be carried when the view ahead is obstructed or when the materials interfere with stairway handrails.
- c. Water, oil, or other slippery substances shall be removed at once to eliminate slipping hazards. Extension cords, waste baskets, and other materials shall be kept out of walkways or aisles to prevent tripping hazards. Standing on chairs, boxes, or makeshift supports to reach overhead objects is prohibited. Doors shall always be opened with caution to avoid striking someone on the other side. Keep to the right when walking to avoid collisions. Handrails shall be used at all times when ascending or descending stairways.
- d. Desk and filing drawers shall be kept closed at all times when not in use. Caution should be observed in opening top drawers to avoid tipping the cabinet. Only one drawer shall be opened at any one time.
- e. Spindles or other sharp or pointed objects on desks to fasten papers are prohibited. Special care must be observed in disposing of broken glass or other sharp objects.
- f. Smoking is prohibited in all city buildings.

45. Electrical Facilities:

- a. Only qualified and properly authorized maintenance personnel shall be permitted to install and maintain electrical facilities and equipment. Apprentice personnel, when permitted to work on electrical equipment, shall be under the surveillance of a fully qualified electrician.
- b. All electricians shall be familiar with the National Electrical Code, the National Bureau of Standards Handbook H30, and applicable sections of the National Fire Protection Association Codes.
- c. All electricians shall be trained and fully qualified in emergency first aid requirements for cardio pulmonary resuscitation (CPR).
- d. When maintaining energized circuits of 440 volts or higher, at least one qualified electrician and one other employee shall be present.
- e. Personnel working with electrical circuits shall not wear rings, watches, or

- metallic objects that could act as conductors of electricity.
- f. Metal ladders shall not be used while working with electrical circuits and equipment.
 - g. Electrical equipment and lines shall always be considered "live" until proven "dead". Before beginning work each electrical circuit shall be inspected and tested and where possible isolated from the power source. Extreme care shall be exercised as wires designed to operate at ground potential may become energized by faulty or inadequate connections.
 - h. Only approved grounding equipment shall be used as grounds for electrical equipment. Metal frames on electrically powered equipment, electrical facilities, and transmission equipment shall be connected to low resistance grounds.
 - i. In locations where ground wires are exposed to possible damage, they shall be protected by suitable protective conduits or devices.
 - j. Grounding devices shall be connected to a ground before being brought into contact with any conductor of a circuit. When grounding devices are removed, they shall be disconnected from the circuit before being disconnected from ground.
 - k. All portable extension cords shall be equipped with a nonconducting plug and outer socket shell. All electrical cords shall be equipped with the three-prong, grounding plug.
 - l. Electrical cords shall be heavily insulated and not subjected to excessive bending, stretching, and kinking. All cords and wires shall be frequently inspected for signs of defects. Damaged or frayed electrical wires, cords, and plugs shall be immediately replaced by a qualified electrician, or other properly trained electrical maintenance personnel.
 - m. Adequate warning signs and barriers shall be installed in plain sight, in all areas where hazardous electrical facilities exist.
 - n. Overloading of electrical circuits is extremely hazardous and shall not be permitted at any time. The replacement of fuses or circuit breakers with makeshift materials or over-capacity fuses is strictly prohibited.
 - o. The type of circuit and other conditions shall determine the type of protective equipment required. Rubber gloves, sleeves, blankets, mats, and insulated platforms shall be used as required.
 - p. All insulated protective equipment shall be continuously inspected for defects or damage. Any defective equipment shall be replaced before use.
 - q. Testing schedules for insulation qualities shall be established for protective equipment and strictly complied with. All users shall verify that equipment has been satisfactorily tested prior to use.
 - r. Electricians will comply with OSHA lock out, tag out procedures.
 - s. All breaker boxes will be padlocked if they present a hazard to the public or employees.
 - t. Two employees will be in attendance when using a bucket truck in remote

- or isolated areas or at extreme heights.
- u. Switch gear shall not be obstructed by materials stored in switch rooms.

POLICE AND FIRE DEPARTMENT

The safety regulations of the city's Loss Prevention Program manual shall be in effect for all employees; additionally, compliance is mandatory with the safety rules, procedures and directives established in their particular departments.

RECREATION DEPARTMENT

The safety regulations of the city's Loss Prevention Program manual shall be in effect for all employees; additionally, compliance is mandatory with the safety rules, procedures and directives established in their particular departments.

WATER TREATMENT LABORATORY SPECIFIC SAFETY RULES

These rules will be followed when working in and around the Wastewater Treatment Plant laboratory.

1. Know locations of all safety equipment, especially showers.
2. Smoking, eating, and drinking are not permitted in the lab.
3. Pipetting done by mechanical means, never by mouth.
4. Acids always added to water, never the reverse.
5. Any work involving toxic or flammable gases should be conducted under the fume hood.
6. All chemicals and samples should be properly labeled.
7. Wear protective clothing such as, rubber gloves, safety goggles, and aprons when working with corrosive liquids or toxic chemicals.
8. Large bottles of corrosive liquids should be stored below head level.
9. In case of accidental contact with corrosive liquids, the exposed area should immediately be flushed with copious amounts of water.
10. Use the Zetex gloves when handling high temperature equipment or materials.
11. Make sure the temperature and pressure are lowered sufficiently before opening the autoclave door.
12. Do not store oxidizing agents near flammable materials.

WORK ZONE TRAFFIC CONTROL

The Manual of Uniform Traffic Control Device for Streets and Highways, MUTCD, is the national standard for traffic control for all highways open to public travel.

The city should follow MUTCD guidelines for traffic control zones when working in the city streets. Of primary concern is the taper length, or angle of approach to a work zone.

The recommended taper lengths we are concerned with are:

25 mph traffic	105' of taper
30 mph traffic	150' of taper
35 mph traffic	205' of taper
40 mph traffic	270' of taper

Follow these guidelines if possible when setting up cones or barricades at work sites. Special conditions such as work near intersections or in intersections may vary, but cones should be placed at least back to the intersection when work is being done near an intersection.

