



Lyon County Comprehensive Safety Policies and Procedures

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Please see individual department Safety Coordinators or County Risk Manager

Section: 1

Lyon County Written Workplace Health and Safety Program

1.01 General Introduction

Regulatory Requirements:

Requirements for establishing, implementing, and maintaining an effective Written Workplace Safety Program are found under the authority of the Nevada Administrative Code (NAC) 618.538, and should be developed in accordance with NRS 618.383 and NAC 618.540 and 618.542.

Mission Statement:

The health and safety of Lyon County employees is a key consideration in the operation of the County. Management and supervisory personnel will be accountable for the safety of those employees working for them and will be expected to enforce, conduct and maintain safe operations at all times. Management will also be responsible for establishing safe working conditions and proper attitudes towards safety and for promoting the health and safety of all associates.

Program Responsibility:

The County Risk Manager is responsible for this plan. He/she is responsible for all facets of this program and has full authority to make necessary decisions to ensure success of the safety program in the County.

The general duties and functional responsibilities for safety and health in the County for the different positions are described below. However, they are not necessarily limited to the items listed.

Individual safety programs (when applicable) exist pertinent to a particular topic and/or regulation. Each of these programs has a set of responsibilities assigned, which specifically address the requirements relevant to that particular safety program.

Specific duties of the Department **Directors** include, but are not necessarily limited to the following:

- Promote a safe and healthy culture throughout the department.
- Set the highest standard possible for safety and health practices.
- Ensure that the needed financial, material and personnel resources are provided to achieve the goals and objectives of the safety and health program.
- Review all health and safety considerations when purchasing and introducing new machines, operations, procedures or materials into the department.
- **Appoint an individual to serve as the department's health and safety coordinator** to provide support, training and adequate resources.
- Involve the department's safety coordinator in the planning, purchasing, installation and final inspection before any tool or piece of equipment is placed into operation.
- Personally review serious accidents and near misses to insure that all proper investigations are completed and corrective action is taken in a timely manner.
- Providing a system of recognition for successful safety performance.
- Ensure the department is in compliance with all applicable federal, state and local safety and health requirements.

- Enforce safety rules in accordance with the County’s policies.
- Provide observations and feedback to the department safety coordinator and exchange information with County management regarding employees, and this program.

Specific duties of the Department **Safety Coordinator** include, but are not necessarily limited to the following:

- Ensure that the department’s safety program is fully implemented and effective.
- Conduct regular safety meetings for all personnel in their department.
- Ensuring that good housekeeping practices are maintained at all times.
- Ensure that each element of the program is implemented by each of the department supervisors.
- Ensure that all department supervisors comply with the provisions of the safety programs.
- Assisting individual supervisors to develop safety management skills and knowledge.
- Promote safety and health and serve as a resource to all staff.
- Maintain the facility’s recordkeeping system for safety training records, and safety inspection records and ensure regular walkthrough inspections are performed
- Review serious accidents and near misses to insure that all proper investigations are completed.
- Ensure that each piece of equipment in his/her department is properly maintained.
- Issue work orders and written requests to address hazardous conditions in their area of responsibility and following up to ensure timely correction of the problem.

Specific duties of the County Risk Manager and/or Human Resources Director include, but are not necessarily limited to the following:

- Conduct evaluations of the County as necessary to ensure that the provisions of this written program are being effectively implemented and that it continues to be effective.
- Maintaining current knowledge concerning the legal requirements of different safety and health requirements, and making sure that it satisfies with federal, state and local safety regulations.
- Coordination of program requirements with County Safety Committee and *other employees* to develop and implement appropriate policies and practices.
- Coordinating reviews with the County Safety Committee and *other employees* to implement improvements to the program on an annual basis or as often as necessary.
- Work with the County Public Works department on special hazards or workplace design.
- Study the potential hazards of planned and proposed changes to County facility and operations and make appropriate recommendations.
- Human Resources will maintain OSHA 300 and 300A log forms.
- Serve as advisor on the County’s Safety Committee.
- Ensuring that appropriate training has been provided to all employees.
- Review accident investigation reports and assist in conducting any investigation wherein an accident has resulted in serious injury or property damage.
- Maintaining overall responsibility for this program within the County.

Specific duties of County Employees (without regard to position) include, but are not necessarily limited to the following:

- Be an active participant in the safety and health program.
- Follow and perform all tasks in accordance with all instructions and training received as well as with the procedures outlined in this program.
- Attend safety and health related training sessions offered by the County.
- Attend annual training sessions within their department on Lyon County's Comprehensive Safety Program.
- Inform their Supervisor and/or the department safety coordinator of any hazards that they feel are not adequately addressed, and of any other concerns that they have regarding this program.
- Report all accidents, or near misses no matter how small they are to their supervisors.

Preparation and Availability of this Safety Program:

This Written Workplace Safety Program has been prepared in accordance with the regulatory requirement.

This written program will be maintained by each County department and the County Manager and made available to the representatives of the Nevada Department of Business and Industry, Division of Industrial Relations- Occupational Safety and Health Section (Consultation and/or Enforcement) and other interested parties upon request, during normal office hours.

Also maintained by each County department and Risk Manager are copies of employee training records, as well as any other safety related information pertinent to each department. Training records will be updated as new employees are trained, and as existing employees receive refresher training.

Revisions to the Program:

This program will be reviewed as necessary, and updated accordingly whenever:

- Applicable regulations are revised.
- Program responsibility changes.
- Whenever new or modified tasks and procedures are implemented which affect employee exposure to hazards.
- After regular evaluations of the workplace for hazards, which indicate that current positions or new functional positions require special procedures.
- Required by the Nevada Department of Business and Industry, Division of Industrial Relations- Occupational Safety and Health Section (Consultation and/or Enforcement) after a review of the program.

1.02 Hazard Identification, Analysis and Control

Hazard Identification:

Periodic inspections consist of identification and evaluation of workplace hazards utilizing applicable safety walkthrough inspection checklists, and any other effective methods to identify and evaluate workplace hazards.

Periodic inspections to identify and evaluate workplace hazards shall be performed by a competent observer(s) appointed by department supervisors or by qualified members of the County's Safety Committee.

The standard practice of this County is to conduct regular departmental inspections (performed by department employees assigned to the task by supervisor), in collaboration with the Safety Coordinator in order to identify if any sources or hazards are present, or are likely to be present. Written documentation will be completed after each periodic inspection takes place. Deficiencies in the system will be addressed/corrected and documented accordingly with the inspection documentation.

The County safety committee will perform an assessment of the safety and health program of the County as necessary. This audit program is designed to ensure that Lyon County is in compliance with all applicable federal, state and local safety and health regulations as well as with those requirements set by the County.

In addition, periodic inspections will be conducted whenever:

- New substances, processes, procedures or equipment, which present potential new hazards, are introduced into the workplace.
- New previously unidentified hazards are recognized.
- Significant occupational injuries and illnesses occur.
- When we hire and/or reassign permanent or intermittent workers to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
- Workplace conditions warrant an inspection.

