



# Human Resources Policies

2003

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## **ALTERNATE WORK SCHEDULES FOR EMPLOYEES OF MMCEA AND AFSCME**

The standard work week for employees occupying full-time positions consists of forty (40) hours per week unless otherwise specified by the City. An alternate work schedule may be approved by the City Manager, subject to the guidelines and approval process described herein.

### **GUIDELINES FOR ALTERNATIVE WORK SCHEDULES**

The approval of requests for alternative work schedules will be based on the following guidelines and must be approved by the Supervisor, Department Head, and the City Manager prior to its enactment.

1. Alternate work schedules may only be approved and allowed to continue if productivity and service to the public or other departments is not adversely impacted.
2. Alternate work schedules may be approved on an individual or work unit basis. Alternate schedules proposed on a work unit basis must have the two-thirds majority support of employees in the work group from which the proposal was received.
3. Alternate work schedules should be reviewed relative to meeting schedules, assignments, and other business needs of the City to insure that there is no interference. When there are conflicts between the alternate work schedule and the need for attendance during normal business hours, the employee may be required to report to work during normal business hours.
4. Alternate work schedules, if approved, shall be for a specific period of time, up to a maximum of six months. If such schedules are found to be compatible with the needs of the City and the Department, the alternate work schedule may be extended for an additional period of time. Each schedule extension must be for a specific period of time, up to a maximum of one year.
5. An alternate work schedule may be terminated with four week's notice by the employee, or by the Supervisor, Department Head, or City Manager if it is deemed to be adversely impacting productivity or service to the public or others.
6. Alternate work schedules must assure adequate work supervision.
7. The review process for consideration of individual employee participation in an alternate work schedule should include a review of the following factors for each position:
  - The proportion of the normal work day or work week which requires communication or coordination with members of the general public, employees of various outside organizations, or personal contact with City staff members.

- The nature of the tasks, such as: field work that requires travel time; research and writing or similar tasks that require little or no coordination with others; providing administrative support to others; consulting, supervising, or other tasks that require coordination with others; tasks that need to be completed during the operational hours of other organizations; and tasks that may be completed outside of traditional work hours.
  - The extent to which the ability of one employee to produce work is dependent upon the regular presence of another employee.
  - The degree to which the position is dependent upon the City being open to the public.
  - The extent to which the employee is the sole provider of a particular task or service or the service can be adequately covered by another.
8. The 9/80 schedule will consist of one week of 5 work days, consisting of four 9-hour days and one 8-hour day, and one week of four 9-hour days and one day off. For compliance with FLSA overtime regulations, the 8-hour day must be opposite the day off. The 4/10 schedule will consist of four 10-hour work days each week. Schedules must be regular and recurring.
  9. When a holiday falls on an employee's 9- or 10-hour work day, the employee will receive 8 hours of holiday pay, and the remaining one or two hours will be charged to vacation, or other accrued time off such as compensatory time off (CTO) or administrative leave if there is insufficient accrued vacation. When a holiday falls on an employee's regularly scheduled day off, the employee will accrue 8 hours of holiday compensatory time to be taken at a later time.
  10. Employees who take sick leave, vacation, or other paid time off on a regularly scheduled work day will be charged with the number of hours they were regularly scheduled to work. For example, if an employee takes sick leave on a 9-hour work day, the employee will be charged with 9 hours of sick leave.
  11. Employees on alternate work schedules are responsible for insuring that their assigned work is completed, and that the impact on the workload of employees continuing to work 5 days per week is minimized.
  12. An employee requesting an alternate work schedule must submit a plan to the Department Head describing in detail the specific schedule and the anticipated impact on the City's operations. Such plan should be submitted on the attached form and must be approved by the Supervisor, Department Head, and City Manager, and reviewed by the Human Resources Director.
  13. Should the City convert to a biweekly payroll system, any approved alternate work schedules must conform to the biweekly payroll schedules.

## **ALTERNATE SCHEDULE REQUEST FORM**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dept. Head: \_\_\_\_\_

**A. Productivity**

State how productivity in the working section will be maintained or enhanced by the alternate work schedule by answering the following questions:

1. How will service to the public or other departments be maintained or improved?
  
2. How will phone coverage, drop-in appointments, normal workload or assignments be handled on the employee's day off so a disproportionate share of work does not fall to other employees?
  