EXHIBITS D2 and D3

EXHIBIT D2

RECOMMENDED SIGN SPACINGS FOR
ADVANCE WARNING SIGN SERIES

<u>SPEED MILES PER HOUR</u>	<u>MINIMUM DISTANCE IN FEET</u>	
	<u>BETWEEN SIGNS</u>	<u>FROM LAST SIGN TO TAPER</u>
0-20	200	200
25-30	300	250
30-35	300	300
40-45	500	400
50-60	500-1600	500-1000

EXHIBIT D3

RECOMMENDED TAPER LENGTH AND DEVICE SPACING

<u>APPROACH SPEED OF TRAFFIC IN MILES/HOUR</u>	<u>MINIMUM TAPER LENGTHS FOR LANE WIDTHS*</u>			<u>MAXIMUM DEVICE SPACING IN FEET</u>
	<u>10 FT.</u>	<u>11 FT.</u>	<u>12 FT.</u>	
20	70	75	80	20
25	105	115	125	25
30	150	165	180	30
35	205	225	245	35
40	270	295	320	40
45	450	495	540	45
50	500	550	600	50
55	550	605	660	55
60	600	660	720	60
65	650	715	780	65

CHAPTER 3 MANAGEMENT PARTICIPATION

ORGANIZATION OF SAFETY COMMITTEE/ACCIDENT REVIEW BOARD:

The most effective accident prevention measures are those that have been formulated at each level of organization, thoroughly discussed, and coordinated by all concerned, and supported by management. The organization of the Committee/Board within the city facilitates the maximum exchange of ideas between Department personnel and greatly enhances the immediate definition of policies covering hazards, problem areas, and loss prevention promotion. The Committee/Board will function as a part of management and will be fully supported by each Department. This committee will be separate and apart from any union safety committees.

- A. The Committee/Board's purpose will be to:
1. Promulgate policies and procedures affecting the safety program for city employees.
 2. Review safety suggestions presented by employees for consideration and implementation.
 3. Discuss problems and ideas concerning general or specific loss prevention efforts.
 4. Formulate recommendations for safety meeting materials, new policies, and policy changes, equipment needs, personnel needs, etc., that can enhance the program.
 5. Be concerned with follow-up investigations of accidents, safety surveys, when appropriate.
 6. Create and maintain an active interest in safety.
 7. Conduct or assist in conducting the safety meetings in their respective areas, post safety bulletins and posters, follow through on accident/injury

reports, and act as liaison between the Loss Control Specialist, and employees on loss prevention subjects.

- B. Minutes of each meeting will be prepared and distributed by the Loss Control Specialist, and two copies will be sent to each committee member. All members will insure that all employees in their area of responsibility are briefed on pertinent information.
- C. The Loss Control Specialist will also prepare and present recommendations to appropriate Department Heads for consideration.
- D. The Committee/Board will consist of appointed Department Heads, supervisors, and the Loss Control Specialist.
- E. The Committee/Board will serve as an accident/collision review board whose purpose will be to review the accident/injury reports and make recommendations for disciplinary action.

Committee/Board Procedures:

The Loss Control Specialist and the department head shall review the accident/injury reports and the circumstances involved. When, in their opinion, the accident/injury should be reviewed by the board, the employee shall appear before the board. The employee called before the board shall have the right to call witnesses and present evidence on his/her behalf. The board may conduct its own investigation. The duty of the board shall be to hear and examine all evidence and report its findings, determining the employee's responsibility for the accident/injury, assessing whether it was preventable or non-preventable, and recommend disciplinary action as the findings and employee's accident/injury

history indicate.

Findings and Report of the Committee/Board:

Upon completion of the hearing the committee/board shall, by a simple majority vote, reach a decision as to whether or not the accident was preventable or non-preventable and shall issue a written report of its findings, in sufficient details to justify the findings, to the City Administrator, the involved employee, and the involved employee's department head.

The Committee/Board's report shall include one of the findings contained in Attachment #1. Their recommendation for disciplinary action, if any, shall be signed by all board members voting in the majority. In the event there is a dissenting minority opinion, a separate written report shall be submitted specifically setting forth the reasons and justification for the dissenting opinion signed by all board members voting in the minority and copies of this report shall be furnished to the City Administrator, and the involved employee's department head who shall make the final decision regarding disciplinary action to be imposed.

Appeals:

An employee may appeal a safety-related disciplinary action through grievance procedures as outlined in the appropriate collective bargaining agreement or city personnel manual.

CHAPTER 4 ACCIDENT POLICY AND PROCEDURES

This policy will establish the procedure that will be followed in the event of an accident or injury.

PURPOSE OF REPORTING:

Reporting is the basic and essential part of an effective Risk Management and Loss Prevention Program. Since every incident and accident includes a sequence of contributing causes, it is possible to avoid a repeat of the first event by recognizing and reducing or eliminating these causes. The removal of a single cause can prevent a recurrence. Timely and complete reporting facilitates incident investigation and may also preserve and protect the health and safety of injured persons and the resources of the City of Carlsbad.

DEFINITIONS:

Industrial Injury - is defined as a personal injury arising out of and in the course of employment with the City of Carlsbad.

Occupational Illness - is defined as an illness caused by certain hazardous conditions or materials when there is a direct cause or connection between the conditions in which the work is performed and the occupational illness.

Accident - is defined as an unintentional event that results in the loss, injury, or harm to persons or property.

Incident - is defined as an event, intentional or unintentional, that resulted in or

contributed to or could have resulted in or contributed to the loss, injury, damage, or harm to persons or property from fire, theft, vandalism, weather, etc.