Lyon County maintains separate safety programs designed to address the issues associated with the use of personal protective equipment based on hazard assessments including the use of hearing protection, respiratory protection, etc.

Hazard Analysis:

Techniques used to analyze hazards identified as explained in the previous section will consist of the following means:

- Performing a job safety analysis (JSA) for each department and/or job description when necessary.

- The use of area and personal sampling methods.
- Performing safety walkthrough inspections for each facility.
- A periodic review of accident investigation reports.
- Trend analysis of the OSHA 300 and 300A logs.

Hazard Correction and Control:

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

- When observed or discovered.
- When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection; and
- All such actions taken and dates they are completed shall be documented on the appropriate forms.

Consideration will be given to the feasibility of elimination and/or reducing occupational hazards by means of engineering, administrative and/or training controls.

- *Engineering Controls*- There are numerous engineered safeguards throughout the County used to protect employees and prevent exposure to hazards. Examples of engineering controls are machine guards, safety controls, isolation of hazardous areas, monitoring devices, etc. Specific engineering controls are addressed in other County safety programs and in equipment and process procedures.
- *Administrative Controls*- These controls involve the use of procedures, assessments, inspection, records to monitor and ensure safe practices and environments are maintained. Other administrative controls are in place to identify new hazards and implement corrective action. Examples of administrative controls are periodic inspection equipment operation and maintenance procedures, hazard analysis, selection and assignment of personal protective equipment, etc.
- *Training Controls*- This aspect of hazard control is used to ensure employees are fully and adequately trained to safely perform all tasks to which they are assigned. No employee is to attempt any task without proper training in the equipment use, required personal protective equipment, specific hazards and their control and emergency procedures. Examples of training controls are initial new hire safety orientation, job specific safety training and periodic refresher training.

It will be the responsibility of the department Safety Coordinators to monitor the progress of all abatement procedures and ensure that all affected employees are apprised of the status.

1.03 Training Structure

General Training Structure and Instruction:

The department Safety Coordinators are responsible to ensure that *all* Lyon County employees receive training and instruction on general and job-specific safety and health practices. Training and instruction shall be provided as follows:

- To all new employees.
- To all employees given new job assignments for which training has not previously been provided.
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
- Whenever the department is made aware of a new or previously unrecognized hazard.
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed.
- To all employees with respect to hazards specific to each employee's job assignment.

Lyon County's safety and health practices include, but are not necessarily limited to the following:

- Explanation of the County's Safety Program, emergency action plan/fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
- Use of appropriate clothing, including gloves, footwear, and personal protective equipment.
- Information about chemical hazards to which employees could be exposed and other hazard communication program information.
- Availability of toilet, hand-washing and drinking water facilities.
- Provisions for medical services and first aid including emergency procedures.

In addition, individual department supervisors will provide specific instructions to all employees regarding hazards unique to their job assignment, to the extent that such information was not already covered in other training.

All training will be conducted by individuals selected by management with the necessary knowledge, training, and experience to properly train employees in the respective subject matter. The person conducting the training must be knowledgeable in the subject, and should be familiar with the elements contained in the County's training program as it relates to the workplace.

Training will consist of a combination of the following:

- Formal Instruction (e.g., lecture, discussion, interactive computer learning, videotape, written material, etc.).
- Practical Training (demonstrations performed by the trainer and practical exercises performed by the trainee).

Upon completion of training, employees will be required by the County to demonstrate understanding of the information presented. This may be done by means of a written test and a skills demonstration (when applicable).

Training Program Content:

The training program provided to employees of Lyon County will contain at a minimum the elements/topics detailed in the regulation subject, the specific written safety program and any other safety sources, which will provide adequate instruction. All training sessions will include an opportunity for interactive questions and answers with the person conducting the training and the employees receiving the training.

Specific programs (e.g., Confined Spaces, Blood borne Pathogens, Hazardous Communication, Hot Work & Compressed Gas, Accident Investigation, PPE, etc.) contain specific training topics that must be covered. Each program should be individually consulted prior to the specific training.

Refresher Training:

Lyon County will re-train employees as mandated by each regulation on the specific subject or whenever any of the following situations occur:

- Inadequacies in the employee's knowledge regarding safety and health policies and procedures or whenever the employee has not retained the requisite understanding or skills.
- Any other situation arises in which retraining appears necessary.

List of Training Topics

The list below provides a quick look of the different training subjects provided to employees of Lyon County. This list is by no means all-inclusive, but reflects the most common topics covered during initial and regular training sessions. Other training topics will be discussed as deemed necessary by the program administrator. The training topics are:

- Lyon County's Comprehensive Safety Policies and Procedures
- Confined spaces.
- Good housekeeping, fire prevention, safe practices for operating any type of County equipment.
- Safe procedures for cleaning, repairing, servicing and adjusting equipment and machinery.
- Safe access to working areas.
- Protection from falls.
- Electrical hazards, including working around high voltage lines.
- Crane operations.
- Contractor Safety
- Proper use of powered tools.
- Guarding of belts and pulleys, gears and sprockets, and conveyor nip points.
- Machine, machine parts, and prime movers guarding.
- Lockout/tagout procedures.

- Materials handling.
- Landing and loading areas, including release of rigging, landing layout, moving vehicles and equipment, and truck locating, loading and wrapping.
- Fall protection from elevated locations.
- Use of elevated platforms, including telescoping lifts, lift trucks, and scissor lifts.
- Driver safety.
- Slips, falls, and back injuries.
- Ergonomic hazards, including proper lifting techniques and working on ladders or in a stooped posture for prolonged periods at one time.
- Personal protective equipment.
- Respiratory Protection Equipment.
- Hazardous chemical exposures.
- Hazard communication.
- Physical hazards, such as heat/cold stress, noise, and ionizing and non-ionizing radiation.
- Blood borne pathogens and other biological hazards.
- Vehicle and Equipment use Policy
- Other job-specific hazards.

1.04 Recordkeeping

Lyon County will retain written information regarding different aspects of the overall safety and health program and this Written Workplace Safety Program. This information will facilitate key employee involvement in the County's safety program as well as to help the program administrators in auditing the adequacy of the different safety programs. Similarly, it will provide a record for compliance determinations by OSHA.

Also maintained by the County Risk Manager are copies of any related safety documentation for all of the appropriate safety programs including: Confined Space, Bloodborne Pathogens, Hazardous Communication, SDS, accident investigation, etc.

Training Records:

Training records will be completed for each employee upon completion of the training session and will be actively maintained for a minimum of three years from the date on which the training occurred. After this time, all records are filed and/or stored accordingly.

The training records include the following information:

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and qualifications of persons conducting the training.
- The names of all persons attending the training sessions.

Hazard Assessment Inspection Records (Walkthrough Inspections):

Hazard assessment inspection records, including the person(s) conducting the inspection, the unsafe conditions, work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices, are recorded on a hazard assessment and correction form. As explained above, hazard assessment records will be actively maintained for a minimum of three years from the date on which the inspection occurred. After this time, all records are filed and/or stored accordingly.