3. Will the schedule effect overtime? If so, how?
  
4. Will there be adequate supervision? Detail who will maintain, supervise and monitor work schedules.
  
5. Will there be problems with work continuity, required meetings or training? If so, how will these be handled?
  
6. List any other benefits or impacts which would result from the special schedule.

**B. Supervision/Lead**

The situation needs to be addressed if the employee(s) supervises or provides lead for other employees. Circle one of the following alternatives:

1. The employee(s) does not supervise or provide lead for other employees; or

2. The employee(s) provides supervision or lead for other employees and these employees work the same schedule; or
3. The employee(s) provides supervision or lead for other employees working a different schedule. In this case, explain in detail the difference in the schedules and how these differences will be handled.

**C. Schedule -**

1. Work Schedule. Provide an illustration of the proposed work schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							

*Example of a 9/80 work schedule illustration:*

	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thur</i>	<i>Fri</i>	<i>Sat</i>	<i>Sun</i>
<i>Week 1</i>	<i>9 hrs</i>	<i>9 hrs</i>	<i>9 hrs</i>	<i>9 hrs</i>	<i>8 hrs</i>	<i>off</i>	<i>off</i>
<i>Week 2</i>	<i>9 hrs</i>	<i>9 hrs</i>	<i>9 hrs</i>	<i>9 hrs</i>	<i>off</i>	<i>off</i>	<i>off</i>

2. Work Hours. Describe the proposed hours of work (such as: “Monday through Thursday, 8:00 a.m. to 6:00 p.m., and Friday 8:00 a.m. to 5:00 p.m., with every other Friday off”.)
3. Describe the work schedules for all employees whose work is interdependent in providing a service, and who have common coverage obligations—even if other employees in that work group are not proposing and will not be working an alternate schedule. Indicate each employee’s scheduled days and hours worked, including lunch period. (Taken together, the schedules must assure continued adequate coverage.)

**D. Duration of Schedule**

1. What is the proposed start date of the alternate schedule? (The start date must be on a Monday, the beginning of the City’s normal work week.)
2. What is the proposed end date? (The end date must be equal to or less than six months from the start date).

**Alternate Schedule Request Form Signature Page**

I have read the Administrative Policy for Alternate Work Schedules and understand its contents and request the alternate schedule as described. I agree to all guidelines and conditions specified.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Recommends Approval:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

**Reviewed by:**

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

**Approved by:**

\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Date

Copy to:

Human Resources (Personnel File)

Finance Department (Payroll)



## GIFT POLICY

The City's policy regarding accepting gifts or gratuities states:

“No employee is permitted to receive or solicit gifts for services performed during his/her employment with the City. A polite "no, thank you" and a little tact can build a lot of respect for you personally and for the City.”

This is probably unrealistically stringent, given the possibility that a friendly citizen who has no business before the City may bring in home made cookies or a small box of candy. Therefore, the Senior Management Team has developed the following **new policy**:

- *Nominal* gifts that are consumable and sharable, can be accepted. Anything accepted must be of minimal value and placed in a common area such as a break room.
- Non-consumable gifts should be returned, or if that is not possible, taken to the Director of Parks and Recreation who will coordinate donating gifts to appropriate local non-profit agencies.
- Valuable or clearly inappropriate gifts should be returned. Alcohol is considered an inappropriate gift.
- If you are not sure whether or not something should be accepted, consult with your department head.
- Department heads may institute stricter guidelines if they feel they are appropriate or necessary given the particular situations.

Given the heightened concerns about communicable diseases, use caution before sharing any food items with the public.

Please let your department head know if you have any questions about this policy (which is in force year round, not just at the holidays).

Thank you for your help in ensuring Belmont maintains the highest level of integrity and professionalism in the eyes of the public.



## **PARTIAL DAY ABSENCES – EXEMPT EMPLOYEES**

August 14, 2001

This policy supercedes and replaces the memorandum dated September 15, 1999 regarding partial day absences for exempt employees, and is intended to clarify and standardize the timekeeping practices for such absences.

The September 15, 1999 memo advised employees classified under the Fair Labor Standards Act (FLSA) as exempt from overtime (“exempt “employees) not to record on payroll timesheets absences of less than a full day. Since that time, some departments have followed this practice while other departments have continued to record partial day absences on time sheets.