REPORTING POLICIES: INDUSTRIAL ACCIDENTS/INJURY

1. All industrial injuries and illnesses, no matter how minor, shall be reported promptly to your immediate supervisor/foreman as soon as physically possible and no later than the end of your immediate shift.
2. Obtain the necessary first aid. If transportation to a medical facility is required, supervisor should provide transportation to a medical provider.
3. Supervisor/Foreman upon notification of an injury shall obtain the following forms to be filled out and returned to the City Administrator with a copy sent to the Loss Control Specialist.
 - a. An employee's First Report of Accident Appendix 2
 - b. Notice of Accident Form Appendix 3
 - c. Medical Authorization Form Appendix 4
 - d. Medical Questionnaire Appendix 5
 - e. Supervisor's Accident Form Appendix 6
 - f. Return-to-work Notice Appendix 7

(copies of all required forms attached)

TRANSPORTING INJURED EMPLOYEES:

This procedure provides the standard for transporting injured or ill employees to a medical facility.

1. In the event of an injury or illness that is job-related, the employee(s) will be transported to the nearest approved medical facility. It is advisable that the medical facility be notified by telephone (prior to the arrival of the emergency vehicles or company vehicle) so that necessary provisions can be made to properly receive and treat the injured or ill employee. Every attempt should be made to avoid having an injured or ill employee use his personal vehicle or vehicle belonging to someone else for transportation to a medical facility.
2. The supervisor/foreman may designate an employee to take the injured or sick employee to the nearest medical facility and stay there until the employee is released or admitted.

RETURN OR FOLLOW-UP VISITS TO THE DOCTOR:

1. During return visits the injured employee is responsible for transportation to and from the medical facility.
2. The employee must coordinate each return visit with the Loss Control Specialist or, in his absence, the immediate supervisor. Additionally, the employee should obtain a blank return to work notice to be completed by the physician after each visit. The employee may not return to work following any visit without presenting a complete return to work notice to their Supervisor with a copy to the Loss Control Specialist.
 - a. The return to work notice must reveal the following information:
 1. Date of office visit;
 2. Whether the employee is able to return to work;
 3. Any specific restrictions;
 4. The time of the next scheduled doctor's appointment (if any); and,

5. General diagnosis.
3. Employees scheduled for return visits must keep their appointments until released by the physician. Assistance and support in terminating treatment should be provided by the Loss Control Specialist, if the employee feels treatment is unnecessary and the Loss Control Specialist is in agreement.
4. Whenever possible the Loss Control Specialist will schedule appointments that are as convenient as possible for the employee to minimize loss of time from work. This may be accomplished by scheduling appointments near the beginning or end of shift.
5. Failure to comply with these requirements could result in disciplinary action and the employee being responsible for the payment of any/and all treatments.

NON-EMERGENCY ACCIDENTS OR INJURIES:

1. If the injured or ill employee requires medical attention and it does not constitute an emergency, the employee **shall** coordinate his appointment through the City Loss Control Specialist, or in his absence the employee's immediate supervisor.
2. If as a result of the injury or illness the employee needs to return to the doctor for a follow-up visit, refer to the previous sub-section for instructions on **"returning for follow-up visits to the doctor."**
3. All non-emergency medical treatment shall be handled by the city physician unless prior arrangements have been made through the City Loss Control Specialist's office.

4. Failure to comply with these requirements could result in the employee being responsible for payment of any/and all treatment.

PRESCRIPTIONS:

1. If an employee requires medication and/or a prescription to be filled, the city's Loss Control Specialist shall be contacted or in his absence the employee's supervisor so arrangements may be made in advance with the designated pharmacy to have the medication or prescription filled.
2. Failure to comply with this could result in the employee being responsible for payments of any and all medication received.

**ACCIDENT/INJURY CLASSIFICATION AND
DISCIPLINARY ACTION PROCEDURE**

INDUSTRIAL ACCIDENT/INJURY CLASSIFICATION

DISCIPLINARY ACTION

Employee not at fault and exercised all available precautions to avoid the accident/injury.

Non-preventable
No action.

Employee at fault and a negligent act was a contributing factor, such as:

1. Defective equipment was knowingly used.
2. Proper tools or personal protective equipment were not used.
3. Safety rules or a safe work practice was ignored.
4. Assistance was not requested where warranted.
5. Proper safety devices were not in use.
6. Poor judgement was evident.

Preventable
1st Offense -
Written warning
2nd Offense -
Written reprimand
3rd Offense -
8 hours suspension
without pay.
4th Offense -
24 hours suspension
without pay.
5th Offense -
Discharge

NOTE: The above factors are not intended to be all inclusive OR limited to those listed.

ACTION FOR REPEATED PREVENTABLE ACCIDENTS/INJURIES:

When an employee has:

1. Four (4) preventable accidents/
injuries within a 12 month
rolling calendar period.

Recommendation to
Division/Department
Head and City
Administrator for
consideration for
discharge.

SAFETY COMMITTEE/REVIEW BOARD CLASSIFICATIONS FOR VEHICLE ACCIDENTS

All motor vehicle accidents will be classified by the Safety Committee/Review Board according to degrees of negligence rather than whether it was a preventable or non-preventable accident, in accordance with the following guidelines:

Class I - Non-Preventable: Is an accident where it is clear that no negligence existed on the part of the city vehicle operator.

Examples: All collisions where city vehicles or equipment is standing, parked at curb, or in any position where it has a legal right to be.

Class II - Non-Preventable: Is an accident where the driver did everything possible to prevent becoming involved in a situation which resulted in an accident.

Class III - Preventable: Is an accident where driver of city vehicle or equipment is primarily or wholly to blame.

Examples: 1) A vehicle in front of the department vehicle changes lanes and the department driver fails to increase his following distance, the vehicle in front stops suddenly and the department vehicle strikes the rear of the vehicle in front or some other vehicle or object.

2) Backing accidents.

3) Driving too fast for conditions.

Class IV - Gross Negligence: Is an accident in which the driver is guilty of gross negligence - that is, he committed some act which a normal, prudent person would not have committed, or he omitted some safety precaution which a normal, prudent person would not have omitted.