1.05 Enforcement

Enforcement of Safety Rules:

Lyon County is fully committed to provide for the safety, health, and well being of its employees. Therefore, all employees will be fully informed, trained and certified according to the guidelines set in the County's safety program. Each employee is expected to fully comply with all safety rules and to exercise caution in all activities and work settings.

Violations of safety rules will be considered a very serious matter. Employees who violate County safety guidelines and standards are subject to disciplinary action, up to and including termination of employment. Employees must immediately report any unsafe condition to the appropriate supervisor(s).

Depending on the severity of the matter, violations of safety guidelines and standards will be addressed in the following manner:

- A. First Incident/Occurrence: Verbal Warning.
- B. Second Incident/Occurrence: Written Reprimand
- C. Third Incident/Occurrence: Written Reprimand with suspension.
- D. Fourth Incident/Occurrence: Termination.

All occurrences and counseling with an employee will be documented by the supervisor and maintained in the employee's personal file. For additional information refer to the County's Personnel Policy Manual and Collective Bargaining Agreements.

As previously indicated, management is not limited or required to address disciplinary action against an employee following exactly the occurrence order previously explained. Depending on the severity of the violation, an employee can be terminated immediately, even if that was the employee's first offense.

Temporary Service Agencies Employees and Contractors:

All temporary service agency employees and contractors are expected to follow normal safe practices and to obey all of the safety procedures established onsite. Lyon County has the authority at any given time to halt any work performed by any outside contractor whenever the situation presents a hazard which is likely to cause possible death or serious physical harm.

1.06 Safety Committee

In addition to the established regulations, it is the policy of Lyon County to establish a Safety Committee for the following purposes:

- To increase and maintain the interest of employees in health and safety issues.
- To convince managers, supervisors and employees through awareness and training activities that they are primarily responsible for the prevention of workplace accidents.
- To help make health and safety activities an integral part of the organization's operating procedures, culture and programs.
- To provide an opportunity for the free discussion of health and safety problems and possible solutions.
- To inform and educate employees and supervisors about health and safety issues, new standards, research findings, etc.
- To help reduce the risk of workplace injuries and illnesses.

To help insure compliance with federal, state and local safety and health standards.

Safety Committee Mission Statement:

The mission of the Safety Committee is to develop and promote a healthy and safe environment for all employees and visitors in County facilities through the involvement of all individuals with regards to education, communication and safe work practices.

Safety Committee Activities:

The health and safety activities of the committee will include, but are not limited to, the following:

- Identify unsafe work practices and conditions and suggest appropriate remedies.
- Review accident/incident reports. Types of accidents, causes and trends shall be identified and appropriate corrective action suggested.
- Obtain and analyze available data on past injuries and illnesses and identify trends and suggest appropriate corrective actions.
- Development and implementation of effective health and safety awareness programs.
- Encourage feedback from all individuals with regard to health and safety related ideas, problems, and solutions.
- Assist in communicating the purpose, activities and accomplishments of the committee to all employees.
- Provide support and serve as a resource in the development, implementation, and maintenance of Lyon County's Comprehensive Safety Policies and Procedures.
- Development of written programs and to ensure that the County is in compliance with the established OSHA health and safety regulations.
- Serve as an advisory body to management on health and safety issues.
- Providing suggestions and recommendations for resolution of health and safety concerns.

Department Director's Responsibilities

- Enforce all safety and health rules and procedures.
- Actively promote health and safety.
- Allow the time for committee representative participation in meetings and assigned responsibilities.
- Allocate the funds/resources necessary to implement safety and health committee activities.
- Lead by example in following all health and safety rules.
- Support committee decisions.
- Provide timely feedback to the committee.
- Perform the initial investigation of all injuries, incidents and near misses.

County Risk Manager's Responsibilities

- Actively promote health and safety.
- Act as communication liaison between County Commissioners and the committee.
- Facilitate the health and safety committee meetings.
- Coordinate the assignment of activities to committee members.
- Establish necessary deadlines based on member input.
- Follow-up on assigned responsibilities.
- Schedule and develop an agenda for meetings based on member input.
- Introduce new members.
- Ensure the effectiveness of the meeting by directing discussions to meet mission and objectives.
- Assist with the development of the agenda.
- Ensure the meeting minutes are recorded, completed, and distributed in a timely fashion.
- Ensure agenda with minutes is distributed to committee member's one week prior to each scheduled meeting.
- Direct a member to take and record attendance.
- Make arrangements for the meeting room.
- Distribute any correspondence and/or directives developed by the committee.
- Develop and maintain files of meetings and correspondence.

Human Resources Responsibility

- Actively promote health and safety.
- Serve in the capacity as a resource to the committee on health and safety issues.
- Review all accident investigation reports.

Committee Members Responsibilities

- Actively promote health and safety.
- Attend all health and safety meetings on time or arrange for an alternate to attend.
- Communicate committee activities to his/her department.
- Work on or assist with appointed projects.

- Bring safety or health concerns to committee meetings and/or to the attention of the affected employee's supervisor.
- Assist with the development of the agenda upon request.
- Serve as an example by following all safety rules and work practices.

Committee Meetings:

Meetings will be held quarterly (unless otherwise scheduled) at a specific time announced by the County Risk Manager.

Special meetings of the committee may be called by the County Risk Manager upon his/her initiative, or upon the request of at least five (5) members. The special meetings will be counted as regular meetings when being applied towards meeting commitments.

The minutes of the meeting will be given to each committee member and posted on bulletin boards throughout the County facilities.

A typical committee meeting should include:

- A review of unfinished items from the previous meeting(s) and/or activities.
- Discussion/review of safety inspection reports and the actions taken to correct observed hazards.
- Review of accident/incidents sustained since the previous meeting and a discussion of measures to prevent similar accidents and incidents.
- Review of the status of current action plans or training programs.
- Review of outstanding recommendations developed by outside loss control consultants, or by OSHA consultation/compliance inspectors.
- Discussion about activities related to future action plans and/or training programs.
- Discussion about special activities.
- Discussion about new business, future agenda items, projects and meeting dates.

1.07 Code of Safe Rules

Lyon County's Written Workplace Safety Program Code of Safe Rules and Practices

Safety is a cooperative undertaking requiring participation by every employee. Failure by any employee to comply with the established health and safety regulations and procedures will be grounds for disciplinary action up to and including termination. Supervisors shall insist that employees observe all applicable federal, state, local as well as all County established safety regulations and practices and take action as is necessary to maintain compliance at all times.

The following list of safe rules is general in nature and by no means all-inclusive. For specific rules and/or questions regarding safety, please ask the department Safety Coordinator, the department Director and/or the County Risk and Human Resources Managers.