Effective August 16, 2001, all exempt employees should report use of sick leave, vacation leave, administrative leave, and/or general leave as appropriate for partial day absences (meaning absences of more than one hour). For example, if an exempt employee is required to be away from work for 3 hours for a doctor’s appointment, the employee should record 3 hours of sick leave usage on the appropriate time sheet.

The practice of using leave time to account for partial day absences is permissible under the FLSA. Accrued leave is not considered salary for FLSA purposes, so deducting accrued leave is not a salary reduction and does not violate the salary test for exempt employees. Further, it is common practice in the public sector to apply accrued leave toward partial day absences.

Department heads are asked to relay this information to the person(s) in their department responsible for preparing the payroll time sheets.



## OUTSTANDING SERVICE AWARDS

Established September 2002

### Purpose

- Management tool to recognize outstanding service
- Not necessarily a winner from each department every year
- Nominations may or may not involve staff input; may differ by department

### Award Criteria (revised May 2002)

- Outstanding acts of service to the organization that exemplify the values of the City of Belmont
- Outstanding acts of service to the community that exemplify the values of the City of Belmont
- Consistently outstanding job performance that exemplifies excellence in customer service, teamwork, and attitude.

### Process

- DH determines nominee(s) (process may differ by department) **August 1 –15**
- DH writes draft of Outstanding Service Award **August 16**
- DH reviews nominee(s) with CM for final approval **August 19 – 30**
- HR finalizes Awards **August 30 – Sept. 11**
- Awards presented at September All Hands Meeting **TBD each year**

### Award Content

- Award recipients to receive a framed plaque and a day off with pay

### Departments:

- City Manager's Department (CM, HR, City Clerk, Technology)
- Community Development Department
- Finance Department
- Parks and Recreation Department
- Police Department
- Public Works Department

## ANNUAL EMPLOYEE EVENTS

All Hands Meeting	March
Employee Picnic	May
All Hands Meeting & Outstanding Service Awards	September
Holiday Dinner & Employee Service Recognition	December



## **VISION CARE REIMBURSEMENT PLAN**

### **MMCEA, AFSCME Local 829, and Unrepresented Management Group**

Revised July 1, 2002

#### **PURPOSE OF THE PLAN**

The purpose of this Vision Care Plan is to provide for the correction of vision problems. Eye injuries and diseases are not covered under this plan.

#### **HOW THE PLAN WORKS**

The City of Belmont makes a contribution for each employee and eligible dependents per month into a special Vision Care Fund. A separate Vision Care Fund shall be maintained for each of the following employee groups: AFSCME Local 829, MMCEA, and the unrepresented management group.

At the end of the fiscal year, the funds accumulated for each employee group are drawn on to pay for any valid vision care bills for services and eye wear incurred during the fiscal year by members of that group only.

#### **ELIGIBILITY**

Eligible participants shall be defined as all employees in classifications represented by AFSCME and MMCEA, as well as employees in the unrepresented management group.

Eligible dependents shall be defined as spouse and children in accordance with the definitions for same under the City's medical plan; and domestic partner in accordance with the definition contained in the City's Memorandums of Agreement with employee groups.

An employee who begins and/or ends employment with the City within any fiscal year shall be entitled to benefits on a pro-rated basis (1/12th of normal reimbursement per month of eligibility) for that portion of the year during which employed.

New employees shall be added on the first day of the calendar month following the month of appointment.

Terminating employees shall be dropped from the plan on the last day of the month in which their employment terminates.

An employee may declare and add dependents by contacting the Human Resources Department and submitting necessary information to ascertain dependent eligibility.

#### **COVERED EXPENSES**

Covered expenses under this plan are those incurred and paid for by an employee or dependent for an eye examination, vision care, treatment, eye wear or service thereon, and which:

- Are performed or ordered by any legally qualified ophthalmologist, optometrist or physician operating within the scope of his/her license.
- Are necessary for diagnosis or treatment of a vision care problem or defect.
- Do not exceed reasonable charges.

- Are not also covered by medical or health insurance or by another vision care plan or benefit covering the employee or dependent.