Examples: 1) Passing on hills, curves;

2) Going to sleep at the wheel;

3) Running off the roadway without provocation;

4) Tailgating traffic;

5) Violating any motor vehicle law except while on an emergency run. (This does not relieve any city employee from the duty to drive with due regard for the safety of others.)

6) Failure to follow department work and safety rules.

Class V - Gross Negligence: Is an accident in which the driver is found guilty by a court of competent jurisdiction of operating the vehicle under the influence of intoxicating liquor or drugs.

NOTE: The factors of Class I through V are not intended to be all inclusive or limited to those listed.

COLLISION CLASSIFICATION AND ACTION

Class I: Penalties - None

An accident in the I Classification will not result in disciplinary action against a driver and it will not be shown on any letter of reference or recommendation.

Class II: Penalties - Written Warning

Administrative Action. Second offense, 1-3 days suspension without pay in accordance with city personnel policy manual. Six (6) months of continuous accident free driving will remove one Class II type accident from the employee's driving record.

Class III: Penalties - Written Reprimand

Administrative Action and 1-3 days suspension without pay in accordance with city personnel policy manual. Second offense recommendation to department head for consideration for termination. Twelve (12) months of accident free driving will remove one Class III type accident from the employee's driving record.

Class IV: Penalties - 3-30 days suspension without pay in accordance with city personnel policy manual or applicable collective bargaining agreement and take defensive driving course. Second offense recommendation to department head for consideration for discharge. Eighteen (18) months of continuous accident free driving will remove one Class IV type accident from an employee's driving record.

Class V: Penalties - Discharge in accordance with city personnel policy manual or applicable collective bargaining agreement.

Unreported Accidents: Deliberate failure to report a motor vehicle accident shall result in disciplinary action, including possible discharge.

CHAPTER 5
**INVESTIGATION OF INDUSTRIAL INJURIES, VEHICULAR COLLISIONS,
AND PROPERTY DAMAGE**

A. Investigation Procedures for Industrial Injuries and Occupational Illnesses.

1. Each industrial injury will be investigated by the supervisor of the person injured and the Loss Control Specialist AS SOON AS POSSIBLE after it has occurred, and the following procedures will be adhered to as closely as possible:
 - a. Check the Scene
 1. Begin where the accident occurred. Carefully examine the scene of the injury.
 2. Reconstruct as much as possible the chain-of-events leading up to the injury, and attempt to determine the single event that caused the injury.
 3. Draw a diagram of the location if it will be helpful in arriving at a conclusion.
 4. Sketch in or photograph machinery, equipment, and any other nearby physical objects, together with the places where witnesses were standing.
 - b. Write It Down
 1. Make notes on all facts that may relate to the cause of the injury. As an example: employee had complained of dizziness; or, employee had not used proper equipment, etc.
 2. Write down any procedure used, misuse of equipment, or other factors not in accordance with published work rules or safety policies.
 3. Write down any unsafe conditions in work area, defective tools, or faulty equipment.
 4. Write down such other items as: the time of your investigation,

the lighting conditions, if pertinent, a description of supplementary evidence, and conversations having a bearing on the case.

c. Collect the Evidence

If an injury or near miss occurs when machine parts or structures fail, it is essential to determine what failed and why. This can frequently be done without laboratory analysis and corrective action can be initiated without great expense. If, however, a detailed study is determined to be essential, then all components will be collected and submitted for study immediately.

d. Interview Witnesses

It is important to interview witnesses at the scene immediately or as soon thereafter as possible. Make brief notes and identify who gave the information.

e. Interview the Victims

1. Timing is important. If the injury is minor, the interview should be made as soon as the investigation of the scene and a review of the medical report is complete.
2. If the injury is serious, selecting the right time is a judgement factor. Too soon afterward and the victim may be confused and inaccurate; waiting too long may cause the victim to be cautious and evasive. Let the employee tell the story as the employee wishes without actual interrogation, but a complete and accurate account should be encouraged. The interview must be complete, and it may be necessary to question the employee or witnesses several times.

f. Weigh the Evidence

1. It is essential to attempt to eliminate any inconsistencies in the testimony of the injured or

witnesses even if further questioning is required. However, under no circumstances will any attempt be made to judge the validity of any statements or assertions of fact.

2. When assembled, all facts should be reviewed for completeness and the supervisor will prepare the **EMPLOYER'S FIRST REPORT OF INJURY** and the **SUPERVISOR'S INVESTIGATION REPORT** (see Appendices 2 and 3) which will be forwarded to the Loss Control Specialist and the Personnel File within two (2) working days of occurrence.

B. Investigation Procedures for Vehicle Collisions and Property Damage

1. Each collision, large or small, involving a city vehicle, will be fully investigated and reported to the Police Department and the supervisor of the employee involved AS SOON AS POSSIBLE. The supervisor will submit the PROPERTY DAMAGE REPORT and SUPERVISOR'S INVESTIGATION REPORT (see Appendix 6) to the Loss Control Specialist within two (2) working days of occurrence. Although police are called to investigate all city vehicle collisions, it is incumbent upon the supervisor to insure that all facts are obtained with respect to the driver. Under no circumstances will any city employee make any statement relative to liability or draw any conclusions as to the facts asserted at the scene.
2. Vehicular damage found to be the result of an unknown cause such as vandalism, hit and run, the elements, and etc., or damage incurred by employee's actions, will be reported to the Police Department and supervision, and will be reported in accordance with the procedures in paragraph 1 above.
3. The Loss Control Specialist will be notified of the collision at the time of occurrence or the first work day thereafter.

CHAPTER 6

REPORTING PROCEDURES, INDUSTRIAL INJURIES, VEHICULAR COLLISIONS, AND OTHER LOSSES

Timely reporting of any accident/injury is mandatory. Insuring full employee benefits and reasonable liability adjustments at lowest cost to the city is totally dependent upon proper reporting. It is the responsibility of each employee to report all accidents in accordance with this chapter.