- Employees shall report all unsafe conditions and equipment to their Supervisors.
- Employees shall report all accidents, injuries and illnesses to their Supervisors and the Human Resources Manager immediately.
- Anyone known to be under the influence of intoxication liquor or drugs shall not be allowed on the job while in that condition.
- Horseplay, scuffling and other acts which tend to have an adverse influence on the safety or well being of the employees are prohibited.
- Means of egress shall be kept unblocked, well lighted and unlocked during work hours.
- In the event of fire, sound alarm and evacuate.
- Upon hearing fire alarm, stop work and proceed to the nearest clear exit. Assemble at the designated location.
- Only trained workers may attempt to respond to a fire of other emergency.
- Exit doors must comply with the fire safety regulations during business hours.
- Stairways should be kept clear of items that can be tripped over and all areas under stairways that are egress routes should not be used to store combustibles.
- Materials and equipment will not be stored against doors or exits, fire ladders or fire extinguisher stations.
- Aisles must be kept clear at all times.
- Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
- All spills shall be wiped up promptly.
- Always use the proper lifting techniques. Never attempt to lift or push an object that is too heavy. Employees must seek assistance when help is needed to move a heavy object.
- Never stack material precariously on top of lockers, file cabinets or other relatively high places.
- When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material or tripping hazards.
- Do not stack material in an unstable manner.
- Report exposed wiring and cords that are frayed or have deteriorated insulation so that they can be repaired/replaced promptly.
- Never use a metal ladder in an area where the ladder could come into contact with energized parts of equipment, fixtures or circuit conductors.
- Maintain sufficient access and working space around all electrical equipment to permit ready and safe operations and maintenance.
- Do not use any portable electrical tools and equipment that are not grounded or double insulated.
- All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
- All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
- Inspect motorized vehicles and other mechanized equipment daily or before use.
- Shut off engine, set brakes and block wheels prior to loading and unloading vehicles.
- Inspect pallets and their loads for integrity and stability before loading or moving.

- Do not store compressed gas cylinders in areas that are exposed to heat sources, electric arcs or high temperature lines.
- Do not use compressed air for cleaning unless the pressure is less than 30 psi.
- Identify contents of pipelines prior to initiating any work that affects the integrity of the pipe.
- Wear hearing protection in all areas identified as having high noise exposure.
- Appropriate eye protection must be worn when grinding.
- Do not use any faulty or worn hand or power tools.
- Guard floor openings by a cover, guardrail, or an equivalent form of protection.
- Do not enter into a confined space unless you have been trained in confined entry and follow County confined space entry procedures.
- Always keep flammable or toxic chemicals in closed containers when not in use.
- Do not eat in areas where hazardous chemicals are present.
- Be aware of the potential hazards involving various chemicals stored or used in the workplace. Always read the warning label and refer to the safety data sheets (SDS) when needed.
- Cleaning supplies must be stored away from edible items on kitchen shelves.
- Cleaning solvents and flammable liquids must be stored in appropriate containers.
- Solutions that may be poisonous or not intended for consumption should be kept in well-labeled containers.
- When working with a Video-Display-Terminal (VDT), have the chair and other equipment properly adjusted, positioned and arranged to minimize strain on all parts of the body.
- Never leave the lower desk cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
- Do not open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets.
- Appliances such as coffeepots and microwaves must be kept in working order and inspected for signs of wear, heat or fraying of cords.
- Fans used in work areas must be properly guarded. Guards must not allow fingers to be inserted through the mesh.

Section: 2

Lyon County Hazardous Energy Control Program “Lockout / Tagout”

2.01 Purpose

This program establishes the minimum requirements for the lockout of energy isolating devices whenever maintenance or servicing is done on machines or equipment. This procedure will be used to ensure that the machine or equipment is stopped, isolated from all potentially hazardous energy sources and locked out before county personnel perform any servicing or maintenance where the unexpected energization or start-up of the machine or equipment or release or stored energy could cause injury.

Examples of stored energy where Lockout/Tagout applies include:

- Electrical
- Mechanical
- Thermal, Steam
- Pneumatic
- Chemical, Acids & Caustics
- Explosives, Natural Gas
- Hydraulic
- Gravity
- Kinetic

Lockout is the preferred method of isolating machines or equipment from energy sources.

All Lyon County personnel are required to comply with the restrictions and limitations imposed upon them during the use of lockout. Authorized personnel are required to perform the lockout in accordance with this procedure. All Lyon County personnel, upon observing a machine or piece of equipment which is locked out to perform servicing or maintenance, will not attempt to start, energize or use that machine or equipment.

2.02 Energy Control (Lockout/Tagout) Scope

The Control of Hazardous Energy (Lockout/Tagout) Standard, CFR 1910.147, covers the servicing and maintenance of machines and equipment in which the unexpected energization or start up of the machines or equipment, or release of stored energy, could cause injury to personnel. This standard establishes minimum performance requirements for the control of such hazardous energy.

Lyon County must comply with the requirements of the Control of Hazardous Energy (Lockout/Tagout) Standard, CFR 1910.147.

If you are an authorized or affected employee, you must be trained on the use of locks and/or tags to control hazardous energy. To ensure that before any Lyon County employee performs any servicing or maintenance on a machine or equipment where the unexpected energizing, start up or release of stored energy could occur and cause injury, the machine or equipment is isolated from the energy source and rendered inoperative.

Lyon County has established a program consisting of:

1. Energy control (lockout/tagout) procedure
2. Personnel training, and
3. Hazard Analysis

2.03 Authorized Employee

An authorized employee is someone who locks and/or tags out machines in order to perform servicing or maintenance on that machine. The following are authorized employees:

- All maintenance personnel
- All water and wastewater operators

2.04 Affected Employee

An affected employee is an employee whose job requires him/her to operate or use a machine or equipment on which servicing or maintenance is being performed under lockout or tagout, or whose job requires him/her to work in an area in which such servicing or maintenance is being performed. An affected employee becomes an authorized employee when that employee's duties include performing servicing or maintenance.

2.05 Methods and Devices at a Glance

The following methods and devices can be used to lockout and tagout hazardous energy sources:

1. Electrical
 - a. Unplug machine and use an electrical plug lockout, or use a disconnect switch with padlocks, lockouts and tags;
 - b. Ensure ALL power sources are locked and tagged out;
 - c. Stored electrical energy must be bled to obtain zero energy state;
2. Pneumatic
 - a. Release pressures to reach zero energy state;
 - b. Use chains, energy isolation air valves, shut off valves, padlocks and lockouts to lockout energy source.
3. Hydraulic
 - a. Release pressures to reach zero energy state;
 - b. Use lockout valves, chains, padlocks and lockouts to lockout energy source.
4. Fluids and Gasses
 - a. Recognize all hazards;
 - b. Insert a blank or blind in the line;
 - c. Use valve lockouts, chains, padlocks and lockouts at isolating sources.
5. Mechanical
 - a. Release all stored mechanical energy, or block the energy. Be aware of gravity, springs, tension and other sources of energy that are not always obvious;
 - b. Use blocks to restrain energy;

- c. Padlocks, lockouts and tags should also be used to lockout and tagout mechanical energy.

2.06 Lockout/Tagout Devices and Rules

Specific lockout locks will be issued to each authorized employee.