Each employee and dependent is limited to one (1) eye examination per year and one (1) pair of eyeglasses or regular contact lenses per year. The maximum amount of reimbursement per fiscal year for frames is \$350 and for disposable contact lenses is \$400.

If sunglasses are needed for eye protection while on the job, this will be a covered expense only if recommended by the doctor and shown on the bill for services and the reimbursement form.

For the purposes of this plan, "Special Circumstances" shall mean those situations that are not normally considered covered expenses under the plan but that are prescribed and recommended as necessary to improve vision by a qualified doctor. All claims for special circumstances shall be explained on the reimbursement form. The Review Committee shall have leeway to make certain recommendations for payment on special circumstances, within the guidelines of the Plan. Payment may be made on claims for special circumstances only if money is available after claims for covered expenses have been paid.

### **REIMBURSEMENT PROCESS**

A City of Belmont "Vision Reimbursement" form must be completed for each employee or dependent submitting claims. The eye doctor's bill for services, indicating the type of service rendered, the date of service, the cost for such service, and proof of payment by the employee or dependent shall be included or attached to the Vision Reimbursement form, as well as receipts for eye wear and accessories. Forms and attached receipts are submitted to the Human Resources Department for processing.

Reimbursement shall be for expenses incurred and paid during the fiscal year (July 1 through June 30). The deadline for submission of claim forms and receipts shall be no later than July 15 of the following fiscal year for services performed during the prior fiscal year. All claims received after July 15 for services provided and paid during the previous fiscal year will be held and processed with the following year's claims.

If the total amount available in the vision care fund exceeds the total amount of claims submitted, employees and dependents will be reimbursed at 100% of valid claims. Claims for "Special Circumstances" will be paid on a percentage basis out of the remaining funds after all other claims have been paid.

If the total amount available in the vision care fund is less than the total amount of claims submitted, employees and dependents shall be reimbursed 100% of any valid claim up to the annual amount contributed by the City per employee. The balance of the remaining funds shall be used to reimburse the balance of claims on an equal percentage basis. In this situation, "Special Circumstance" claims will not be paid.

Unless otherwise specified in an employee group MOU, any funds remaining after the reimbursement of valid claims submitted shall be held in the vision care fund for reimbursement of subsequent years' claims.

### **VISION CLAIMS REVIEW COMMITTEE**

The Vision Claims Review Committee shall consist of two (2) representatives from each employee group. The Human Resources Director shall serve as the Review Committee for the unrepresented management group.

The Human Resources Department will conduct the initial review of all claims and prepare recommendations for reimbursement based on the Vision Plan guidelines contained herein. The Vision Claims Review Committee members from each employee group will review and approve claims reimbursement for their respective employee group claims.

### **GRIEVANCE PROCEDURE**

Grievances against actions taken by the review committee on vision care reimbursement will be referred to an eye doctor(s) selected by the Review Committee for final recommendation to the Committee.



## **VISION CARE REIMBURSEMENT PLAN BELMONT POLICE OFFICERS ASSOCIATION**

### **HOW THE PLAN WORKS**

The City of Belmont makes a contribution for each employee per month into a special Vision Care account.

At the end of the fiscal year, the funds accumulated are drawn on to pay for valid claims of one eye examination and one pair of glasses or contact lenses. Employees present claims during the year to the Finance Department at City Hall.

#### **Example #1:**

If the Plan contributions and claims for the fiscal year should be as follows:

<u>Plan Contribution</u>	<u>Claims Received</u>
\$ 1,500	\$ 1,000

The employee will be reimbursed for 100% of valid claims.

#### **Example #2:**

If the Plan contributions and claims for the fiscal year should be as follows:

<u>Plan Contribution</u>	<u>Claims Received</u>
\$ 1,500	\$2,000

The employee will be reimbursed to cover all claims up to and including the annual amount contributed by the City. For those employees with claims over this amount, the balance will be paid based upon a percentage of the balance of the remaining funds.

### **EFFECTIVE DATE OF THE PLAN**

July 1, 1988

### **ELIGIBLE EMPLOYEES**

All present employees of the group. The Plan is considered the secondary carrier. This means that the primary carrier, any present vision insurance company, will make whatever reimbursement it is liable for and City of Belmont will only recognize claims not covered by such carriers. Any new employees and retirees will be reimbursed based upon the percentage of the fiscal year employed.