A. REPORTING OF INDUSTRIAL INJURIES

Regardless of the degree of injury, all employees will report any injury to their supervisor immediately thereafter or as soon thereafter during the current shift as is practical. Any employee who fails to do this will be subject to disciplinary action.

1. Reporting Injuries Requiring Treatment by a Doctor

a. Employer's First Report of Injury (See Appendix 2)

1. The Supervisor of the injured employee will insure that all information required to complete the form is furnished to the respective office.
2. The employee's supervisor will be totally responsible for providing the form and forwarding the original directly to the City Administrator. A copy shall be sent to the Loss Control Specialist without delay.
3. All sections of the report form will be completed with available information.
4. Employee wage data need not be furnished if the work loss is expected to be less than seven (7) calendar days.
5. Details on the form are essential for completing transactions with the Worker's Compensation carrier, Insurance Department

of the State Corporation Commission, and the State Occupational Health and Safety Bureau. Forms submitted only partially filled out will be returned to the originating office for completion.

- b. Supervisor's Investigation Report (See Appendix 3)
 - 1. Each supervisor will be furnished with a supply of forms for their own use. Each supervisor will thoroughly investigate the cause of each injury occurring within his area of operations and record the findings and recommendations on this form. Wording must be legible and the form must be signed.
 - 2. The original will be forwarded to the City Administrator and a copy may be retained and filed by the supervisor.

2. Recurrence of a Disability from a Previous Injury

- a. Should an employee experience recurrence of a previously reported injury, it will be reported to the employee's supervisor immediately.
- b. The supervisor or the employee will CALL the Loss Control Specialist to determine if the claim is OPEN or CLOSED. If the claim is still OPEN, the Loss Control Specialist will refer the employee to the employee's previous doctor for further treatment. If a special consultation is needed, the Loss Control Specialist will make the necessary arrangements.

3. Accident Time (AT)

- a. Time lost because of a new injury is compensable when the Worker's Compensation carrier determines it is a valid claim within the meaning of the Worker's Compensation Act.
- b. Time lost because of a recurrence of a previous injury is compensable only when the disability is confirmed as a recurrence by the treating physician.
- c. SUPERVISORY PERSONNEL will be responsible for closely

monitoring AT lost by their employees by:

1. Insuring that the employee has been given a signed disability slip by the treating physician.
2. Periodically checking on the progress of recovery.
3. Insuring that the employee returns to work on the date the physician designates. Any disability claimed in excess of that indicated by the doctor will be considered unauthorized, and the employee will be carried on leave-without-pay status.
4. Making every attempt to put the employee to work on light duty when authorized by the treating physician. Light duty is any sedentary work not requiring heavy or strenuous labor or work in hazardous areas.

B. EMPLOYEE RETURN TO WORK AFTER INJURY/ILLNESS

A supervisor will not allow an employee to return to work after an industrial injury or industrial illness unless the Personnel Officer or Loss Control Specialist receives a signed authorization from the treating physician.

C. FATALITY REPORTING

The death of an employee as a result of an injury by accident arising out of and in the course of city employment will be reported to the Department Head and Loss Control Specialist immediately by telephone. The supervisor in charge will be responsible for making the call and providing as much initial information as possible. The Loss Control Specialist will immediately notify the City Administrator and NMOSHB.

D. SUDDEN SEVERE ILLNESS REPORTING

Sudden illness occurring to employees during duty hours requiring EMERGENCY MEDICAL TREATMENT such as possible heart attacks, strokes, seizures, fainting,

etc., will be reported to the City Administrator by TELEPHONE as soon as possible.

E. VEHICLE COLLISION REPORTING

Regardless of the degree of vehicular or property damage involved, the employee will report the collision to the Police Department and the employee's supervisor immediately for proper investigation. An employee who fails to report, or falsely reports, any collision will be suspended for 24 work hours without pay. Two unreported accidents will result in 30 days suspension without pay to termination of employment. (See Chapter 5, Section B, Investigation Procedures for Vehicle Collisions and Property Damage.)

F. INCIDENT/NEAR MISS REPORT

Close calls or near accident information is frequently as valuable as accident reports in identifying hazardous procedures or conditions.

1. Supervisors will encourage employees to report details on incidents which nearly produced an accident.
2. Supervisors are to use plain paper or memo sheets stating:
SUBJECT: Near miss, and send details to the Loss Control Specialist.
Information gained from such reports will then be disseminated to all who can benefit from the lesson.

G. OFF-THE-JOB INJURIES

Off-the-job accidents are costly to the employee and employer. Employees are urged to report the nature and cause of these types of injuries to their supervisor. Supervisors are requested to include this information in their safety briefings to enhance their employee's awareness of causes of off-the-job injuries.

H. UNSATISFACTORY REPORT

Equipment or facilities which are poorly designed for the task at hand, and in

themselves constitute additional hazards to personnel, will be reported if attempts to make corrections have failed. Use plain paper or memo sheet using:

SUBJECT: Unsatisfactory Report, and send details through channels to the Loss Control Specialist. Information furnished by such a report can be used to advantage when future procurement of equipment or construction of building is anticipated. Tools and other equipment can frequently be modified to eliminate most of the undesired features when exposed by this unsatisfactory report.

CHAPTER 7
OFF-THE-JOB INJURY CONTROL

A. SUPERVISOR'S RESPONSIBILITIES

1. Devote portions of some safety meetings for the promotion of off-the-job safety. Subjects appropriate for seasonal activities are: proper use and handling of firearms, boat and water safety, workshop hazards, power mower safety, hazards of do-it yourself construction projects, hazards of making home repairs, consideration for physical limitations while playing games or working, etc. Discuss injuries that have resulted from these activities.

2. Encourage employees to submit ideas for the promotion of OTJ safety.

CHAPTER 8 SAFETY AWARDS PROGRAM

The objective of the City Safety Awards Program is to provide an incentive for the reduction of occupational injuries and vehicle collisions involving classified city employees. These provisions will not prohibit Division/Department Heads from establishing additional internal incentive programs.