1. Locks will be standardized, approved and supplied by the specific department coordinator.
2. Two keys will be given with the lock. The lockout originator must maintain the keys.
3. The making of duplicate keys is strictly **PROHIBITED**.
4. Locks will not be used for any other purpose than lockout.
5. Multiple lock adapters will be available for all jobs requiring more than one safety lock.
6. Tags will be used on locks when installed on devices.
7. Tagging out equipment with just tags is acceptable when locks are not capable of being used on a device.

2.07 Basic Rules for Using Lockout/Tagout System Procedure

All equipment will be locked out/tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy isolating devices where it is locked/tagged out.

1. **Pneumatic**
Before any work is performed on any piece or part of pneumatically powered equipment, the following procedure must be carried out:

Pneumatic Shut Off

- a. A main air supply to the equipment or part that you are working on must be shut off. Some means of physically locking it out or ensuring that it will not be turned on must be employed.
- b. All pneumatic lines to the piece of equipment must be bled of all pressure. This will cause all pieces of the equipment to move to their lowest energy position.
- c. On all equipment on which you are working, check for any portion of the machine which may be under spring tension or compression. Follow procedures outlined in the general mechanical state portion of this policy.

2. **Hydraulic, or Other Fluids**
Before any work is performed on any piece or part of hydraulically or other fluid powered equipment, the following procedures must be carried out:

Hydraulic Shut Off

- a. All hydraulic or other fluid lines affecting the area under maintenance must be bled, drained, or purged to eliminate pressure, contents, or both.
- b. If necessary to eliminate buildup of residual pressure, tanks and reservoir may need to be drained.
- c. Valves controlling these lines must either be locked open or shut depending on their function or location.

- d. On all equipment on which you are working, check for any portion of the machine which may be under spring tension or compression. Follow procedures outlined in general mechanical portion of this policy.

- 3. Elevators and Conveyors

Before any work is performed on an elevator or conveyor, the following procedures must be followed:

Stop all potential movement:

 - a. Whenever working on an elevator or conveyor belt, pulley, shaft, or any other part of it make sure that the belt itself is either clamped or chained into position.
 - b. If using clamps, a minimum of two must be used.
 - c. Check for any part in the elevator or conveyor that normally cycles through to a lower position and could drop. If there are any; block, chain, or clamp that portion into position.
 - d. On all equipment in which you are working, check for all sources of energy and follow general Lockout/Tagout procedures.

- 4. Spring Tension
 - a. Pieces, or areas of equipment that are under spring tension or compression must be safeguarded to prevent them from accidentally releasing.
 - b. Any piece under tension or compression must either be clamped, blocked, or chained into position.

- 5. Suspended Mechanisms
 - a. Any suspended mechanism, or part that must normally cycle through to a lower position and could drop must be:
 - 1. Lowered to its lowest position;
 - 2. Blocked, clamped, or chained into position.

- 6. Sharp, or Protruding Objects
 - a. You must be safeguarded from sharp or protruding objects that could either cut, tear, or gouge by
 - 1. Removing that piece, or
 - 2. Padding that area.

Either of these can be done depending on whichever is most practical or convenient.

2.08 Communication of Lockout/Tagout Activities & General Sequence

It is the responsibility of the lockout originator to ensure that all affected employees are notified of the lockout/tagout activities. The following steps shall be taken:

- 1. Notify all affected employees that servicing or maintenance is required on a machine or equipment and that the machine or equipment must be shut down prior to lockout to perform the servicing or maintenance.

2. The authorized employee **shall refer to the machine-specific lockout procedure** to identify the type and magnitude of the energy that the machine or equipment utilizes, shall understand the hazards of the energy, and shall know the methods to control the energy.
3. Make a survey to locate and identify all isolating devices to be certain which switch(es), valve(s) or other energy isolating devices applies to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical, or others) may be involved.
4. If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open switch, close valve, etc.).
5. Perform the lockout/tagout as per the procedural steps outlined in the **machine-specific lockout/tagout manual**.

The general sequence is as follows:

- a. Operate the switch, valve, or other energy isolating devices so that the equipment is isolated from its energy source(s). Stored energy (such as in springs, elevated machine members, rotating fly wheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc. Type(s) of stored energy-methods to dissipate or restrain need to be listed.
- b. Lockout/Tagout the energy isolating devices with assigned individual lock(s) and tag(s) method(s) selected; i.e. locks, tags, additional safety measures, etc.
- c. After ensuring that no personnel are exposed and after checking to ensure all energy sources are disconnected, operate the pushbutton or other normal operating controls to make certain the equipment will not operate. CAUTION: Return operating controls to NEUTRAL or OFF position after the test.
- d. The equipment is now locked/tagged out.
- e. After the servicing and/or maintenance is complete and equipment is ready for normal production operations, check the area around the machines or equipment to ensure that no one is exposed.
- f. After all tools have been removed from the work area and machine or equipment, guarding has been reinstalled, then notify all affected employees that the work has been completed, remove all Lockout/Tagout devices, then operate the energy isolating devices to restore energy to the machine or equipment.

2.09 Procedure Involving More Than One Person

If more than one individual is required to Lockout/Tagout equipment, each should place his/her own Lockout/Tagout device on the energy isolating devices. When an energy-isolating device cannot accept multiple locks/tags, a multiple Lockout/Tagout device may still be used. If the lockout is used, a single lock may be used to lockout the machine or equipment with the key being placed in a lockout box or cabinet which allows the use of multiple locks to secure it. Each authorized employee will then use his/her own lock to secure the box or cabinet. Authorized employees are responsible to remove his/her own lockout/tagout device from the box or cabinet when servicing and/or maintenance has been completed. Lockout can only handle one foreman lock, then locks out, puts key in box then everyone adds lockout to box. Each employee must remove individual lock before foreman can remove his.

2.10 Shift Change Procedures

A reasonable effort must be made to first locate the authorized employee of the lockout/tagout. If the authorized employee of the lockout/tagout cannot be located, then locks may be removed under the direction of the employer. If it is necessary to forcibly remove the lock, this event must be documented and reported to the employer.

2.11 Emergency Lock Removal Procedures

A reasonable effort must be made to first locate the originator of the lockout/tagout. If the originator of the lockout/tagout cannot be located, only the Maintenance Team Leader/Supervisor or the Operations Manager is authorized to remove the lock. If it is necessary to forcibly remove the lock, this event must be documented and reported to the Maintenance Team Leader and the Operations Manager.

2.12 Exceptions

The following exceptions do not require lockout/tagout of equipment:

- For maintenance employees working on electric equipment for which exposure to hazards is controlled by unplugging the equipment from the energy source and keeping the plug under the control of the employee conducting the servicing/maintenance.
- For minor tool changes or adjustments and routine and repetitive activities that are integral to the use of the equipment for production.
- Normal production activities in which lockout cannot be conducted because of the operation, or if the operation is routine, repetitive and integral to the use of the equipment for production, provided that the work is performed using alternative measures which provide effective protection. Other exceptions include the operator having complete control of the power cord and plug type of equipment.