### **REQUEST FOR REIMBURSEMENT**

A City of Belmont "BPOA Vision Reimbursement" form must be completed for each employee. The eye doctor's bill for services, indicating the type of service rendered, the date of service, the cost, and proof of payment by the employee must be attached to the form. The BPOA Vision Review Committee will approve all claims for reimbursement.

All Services must be completed by June 30 of each year. A separate form must be completed for each individual submitting claims. The forms should be returned at the completion of treatment and must be received by July 15 of the following fiscal year.

### **TERMINATION OF INSURANCE**

When your employment with the City of Belmont terminates, all vision care insurance will cease. Any outstanding claims for the employee, up to the date of termination, will be considered for reimbursement on the basis of 1/12<sup>th</sup> of normal reimbursement per month of employment from the start of the fiscal year. Any employee who voluntarily terminates or is terminated from City service with outstanding claims on file must forward his/her new address to the Finance Department, if applicable.

### **REVIEW COMMITTEE**

A three-member Review Committee administers the Plan and reviews all claims for validity. This committee meets at least once each year. These meetings will be announced in advance and are open to all full-time employees of the group.

### **LATE CLAIMS**

All claims received after July 15 for services provided and paid during the preceding fiscal year will be held and processed with the following year's claims.

### **GRIEVANCE PROCEDURE**

Grievances against actions taken by the Review Committee on vision care claims will be referred to an eye doctor(s) selected by the Review Committee for final recommendation to the Committee.

### **EXCLUSIONS**

Any service performed for vision care covered by Medical/Health Insurance will not be covered under this Vision Care Plan.

### **MISCELLANEOUS**

Any covered employee may submit a proposed change(s) to this Vision Care Plan, excepting contribution amounts, in writing to the Review Committee, which will take it up at their next meeting. Due to the uniqueness of this Plan, employee feedback is encouraged.

### **PURPOSE OF THE PLAN**

The purpose of this Vision Care Plan is to provide for the correction of vision problems. Eye injuries and diseases are not covered under this plan.

### **DEFINITION OF EYE DOCTOR**

The term "Eye Doctor" shall be construed to mean a legally qualified ophthalmologist or optometrist practicing within the scope of this plan. The "Eye Doctor" shall also include a legally qualified physician authorized by his license to perform the particular covered vision care service.

### **DEFINITION OF COVERED CHARGES**

"Covered Vision Care Charges" mean charges not exceeding reasonable charges incurred for vision care, treatment, service and/or eye wear which is performed or ordered by an eye doctor and which is necessary for diagnosis or treatment of a vision care problem or defect. In addition to the above limitation, each employee will be limited to one eye examination per year and to one pair of eyeglasses or contact lenses each fiscal



## **CITY OF BELMONT INJURY & ILLNESS PREVENTION PROGRAM (IIPP)**

### **Safety Coordinators**

Rev. 02.18.03

The City Manager has the overall authority and responsibility for environmental health and safety compliance for the City of Belmont. The safety coordinator has the lead role and the general authority to supervise all aspects of the IIPP and other safety related matters, utilizing the necessary resources to ensure hazards are reasonably resolved in a timely manner.

The safety coordinators and areas of responsibility are:

1. For Public Works Safety Coordinators are: Randy Ferrando and Dominic Piazza
2. For Parks and Recreation the Safety Coordinators are: Mike Stevens-Nappi and Henry Ruspil
3. Safety Coordinator Alternate for Parks and Recreation is: John Hallett
4. For Community Development the Safety Coordinator is: Kirk Buckman
5. For the Police Department the Safety Coordinator is: Robyn Pitts
6. For Administrative Services, the Safety Coordinator is: Deirdre Dolan
7. The Administrative Services Alternate is: Finance Administrative Assistant

The safety coordinators will, at a minimum, be responsible for the following:

- Employee training. Department specific employee training is kept with the area safety coordinator.
- Periodic inspections.
- Communications.
- Injury and illness investigations.
- Safety discipline referral.
- Record keeping. Safety records are kept with Laura Frisbie in the Human Resources Department.