The Loss Control Specialist will be responsible for administering and monitoring the program to determine its effectiveness.

A. AWARDS AND QUALIFICATION REQUIREMENTS

1. The award shall consist of a certificate and a safety pin with numeral depicting the number of consecutive years an employee has received the award.
 - a. A bronze pin will be presented for years 1 through 9.
 - b. A silver pin will be presented for years 10 through 19.
 - c. A gold pin will be presented for years 20 and over.The appropriate color pin will be presented the first year the employee is eligible and a numeral will be presented each consecutive year the employee is eligible to replace the previous numeral on the pin.
2. The award is presented on a calendar year basis; January 1 through December 31 only. To be eligible the employee must have an employment date on or prior to January 1 and have worked the full year without a break in employment.
3. The award will be presented to an employee who has not been charged with a preventable vehicle collision or industrial injury by a review board; and does not have documented safety violations submitted to the Safety Coordinator by a supervisor that reflects an unsafe attitude or actions.
4. An employee who has received an award for a previous year, but does not meet the criteria in Paragraph 3 for the current year will be awarded a one year numeral when the employee qualifies.

NEW WORKER ORIENTATION STEPS

Everyone new to your crew (no matter how experienced) is a new worker.

	Employee	Supervisor
1. Ask about last job.	_____	_____
2. Describe the new job.	_____	_____
3. Show worker around site; point out hazards.	_____	_____
4. Introduce worker to the others.	_____	_____
5. Describe your rules.	_____	_____
6. Give worker a test run on tools and equipment.	_____	_____
7. Observe the new worker during the first few days. Check back to see how the worker is coming along.	_____	_____

Employee Signature

Date

Supervisor Signature

Date

NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION Appendix #2

EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS

2410 CENTRE AVE. SE • PO BOX 27198
ALBUQUERQUE, NM 87125-7198

OFFICIAL USE ONLY

PLEASE PRINT IN BLACK INK OR TYPE.

G E N E R A L		EMPLOYER (NAME & ADDRESS INCL ZIP) City of Carlsbad PO Box 1569 101 N. Halagueno Carlsbad, NM 88221-1569	CARRIER / ADMINISTRATOR CLAIM #	OSHA LOG NUMBER	REPORT PURPOSE CODE		
			JURISDICTION	JURISDICTION CLAIM NUMBER			
			INSURED REPORT NUMBER				
		PHONE NUMBER (575) 887-1191	EMPLOYER FEIN 85-6000111	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION # INDUSTRY CODE	
C A R R I E R	C L A I M S A D M I N	CARRIER (NAME, ADDRESS & PHONE NO) City of Carlsbad PO Box 1569 Carlsbad, NM 88221-1569 (575) 887-1191	POLICY PERIOD TO	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)			
		CARRIER FEIN 85-6000111	POLICY / SELF-INSURED NUMBER	ADMINISTRATOR FEIN			
		AGENT NAME & CODE NUMBER					
E M P L O Y E E	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE	
	ADDRESS (INCL ZIP)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED SINGLE/DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	OCCUPATION/JOB TITLE OR (SOC) CODE		
	PHONE NUMBER	# OF DEPENDENTS			EMPLOYMENT STATUS NCCI CLASS CODE		
W A G E	RATE	PER: <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK <input type="checkbox"/> OTHER	# DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DID SALARY CONTINUE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	TIME EMPLOYEE BEGAN WORK <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE <input type="checkbox"/> AM <input type="checkbox"/> PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN	
O C C U R R E N C E	CONTACT NAME / PHONE NUMBER		TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED		
	DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY / ILLNESS CODE		PART OF BODY AFFECTED CODE		
	DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
	SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
	HOW INJURY OR ILLNESS / ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.						
						CAUSE OF INJURY CODE	
	DATE RETURNED TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
T R E A T M E N T	PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)			HOSPITAL (NAME & ADDRESS)		INITIAL TREATMENT	
						<input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR: BY EMPLOYER <input type="checkbox"/> MINOR CLINIC/HOSPITAL <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED	
O T H E R	WITNESSES (NAME & PHONE #)						
	DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE				

NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

Phone: (505) 841-6000

In-State Toll Free: 1-800-255-7965

FARMINGTON: 599-9746/1-800-568-7310

LAS CRUCES: 524-6246/1-800-870-6826

LAS VEGAS: 454-9251/1-800-281-7889

LOVINGTON: 396-3437/1-800-934-2450

FILING INSTRUCTIONS

PURPOSE: To report all alleged work-related injuries or illnesses resulting in more than 7 days of lost work or in death of the worker. This form is not an admission or denial by the employer as to whether the worker's alleged injury or illness is compensable, and must be completed by the employer or the employer's representative.

WHEN TO FILE: This form must be filed within 10 days of knowledge of any alleged work-related injury or illness that results in more than 7 days of lost work. It must be filed even if the employer disputes the worker's claim of work-related injury or illness.

WHERE TO FILE: Mail the original form to the New Mexico Workers' Compensation Administration (Attention: Statistics) at the address on the front of this form. Copies must also be provided to the worker and the employer's workers' compensation insurer.

PENALTIES: Each instance of failure to file this form when required is punishable by a fine of up to \$1,000.00.

INSTRUCTIONS FOR COMPLETION

FILLING IN THE SHADED AREAS IS OPTIONAL. The employer may wish, however, to use some of these areas (such as "Witnesses") for the employer's records. Expanded instructions are found in the publication *Guide to Completing the Employer's First Report of Injury or Illness*, available from the Administration's Albuquerque office (call either number bold-faced above and ask for Statistics).

Please print in black ink or type, and ensure that all entries are legible before submission. An illegible or incomplete E1 may be returned.

NAIC CODE: Represents the nature of the employer's business at the location where the worker was employed at the time of injury or illness exposure; derived from the federal government publication *North American Industry Classification System Manual*. Include this code if known.