2.13 Safeguards When Lockout/Tagout is Not Mandatory

When performing the routine tasks where lockout/tagout is not mandatory, operators are responsible to follow safe working practices:

- Do not remove or alter any safety guarding, safety switches or safety devices.
- Follow all other practices as detailed in the Lyon County Comprehensive Policies and Procedures.

2.14 Contractors

Whenever outside service personnel are to be engaged in activities covered by the scope and application of this policy, the person responsible for contracting the service is responsible to inform the contractor of Lyon County's approved lockout/tagout procedures. Contractors are responsible to understand our lockout/tagout procedures and follow those procedures when performing any service or maintenance.

2.15 Training

All employees are required to participate in annual lockout/tagout training provided by the safety trainer within their department if they have the potential to encounter a required lockout/tagout situation. A Lockout/Tagout will be required whenever performing maintenance or service work on machines or equipment.

Required Lockout/Tagout includes:

1. Maintenance or service work is defined as constructing, installing, setting-up, adjusting, inspecting, modifying and maintaining and/or servicing machines or equipment and making adjustments to the unexpected energization or start-up of the equipment or release of hazardous energy;
2. Before removal or bypassing any guard, or other safety device;
3. When an employee is required to place any part of the body into a “point of operation” or other danger zone that exists during a machine operation cycle.

2.16 Frequency of Lockout/Tagout Training

Training in Lockout/Tagout procedures will occur:

1. During employees New Hire Orientation, as an integral part of safety training on equipment new employee is expected to operate, or prior to job assignment by the trainer;
2. Before change in a job assignment;
3. All applicable employees on an annual basis;
4. If a safety audit reveals non-compliance;
5. If an injury occurs due to non-compliance;
6. Changes in the company’s Lockout/Tagout program;
7. Modifications to equipment or machines which represent a new hazard.

2.17 Record Keeping for Training

The safety coordinator for each department or Human Resources will manage record keeping to ensure that all employees meet the training requirements. Each new or transferred affected employee and other employees whose work operations are or may be in the area shall be instructed in the purpose and use of the lockout or tagout procedure. Training records shall include:

- The instructor’s name;
- Description of the training materials used;
- Record of individuals who have received the training;

2.18 Compliance Violations

For violations of lockout/tagout compliance policy, the County’s disciplinary policy will be enforced. The degree of violation will determine degree of disciplinary action.

- Verbal warning

- Written warning
- Suspension without pay
- Termination of employment

2.19 Program Effectiveness

The safety coordinator for each department shall conduct monthly audits and the departments shall conduct monthly walk through inspections to ensure that lockout/tagout procedures are being performed as required. Department supervisors shall be responsible to investigate any injuries related to poor lockout/tagout procedures in their areas.

2.20 Hazard Analysis

The safety coordinators for each department shall be responsible to perform an annual hazard analysis on all required equipment within that department to ensure that all incoming equipment has lockout/tagout documentation.

Section 3:

Lyon County Confined Space Program

3.01 General Introduction

Scope:

To establish practices and procedures for the entry into and work within confined spaces.

Purpose:

To protect Lyon County employees from the hazards of oxygen deficient/enriched atmospheres, hazardous atmospheres, and any condition which is immediately dangerous to life and health.

Standards:

US Department of Labor, Occupational Safety and Health, General Industrial Standards 29CFR1910.146.

3.02 Definitions

A. **CONFINED SPACE** is an enclosed space which:

1. Is large enough and so configured that an employee or other persons can bodily enter and perform assigned work.
2. Has limited or restricted means for entry or exit, such as (but not limited to) tanks, vessels, storage bins, boilers, ventilation or exhaust ducts, sewer wet wells and dry wells, underground utility vaults, tunnels, pipelines and open top spaces more than four feet deep.
3. Is not designed for continuous occupancy.

B. **PERMIT REQUIRED CONFINED SPACE** is a confined space that has one or more of the following characteristics:

1. Contains or has a potential to contain a hazardous atmosphere as follows:
 - a.
2. Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls, or a floor which slopes downward and tapers to a smaller cross-section.
3. Contains any other recognized serious safety or health hazard

C. **NON-PERMIT CONFINED SPACE** is a confined space that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm.

D. **HAZARDOUS ATMOSPHERE** means an atmosphere that may expose employees to the risk of death, incapacitation, impairment of ability to self-rescue (that is, escape unaided from a permit space), injury, or acute illness from one or more of the following causes:

- a. Flammable gas vapor or mist in excess of 10% of its lower flammable limit.
- b. An airborne combustible dust at concentrations that obscures vision at a distance of five feet.
- c. An atmospheric oxygen concentration below 19.5% (oxygen deficient), or above 23.5% (oxygen enriched).
- d. An atmospheric concentration in excess of Permissible Exposure Limit (PEL) found in State of Nevada, Division of Occupational Safety and Health Standard 29CFR1910.1000, or the threshold limit value (TLV) found in the current edition of

the “Threshold Limit Values and Biological Exposure Indices,” published by the American Conference of Governmental Industrial Hygienists.

- e. Contains a material such as a liquid or finely divided solid with the potential to engulf the entrant.
- E. ATTENDANT means an individual stationed outside the permit-required confined space who is trained and who monitors the authorized entrant inside the permit-required confined space.
- F. AUTHORIZED ENTRANT means an individual who is authorized to enter into the permit-required confined space.
- G. ENTRY SUPERVISOR is the person (such as a supervisor, foreman, or crew chief) responsible for determining if applicable entry conditions are present at a permit space where entry is planned, for authorizing entry and overseeing entry operations, and for terminating entry as required by the standard.

NOTE: An entry supervisor may also serve as the attendant or as the authorized entrant, as long as the person is trained and equipped as required by the standard for each role he or she fills. Also, the duties of the entry supervisor may be passed from one individual to another during the course of the entry operation.

3.03 Permit System

- A. Permits from the confined space permit station (located at the department level) will be used to ensure safe entry into those confined spaces identified in section 3.02.
- B. Permits will be valid for only one shift. When work continues into the next shift, new permits will be issued.
- C. Permit space will be posted, if at all possible with signs stating confined space permit required.
- D. Upon completion of work, the original permit will be kept on file at the department level.

3.04 Permit For Entry Into Confined Space

- A. When entry into a confined space will be solely for inspecting or checking of equipment, and the Authorized Entrant neither takes anything into the permit space nor takes any action which could cause a hazard, the following applies:
 - 1. The permit required by Section 3.03 will be completed.
 - 2. When the entry requires the Entrant to move through the space, additional testing for oxygen concentration, combustible gas or vapor, and potential toxic contaminants will be conducted.
 - 3. When circumstances indicate the conditions in the space are no longer acceptable, the Entrant will exit the space and the permit will be revoked.
 - 4. When the permit has been revoked, re-entry into the space can not be made until the space is restored to acceptable conditions.