## **The Code Of Safe Practices**

After all hazards are identified, they are evaluated by using the General Industry Safety Orders, employee input, and available published statistics. The Code of Safe Practices is then developed. The Code includes all the proper preventive measures and safety rules to work in the area safely.

Employees are to receive specific instruction by their responsible safety coordinator or their supervisor with respect to hazards specific to each employee's job assignment, as found in the Code of Safe Practices.

Each rule in the Code of Safe Practices should have a similar periodic inspection question in Section 3.

### **Inspection Checklist and Correction Form**

Periodic inspections are designed to ensure that the Code of Safe Practices is being followed and to help identify new or previously unrecognized hazards.

**Periodic Inspections are to be conducted at the frequency listed below.** If there is equipment or a procedure that is unsafe, correct the condition immediately or identify the person who will correct the hazard and set a date for the correction to be completed. If the hazard identified is with a piece of equipment, then it needs to be locked and/or tagged out of service (or procedure discontinued), repaired or replaced, and a re-inspection of the correction at the completion date. If there are any non-complying personnel, the employee is to be told immediately of the violation, informed of the correct procedure, asked to comply, and reminded of the disciplinary policy/ MOU.

#### **Periodic Safety Inspection Frequency**

- City Hall and all office areas .....Annually
- Police Department.....Annually
- Corporation Yard .....Semi-Annually
- Parks buildings.....Annually
- Parks Sports Complex.....Semi-Annually

These periodic inspection forms and documented corrections must be **maintained for a minimum of three years.**

## Evaluating Hazards

Evaluating hazards is an essential part of hazard control. It is important to identify all equipment and practices.

Examples of the tools used for identifying and evaluating work place hazards include the Hazard Evaluation Forms. These tools aid safety coordinators in the "site specific" identification, evaluation, and further Code of Safe Practice development.

### ***Special times when hazards would need to be identified & evaluated:***

- 1) When the General Industry Safety Orders of the California Code of Regulations that apply to your Code of Safe Practices are revised.
- 2) During the accident investigation process.
- 3) When established, based on the initial hazard evaluation by Du-All Safety.
- 4) Whenever new substances, process, procedures, or equipment are introduced to the work place that represent a new safety hazard.
- 5) Whenever the employer is made aware of a new or previously unrecognized hazard.
- 6) When employee safety suggestions are made regarding a hazard.

With regard to chemicals on site, we will refer to the material safety data sheets (MSDSs) found in the company's Hazard Communication Program, if applicable, for proper handling, storage, protective equipment, etc.

- The Code of Safe Practices must be reviewed and updated by the safety coordinators as new hazards are identified.
- When the Code of Safe Practices is updated, workers must be trained and/or alerted by the safety coordinators to the new hazard and the new proper safe practice(s) being implemented.
- When the Code of Safe Practices is updated, the Periodic Inspection Checklist may also need to be updated so the safety coordinator(s) can periodically inspect the new, potential hazard.

## **Investigations of Occupational Injury or Illness and Corrective Actions**

### **ACCIDENT, INJURY AND ILLNESS INVESTIGATION FORM:**

Once an occupational illness, accident, or injury occurs, the immediate supervisor must complete a report as soon as possible. The IIPP coordinator will evaluate the cause of the injury and what actions need to be taken to protect other employees. All actions will be documented on the Accident, Injury & Illness Investigation Form and will include identified hazard(s), who will be assigned to correct the hazard(s), and the date of completion. The completed form is to be forwarded to Laura Frisbie in Human Resources.

### **WORKERS' COMPENSATION EMPLOYEE CLAIM FORM:**

The supervisor must provide this form to the employee within 24 hours of learning of the injury or illness. The employee should return the form in a timely manner. The completed form is to be forwarded to Laura Frisbie in Human Resources.

- Fill out Employee Claim Form (DWC Form 1) bottom portion, give the form to the employee and retain a copy in a file as evidence of submission.

### **EMPLOYEE'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS**

The employee must fill out and complete the Employee's Report of Occupational Injury or Illness when the employee suffers an occupational injury or illness.

### **SUPERVISOR'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS**

The employee's supervisor must interview the employee and complete the Supervisor's Report of Occupational Injury or Illness when an employee suffers an occupational injury or illness. The supervisor must forward this form along with the Employee's Report of Occupational Injury or Illness to Human Resources.