EMPLOYER'S LOCATION ADDRESS: Facility where the worker was employed at the time of injury, if different from mailing address.

CARRIER: Name, mailing address and telephone number of the licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer. A WCA-approved self-insured employer should enter its business name.

CLAIMS ADMINISTRATOR: Name, mailing address and telephone number of the insurance carrier, agency, third party administrator or self-insured responsible for adjusting the claim.

EMPLOYER, CARRIER OR ADMINISTRATOR FEIN: Federal Identification Number, assigned by the Internal Revenue Service.

DID SALARY CONTINUE? Shows if the employer is continuing to pay the worker's regular wages *without charge to employee benefits*.

DATE OF INJURY/ILLNESS: In the case of an occupational illness (arising from the worker's activity or exposure over an extended period), enter the date of diagnosis or the date first reported to the employer as possibly work-related.

DATE EMPLOYER NOTIFIED: The date the worker first notified (verbally or in writing) the employer or the employer's representative of the alleged work-related injury or illness.

DATE DISABILITY BEGAN: The first full day on which the worker lost time from work due to the injury or illness.

TYPE OF INJURY OR ILLNESS: Briefly describe the nature of the injury (such as lacerations to the forearm) or illness (such as carpal tunnel syndrome). Be as specific as possible.

PART OF BODY AFFECTED: The specific part of body affected by the injury or illness (for example, right forearm, lower back).

DEPARTMENT OR LOCATION: If the accident or illness exposure did not occur on the employer's premises, enter specific address or location (for example, Client's office at 123 Main St., Yourtown, NM 87xxx). For occurrences in New Mexico, give ZIP or COUNTY.

ALL EQUIPMENT, MATERIAL OR CHEMICALS: List all equipment, materials and/or chemicals the worker was using, applying, handling or operating when the injury or illness exposure occurred. Be specific (for example, decorator's scaffolding, electric sander, paintbrush and paint). Enter "NA" if not applicable. NOTE: The items listed do not have to be directly involved in the worker's injury or illness.

SPECIFIC ACTIVITY: Describe the specific activity the worker was engaged in when the accident or illness exposure occurred (for example, sanding ceiling woodwork in preparation for painting).

WORK PROCESS: Describe the work process the worker was engaged in when the accident or exposure occurred, such as building maintenance. Enter "NA" for not applicable if not engaged in a work process (for example, if the worker was walking along a hallway).

HOW INJURY OR ILLNESS OCCURRED: Describe how the injury or illness/abnormal health condition occurred. Be very specific. Include the sequence of events and name any objects or substances that directly injured the worker or made the worker ill. (For example: worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against the hot metal.)

WORKER'S/EMPLOYER'S RIGHTS AND RESPONSIBILITIES

If you, the worker, believe that benefits are due you under the Workers' Compensation Act, and your employer or the employer's insurance carrier has failed or refused to make those benefits available to you, you have a right to file a complaint with the New Mexico Workers' Compensation Administration. Workers and employers with questions about rights or responsibilities under the Act may contact an ombudsman at any Workers' Compensation Administration regional office for information and assistance. To do so, call any of the above-listed telephone numbers (8 a.m. to 5 p.m. M-F).

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29 and Section 52-3-19, NMSA 1978
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29 y Sección 52-3-19, NMSA 1978

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee / nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____, on _____, 20____.
por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el (date/fecha) del 20_____.

Employee's social security number: _____ Where did the accident occur? _____
Número de suguro social del empleado: ¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

Signed: _____
Firma: (employee/empleado)

Date: _____
Fecha:

Signed/Notice Received: _____
Firma/Notificación recibida:
(employer or representative/empleador o representante)

Date: _____
Fecha:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Worker --

For emergency medical care, go to any emergency medical facility.
For medical care that is not an emergency, get instructions from your supervisor on where to go for medical care.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador

Para emergencias médicas vaya a cualquier clinica / hospital.
Para tratamiento médico que no sea emergencia, obtenga instrucciones de su supervisor para que le indique a donde ir para obtener asistencia médica.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia

1-866-WORKOMP / 1-866-967-5667

toll free -- llamada sin costo de larga distancia

New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: (505) 841-6000 - 1 (800) 255-7965 Las Vegas: (505) 454-9251 - 1 (800) 281-7889 Santa Fe: (505) 476-7381
Farmington: (505) 599-9746 - 1 (800) 568-7310 Lovington: (575) 396-3437 - 1 (800) 934-2450 TDD for the deaf: (505) 841-6043
Las Cruces: (575) 524-6264 - 1 (800) 870-6826 Roswell: (575) 623-3997 - 1(866) 311-8587 www.workerscomp.state.nm.us

**Employer/employee: Each keep one copy.
Empleador/empleado: Retener una copia.**

Form NOA-1-W (4/11)

**WORKER'S AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH
INFORMATION FOR WORKERS' COMPENSATION PURPOSES
(HIPAA COMPLIANT)**

I, _____, hereby authorize the health care provider (HCP) -
(the name of HCP is optional and not required for release of medical information)
(Print Health Care Provider's Name) _____ the use or
disclosure of my health information as described in this authorization.

1. **INFORMATION** WCA No. _____

Date of Birth _____ Date of injury _____ SSN _____

Address _____ Phone _____

Worker's representative, if any: _____ Phone _____

Address _____

2. **RELEASE**

I authorize the Health Care Provider (HCP) or any member or employee of its office or association who has examined or treated me, as well as any hospital or treatment facility in which I have been a patient, to disclose and release complete and legible copies of any and all information concerning my physical or psychiatric condition, care and treatment, to my employer, the City of Carlsbad, and/or its insurance carrier, Southwestern Claim Service, and/or their attorneys, and/or duly authorized representatives of the New Mexico Workers' Compensation Administration and its current medical cost containment contractor or their duly authorized agents. Copies of all documentation released pursuant to this authorization shall be sent to the agency requesting the information and to me or my representative as listed above.