- B. When entry into a confined space is to perform maintenance work which would not generate a serious hazard, the following applies.
 - 1. The permit required by Section 3.03 will be completed.
 - 2. Continuous use of powered ventilators, and continuous atmospheric testing will be done throughout the entry.
 - 3. When circumstances indicate the conditions in the space are no longer acceptable, the Entrant will exit the space and the permit will be revoked.
 - 4. When the permit has been revoked, re-entry into the space can not be made until the space is restored to acceptable conditions.

3.05 Rescue Team

- A. Outside rescue teams can be contacted by dialing 911. Lyon County does not have a confined space rescue team and will not engage in confined space rescue.

3.06 Training

- A. Three levels of training will be required, as follows:
 - 1. Hazard Recognition:
 - a. Know the hazards which may be present during entry.
 - b. Recognize the signs and symptoms of exposure to the hazard.
 - c. Understand the consequences of exposure to the hazard.
 - 2. Communication:
 - a. Maintain contact with the Attendant.
 - b. Notify the attendant when the entrant initiates self-evacuation.
 - 3. Protective Equipment:
 - a. Be aware of personal protective equipment needed for safe entry and exit.
 - b. Be provided with the necessary personal protective equipment i.e.; (Gas monitor, harness, winch, fall break winch, hard hat).

3.07 Entrant, Attendant, Entry Supervisor Training And Responsibilities

- A. Entrant self-rescue: Ensures that the authorized entrant exits the permit space when:
 - 1. The attendant orders evacuation.
 - 2. An automatic alarm is activated.
 - 3. The authorized entrant perceives he/she is in danger.
- B. Attendant:
 - 1. Attendant will continuously maintain an accurate count of all persons in the space.
 - 2. Know and recognize potential permit space hazards, monitor activities inside and outside permit space to determine if it's safe for entrants to remain in the space.
 - 3. Communications: Attendant will notify entrant to initiate evacuation when:
 - a. Attendant observes a condition which is not allowed in the entry permit.
 - b. Attendant detects a situation outside the space which could endanger the entrants.
 - c. Attendant detects behavioral affects of hazard exposure.

- d. Attendant detects an uncontrolled hazard within the permit space.
- e. Attendant must leave the workstation.
- 4. Attendant will summon rescue personnel and other emergency services (without leaving the workstation) as soon as the attendant determines that the entrants need to be rescued.
- 5. Attendant will take the following actions when unauthorized persons approach or enters a permit space:
 - a. Warn unauthorized persons away from space.
 - b. Inform the unauthorized persons to exit immediately if they have entered permit space.
 - c. Inform the authorized entrants and entry supervisor of entry of unauthorized persons.
- 6. Rescue:
 - a. Call 911 dispatch for rescue.
 - b. Attendant will not enter permit space to attempt a rescue of entrants.
 - c. Properly use any rescue equipment provided, and perform assigned rescue and emergency duties without entering the permit space.
 - d. Notify specific department supervisors and safety coordinator.
- C. Entry Supervisor:
 - 1. Determine that the entry permit contains the required information before allowing entry.
 - 2. Assure that the necessary procedures, practices and equipment for safe entry are in effect and in place before allowing entry.
 - 3. Assure, at intervals, that entry operations remain consistent with the terms of the entry permit, and that acceptable entry conditions remain present.
 - 4. Cancel the entry authorization and terminate entry whenever acceptable entry conditions are not present.
 - 5. Take necessary measures for concluding an entry operation, such as closing off a permit space and canceling the permit once the work authorized by the permit has been concluded.
 - 6. Take appropriate measures to remove unauthorized personnel in or near the entry permit space.

3.08 Equipment:

Lyon County will provide, maintain, and ensure the proper use of equipment for safe confined space entry including; testing, communication, and personal protective equipment, etc.

3.09 Confined Space Permit:

- A. All sections of the permit must be completed.
- B. Atmosphere sampling for hazardous gasses, and oxygen levels must be taken prior to permit required confined space entry, and continuously during the entry.
- C. Permit:

Appendix D-1

Confined Space Entry Permit

Date and Time Issued: _____ Date and Time Expires: _____

Job site/Space I.D.: _____ Job Supervisor: _____

Equipment to be worked on: _____ Work to be performed: _____

Stand-by personnel: _____

1. Atmospheric Checks: Time _____
 Oxygen _____ %
 Explosive _____ % L.F.L.
 Toxic _____ PPM

2. Tester's signature: _____

3. Source isolation (No Entry): N/A Yes No
 Pumps or lines blinded, () () ()
 disconnected, or blocked () () ()

4. Ventilation Modification: N/A Yes No
 Mechanical () () ()
 Natural Ventilation only () () ()

5. Atmospheric check after
 isolation and Ventilation:
 Oxygen _____ % > 19.5 %
 Explosive _____ % L.F.L. < 10 %
 Toxic _____ PPM < 10 PPM H(2)S
 Time _____
 Testers signature: _____

6. Communication procedures: _____

7. Rescue procedures: _____

8. Entry, standby, and back up persons: Yes No
 Successfully completed required
 training? () ()
 Is it current? () ()

9. Equipment: N/A Yes No

Direct reading gas monitor - tested	()	()	()
Safety harnesses and lifelines for entry and standby persons	()	()	()
Hoisting equipment	()	()	()
Powered communications	()	()	()
SCBA's for entry and standby persons	()	()	()
Protective Clothing	()	()	()
All electric equipment listed Class I, Division I, Group D and Non-sparking tools	()	()	()

10. Periodic atmospheric tests:

Oxygen	___%	Time	___	Oxygen	___%	Time	___
Oxygen	___%	Time	___	Oxygen	___%	Time	___
Explosive	___%	Time	___	Explosive	___%	Time	___
Explosive	___%	Time	___	Explosive	___%	Time	___
Toxic	___%	Time	___	Toxic	___%	Time	___
Toxic	___%	Time	___	Toxic	___%	Time	___

We have reviewed the work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____
 Approved By: (Unit Supervisor) _____
 Reviewed By (Cs Operations Personnel) : _____

 (printed name) (signature)

This permit to be kept at job site. Return job site copy to Safety Office following job completion.