### **WORKERS' COMPENSATION EMPLOYER'S FIRST REPORT**

Human Resources must fill out and complete the Employer's First Report when an employee suffers an occupational injury or illness if:

- The occupational injury or illness results in a lost time, defined as absence from work for a full day or shift as a result of the injury or illness.
- The occupational illness or injury requires medical attention beyond first aid. First aid is defined as any one-time treatment of scratches, cuts, burns, splinters, etc. that do not require the services of a physician.

### **DOCTOR'S FIRST REPORT FORM:**

If the employee goes to the doctor, obtain a DOCTOR'S FIRST REPORT FORM from the doctor for the file. The completed form is to be forwarded to Laura Frisbie in Human Resources.

### **OSHA LOG 300:**

Please forward all accident reports to Laura Frisbie in Human Resources who will determine if the injury or illness is recordable on the OSHA Log 300/300 (see guidelines on the form itself) and record if necessary.

- **ALL SERIOUS INJURIES MUST BE REPORTED TO OSHA WITHIN 8 HOURS. SUPERVISORS ARE TO MAKE THE REPORT AND LEAVE A MESSAGE WITH Deirdre Dolan AT X988. The Cal/OSHA Reporting phone number is: (510) 622-2916**

### **Record Keeping**

The following safety records will be kept in Finance/Risk Management and will include records of:

- A) Periodic inspections identifying unsafe work practices and conditions including:**
  1. The name of the person(s) conducting the inspection.
  2. The unsafe condition or work practice(s) identified.
  3. The action taken to correct the unsafe condition or practice.
  4. Copies to the appropriate persons and files.
- B) Documented safety and health training including:**
  1. Employee name.
  2. Training dates.
  3. Type(s) of training.
  4. Name(s) of trainer(s).
- C) Documented accident, injury and illness investigations including the completed form(s).**
- D) Safety Suggestion Forms and the documented responses.**

The following safety records will be kept by Laura Frisbie in Human Resources and will include records of:

- E) Complete and up-to- date OSHA Log 300. This Log 300 is to be posted every year in the month of February.
  - **All serious injuries are to be reported to OSHA within 8 hours.**
- F) Copies of all required workers' compensation forms (Employer's First and Employee Claim Forms).
- G) A Safety Committee has been established, it will meet monthly and all safety committee meeting *minutes* will be posted and available to employees.

**All of these records should be maintained for three (3) years.**

### **Recordability Guidelines for the OSHA Log 300**

Every employer in California (with limited exceptions) must complete and post\* the OSHA Log 300. This log is also known as the Summary of Occupational Injuries and Illness (California Code of Regulations, Title 8, Sect. 14301). Listed below are samples of recordable injuries and illnesses for the Log 300. This is not a complete list.

#### **Recordable**

X-Ray which is positive  
Whirlpool treatment  
Diathermy treatment  
Sutures (stitches)  
Soaking (hot or cold) on second alone  
    or subsequent visit  
Any head injury  
Use of prescription medications  
Treatment for infection  
doctor  
Removal of foreign bodies from eye  
Burns of second or third degree  
Termination of employment\*\*  
Job transfer\*\*  
Restriction of motion or work\*\*  
Loss of consciousness\*\*

#### **Non-Recordable**

X-Ray which is negative  
Hospitalization for observation  
Treatments other than first aid  
One-time use of antiseptics  
Tetanus shots, initial or boosters  
  
Ointments applied to prevent  
    drying or cracking  
Use of non-prescription medication  
Elastic bandage on first visit to  
  
Burns of the first degree  
Compress use, hot or cold

\* The OSHA Log 300 of recordable injuries and illness is to be posted in the month of February for the previous year's reports. When posting, make sure that the employee names are removed or hidden by folding the form.

\*\* Regardless of medical/first aid treatment.

- When in doubt, record it and note that it is questionable.
- Your workers' compensation carrier will provide, upon request, a report of all the recorded claims in the reporting period. Safety coordinators may use this information (usually a computer printout) as a worksheet to fill out the OSHA Log 300.
- Additional instructions on completing the Log 300 can be found on the back of the Log 300 form itself.