3. I understand the following information will be released pursuant to a work-related/occupational injury or illness/workers' compensation claim: medical reports; clinical notes; nurses' notes; patient's history of injury; subjective and objective complaints; x-rays; test results; interpretation of x-rays or other tests (including a copy of the report); diagnosis and prognosis; hospital bills; bills for service the HCP has rendered; payments received; and any other relevant and material information in the HCP's possession. This Authorization also includes, if applicable, any hospital operational logs, emergency logs, tissues committee reports, psychiatric reports and records, physical therapy records, and all outpatient records. This release may also be used to request a Form Letter to HCP as approved by the Workers' Compensation Administration. I understand that I have the right to restrict the information that may be provided by signing this authorization to the extent provided by law.

CONDITIONS

4. I understand the purpose of this request is to determine the proper level of workers' compensation benefits and may include information regarding any of the following: to determine my occupational injury or illness status; to determine my eligibility for workers' compensation benefits; to determine my current and future medical status after occupational injury; to determine my current medical status and/or return-to-work capability.

5. Right to revoke: I understand I have the right to revoke this authorization at any time by notifying the company named in Paragraphs 1 and 2. I understand that the revocation is only effective after it is received and logged by that company and that any use or disclosure made prior to the revocation under this authorization will not be affected by the revocation. I further understand that my revocation of this authorization may affect my ability to receive occupational injury or workers' compensation benefits governed by this revocation.

6. I understand that after this information is disclosed, the recipient may continue to use it pursuant to my prior authorization, regardless of my subsequent revocation of this authorization. I further understand that different protections may be available pursuant to state and federal law.

7. I understand that information to be released pursuant to a work-related/occupational injury or illness/workers' compensation claim may also be released to WCA and its current medical cost containment contractor or their duly authorized agents.

8. I hereby expressly waive any regulations and/or rules of ethics that might otherwise prevent any hospital, health care provider or other person who has treated me or examined me in a professional capacity from releasing such records.

9. A photostatic or other copy of this Release, which contains my signature, shall be considered as effective and valid as the original, and shall be honored by those to whom it is sent or provided for a period of six (6) months from the date it was signed.

10. This release does not authorize any personal or telephonic conferences or correspondence directly between any health care provider and a representative of my employer, its attorney or insurance carrier to discuss my case and is solely for the release of medical documentation as set forth herein. Brief communication for the limited purpose of obtaining medical records is permitted.

11. I understand I am entitled to a copy of this authorization and to any records provided hereunder. I am requesting a copy of this authorization Yes No - If Yes, I have received a copy _____ (initial). I understand this authorization will expire within six (6) months of the date I signed it, unless I revoke it earlier, pursuant to Paragraph 5.

Signature of Employee _____ Date _____

Personal Representative Section:

If a personal representative executes this form, that representative warrants that he or she has authorization to sign this form on the basis of (print detailed basis for representation): _____

Signature of Personal Representative _____ Date _____

City of Carlsbad
MEDICAL QUESTIONNAIRE

Employee Name: _____

Address: _____

Telephone Number: _____

Family Doctor: _____

Address: _____

Telephone Number: _____

List all doctors who have treated you and the purpose for which you were treated for the past ten (10) years. (Continue on reverse side if necessary.)

(1) Doctor's Name: _____

Address: _____

Purpose of Treatment: _____

(2) Doctor's Name: _____

Address: _____

Purpose of Treatment: _____

(3) Doctor's Name: _____

Address: _____

Purpose of Treatment: _____

(4) Doctor's Name: _____

Address: _____

Purpose of Treatment: _____

(5) Doctor's Name: _____

Address: _____

Purpose of Treatment: _____

(6) Doctor's Name: _____

Address: _____

Purpose of Treatment: _____

City of Carlsbad
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Employee: _____ Classification: _____ Department: _____

Work Schedule: Days of Week: _____ Starting Time: _____ Ending Time: _____

Worked day before accident? Yes _____ No _____ Worked day after accident? Yes _____ No _____

Accident: _____ Personal Injury _____ Property Damage _____

Date of Accident: _____ Time of Accident: _____ Date Reported to Supervisor: _____

Day of week accident occurred: Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___

Location of Accident: _____

Is location of accident within employee's work area? Yes _____ No _____

Vehicles involved (if any): _____

Description of Accident and Injury/Damage: _____

Witnesses: _____

Was Medical Attention Required: Yes _____ No _____

If "Yes," explain: _____

Will this accident result in lost time: Yes _____ No _____

If "Yes," approximate number of days or shifts that will be lost: _____

What immediate acts or conditions contributed to this accident? _____

What are the underlying causes which allowed the above factors to exist? _____

What actions have or will be taken to eliminate the underlying causes? _____

Investigated by Immediate Supervisor: _____ Date: _____

Reviewed by Department Head: _____ Date: _____

Reviewed by Loss Control Specialist: _____ Date: _____

Reviewed and Approved by Director: _____ Date: _____

EMPLOYEE STATEMENT: _____

Employee recommendation for corrective action: _____

Employee Signature _____ Date _____

WITNESS STATEMENT: _____

Witness Name _____ /s/ _____ Date _____

SUPERVISOR STATEMENT: _____

Supervisor Final Determination: _____

Supervisor Signature _____ Date _____

DIRECTOR COMMENTS: _____

Director Signature _____ Date _____

LOSS CONTROL SPECIALIST COMMENTS: _____

Loss Control Specialist Signature _____ Date _____

Review Conference held with Employee, Supervisor, Director and Loss Control Specialist
Date & Time: _____

**City of Carlsbad
RETURN TO WORK NOTICE**

Physician: _____ Date of Visit: _____

Name of Employee: _____

May the Employee Return to Work? Yes No

Return to Work Date: _____

Duty Restrictions (BE SPECIFIC): _____

Next Scheduled Appointment Date (if applicable): _____

General Diagnosis: _____

Doctor's Signature: _____