### **Communication**

Communication is an important part of the IIPP program. The City of Belmont believes the best way to maintain open communication with employees is through five means:

- 1) A safety bulletin board located in the break areas for written communication, relevant safety topics, posted temporary hazards, and the safety committee minutes.
- 2) Since the employee is often in a better position to spot potential hazards in the work areas, we have placed a suggestion box and forms in each area. Employee input with regard to safety is encouraged. All suggestions will be reviewed regularly with a response given in a timely manner to the person making the suggestion. In the event of an anonymous suggestion, a response will be written and posted on the safety bulletin board as well as the safety committee minutes.
- 3) Safety posters and signs will be posted in areas of concern to help remind employees of certain hazards and to protect themselves.
- 4) General safety meetings will be scheduled as needed to review changes in the program and receive employee input.
- 5) A Safety Committee has been established and will meet every month.

The safety suggestion box locations include:

- City Hall: Break Room
- Police Dept.: Break Room
- Corp. Yard: Break Room
- Parks and Recreation: Break Room

A copy of the Safety Suggestion Form can be found in Section 8.

## Training

Training is the most important part of this program. It is critical that everyone understand their workplace hazards and are trained by their supervisor and safety coordinator in:

- **THE CODE OF SAFE PRACTICES.**
- **ACCIDENT REPORTING.**
- **COMMUNICATION (SUGGESTION FORM and SUGGESTION BOX).**
- **COMPANY SAFETY POLICIES:**
  - DISCIPLINARY POLICIES.

A) Supervisors and/or Safety Coordinators shall receive training to familiarize them with the health and safety hazards to which employees under their immediate direction and control may be exposed.

B) Supervisors and/or Safety Coordinators are responsible to be sure that those under their direction receive training on general workplace safety as well as on health and safety issues specific to their job.

### **Training is provided:**

1. To all employees and those given new job assignments for which training has not yet been received.
2. Whenever new substances, processes, procedures or equipment are introduced to the workplace that represent a new hazard.
3. Whenever the employer is made aware of a new or previously unrecognized hazard.

**The Training Log for all employees (at the end of this section) is to be filled out completely, upon the completion of any training. All training logs should be maintained for a minimum of *three years*.**

The following is an example of the types of training that may be required at a typical City. The list is not exhaustive.

Hazard Communication	Emergency Response
Respirator Fit Testing & Use	First Aid/CPR
Forklift Operation	Ergonomics
Hazardous Materials & Waste Handling	Workplace Violence
Hearing Conservation	Confined Space
Lockout/Tagout	DOT Transportation of Hazardous Materials
Occupational Exposure to Bloodborne Pathogens	
Fall Protection	
Fire & Evacuation	

## **Disciplinary Procedures**

Employees who fail to comply with the City of Belmont safety rules (the *Code of Safe Practices*) will be subject to disciplinary action up to and including termination. Supervisors will follow the normal disciplinary procedures as identified in the City of Belmont Personnel Rules and Regulations, Employee Handbook, or the Union Memorandum of Understanding (MOU).

**City of Belmont Safety Suggestion Form**

**This form is for use by employees who wish to make suggestions or report an unsafe condition or practice.**

Area of Unsafe Condition or Practice: \_\_\_\_\_

Description of Unsafe Condition or Practice: \_\_\_\_\_

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

Causes or Other Contributing Factors: \_\_\_\_\_

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

Suggestion For Improving Safety: \_\_\_\_\_

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

Has the Matter Been Reported to the Safety Coordinator? \_\_\_\_\_

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

THE CITY OF BELMONT ENCOURAGES EMPLOYEES TO PARTICIPATE IN COMMUNICATIONS INVOLVING SAFETY.

THE CITY OF BELMONT WILL INVESTIGATE EVERY SUGGESTION AND ADVISE THE EMPLOYEE OF THE RESPONSE IN A TIMELY MANNER.

**Anonymous Suggestions: A response will be written and posted on the safety bulletin board in the break room and in the safety committee minutes.**

**Training Log**

**Trainer(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Subjects Covered** \_\_\_\_\_

\_\_\_\_\_

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Print Name	Signature	Date
------------	-----------	------

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

11) \_\_\_\_\_

12) \_\_\_\_\_

13) \_\_\_\_\_

14) \_\_\_\_\_

15) \_\_\_\_\_

16) \_\_\_\_\_

17) \_\_\_\_\_