Copies: White Original (Safety Office)
 Yellow (Unit Supervisor)
 Hard(Job site)

Section 4:

Lyon County Hazard Communication Program

4.01 Purpose

1. The Hazard Communications Program was developed by the U.S. Department of Labor and is designed to protect all workers in the United States who are exposed or are potentially exposed to hazardous substances at their Departments.
2. Major Changes to the Hazard Communication Standard (HCS) from HCS 2004 to HCS 2012:
 - **Hazard classification:** Provides specific criteria for classification of health and physical hazards, as well as classification of mixtures.
 - **Labels:** Chemical manufacturers and importers will be required to provide a label that includes a harmonized signal word, pictogram, and hazard statement for each hazard class and category. Precautionary statements must also be provided.
 - **Safety Data Sheets:** Will now have a specified 16-section format.
 - **Information and training:** Employers are required to train workers by December 1, 2013 on the new labels elements and safety data sheets format to facilitate recognition and understanding.
3. Effective dates:

Effective Completion Date	Requirement(s)	Who
December 1, 2013	Train employees on the new label elements and safety data sheet (SDS) format.	Employers
June 1, 2015* December 1, 2015	Compliance with all modified provisions of this final rule, except: The Distributor shall not ship containers labeled by the chemical manufacturer or importer unless it is a GHS label	Chemical manufacturers, importers, distributors and employers
June 1, 2016	Update alternative workplace labeling and hazard communication program as necessary, and provide additional employee training for newly identified physical or health hazards.	Employers
Transition Period to the effective completion dates noted above	May comply with either 29 CFR 1910.1200 (the final standard), or the current standard, or both	Chemical manufacturers, importers, distributors, and employers

4. The 2012 Hazard Communication Standard (HCS 2012) (29CFR Part 1910.1200) requires employers under the Occupational Safety and Health Administration (OSHA) to develop a Hazard Communications Program that accomplishes the following:
 - a. The program must be written.
 - b. All hazardous chemicals must be identified.

- c. Identified hazardous chemical containers must be labeled.
 - d. Safety Data Sheets (SDS) must be made available to all employees.
 - e. A training and information program must be developed for all employees.
5. This section will identify the responsibility and the requirements for the Hazard Communication (HazCom) Program for the County.

4.02 Responsibility

1. The Risk Manager is the responsible person for the County's Hazard Communication Program. The Emergency Manager will identify the County's Departments that have and use chemicals that fall under the Hazard Communications Standard.

2. Individual County departments will be responsible for identifying hazardous chemicals used in their specific work areas.

3. Each departments Safety Coordinator is responsible for the Hazard Communications Program for the department. The Safety Coordinator will also be designated a HazCom trainer and will instruct County employees on the Hazard Communication training program (as identified in this section) with the use of the department-training manual and checklist developed for each County department.

4. Part of the HazCom trainer's responsibility will also be to instruct part/time County employees and employees of contract workers, working with or around chemical hazards on a routine basis.

4.03 The Program

1. This program must be provided to all County employees (full/time, part/time or seasonal) and all contractor employees working at County sites where they can be exposed to a County identified chemical hazard.

2. This program and the department training manuals will be developed and written by the Safety Committee.

3. Department training manuals will consist of: a trainer checklist, a departments chemicals listing, training accomplishment forms, and this section.

4. Changes to this program will be directed to the Risk Manager and County Safety Committee for appropriate action and inclusion into the program.

5. This program will be made available to the Assistant Secretary and the Director of OSHA upon their request.

4.04 Hazardous Chemical Classification

1. All hazardous chemicals will be identified by each department's Safety Coordinator, supervisors and the Risk Manager using the guidelines identified in the OSHA Hazard Communications Standard (2012) 29CFR Part 1910.1200, paragraph (d), Hazard Classification.

2. A list of chemicals will be located at each department. These listings are to be kept in the front of the SDS Right to Know Station books.

4.05 Labeling and Pictograms

6. Each container of hazardous chemicals at County locations will contain the following:

- b) Pictograms
- c) Signal word
- d) Hazard and precautionary statements
- e) Product identifier
- f) Supplier identification

2. Any container of hazardous chemicals that is not labeled will be appropriately labeled by the department Supervisors using the guidelines in paragraph 4.05.1. Above. Label information will be presented in English.

3. No employee is authorized to remove or deface a label unless specifically authorized to do so by the departments Safety Coordinator.

4. Sample label:

SAMPLE LABEL

PRODUCT IDENTIFIER

CODE

Product Name

SUPPLIER IDENTIFICATION

Company Name

Street Address

City

State

Postal Code

Country

Emergency Phone Number

PRECAUTIONARY STATEMENTS

Keep container tightly closed. Store in cool, well ventilated place that is locked.

Keep away from heat/sparks/open flame. No smoking.

Only use non-sparking tools.

Use explosion-proof electrical equipment.

Take precautionary measure against static discharge.

Ground and bond container and receiving equipment.

Do not breathe vapors.

Wear Protective gloves.

Do not eat, drink or smoke when using this product.

Wash hands thoroughly after handling.

Dispose of in accordance with local, regional, national, international regulations as specified.

In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO₂) fire extinguisher to extinguish.

First Aid

If exposed call Poison Center.

If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.

HAZARD PICTOGRAMS



SIGNAL WORD

Danger

HAZARD STATEMENT

Highly flammable liquid and vapor.

May cause liver and kidney damage.

SUPPLEMENTAL INFORMATION

Directions for use

Fill weight:

Lot Number

Gross weight:

Fill Date:

Expiration Date:

5. HCS Pictograms and Hazards:

<p>Health Hazard</p>  <ul style="list-style-type: none"> ▪ Carcinogen ▪ Mutagenicity ▪ Reproductive Toxicity ▪ Respiratory Sensitizer ▪ Target Organ Toxicity ▪ Aspiration Toxicity 	<p>Flame</p>  <ul style="list-style-type: none"> ▪ Flammables ▪ Pyrophorics ▪ Self-Heating ▪ Emits Flammable Gas ▪ Self-Reactives ▪ Organic Peroxides 	<p>Exclamation Mark</p>  <ul style="list-style-type: none"> ▪ Irritant (skin and eye) ▪ Skin Sensitizer ▪ Acute Toxicity ▪ Narcotic Effects ▪ Respiratory Tract Irritant ▪ Hazardous to Ozone Layer (Non-Mandatory)
<p>Gas Cylinder</p>  <ul style="list-style-type: none"> ▪ Gases Under Pressure 	<p>Corrosion</p>  <ul style="list-style-type: none"> ▪ Skin Corrosion/Burns ▪ Eye Damage ▪ Corrosive to Metals 	<p>Exploding Bomb</p>  <ul style="list-style-type: none"> ▪ Explosives ▪ Self-Reactives ▪ Organic Peroxides
<p>Flame Over Circle</p>  <ul style="list-style-type: none"> ▪ Oxidizers 	<p>Environment (Non-Mandatory)</p>  <ul style="list-style-type: none"> ▪ Aquatic Toxicity 	<p>Skull and Crossbones</p>  <ul style="list-style-type: none"> ▪ Acute Toxicity (fatal or toxic)

4.06 Safety Data Sheets (SDS)

1. Safety Data Sheets (SDS's) formerly known as Material Safety Data Sheets (MSDS's) are usually provided by the manufacturer of the chemical. It must contain the following information:

Section 1, Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2, Hazard(s) identification includes all hazards regarding the chemical; required label elements.

Section 3, Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

Section 4, First-aid measures includes important symptoms/ effects, acute, delayed; required treatment.

Section 5, Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6, Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7, Handling and storage lists precautions for safe handling and storage, including incompatibilities.

Section 8, Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

Section 9, Physical and chemical properties lists the chemical's characteristics.

Section 10, Stability and reactivity lists chemical stability and possibility of hazardous reactions.

Section 11, Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12, Ecological information*

Section 13, Disposal considerations*

Section 14, Transport information*

Section 15, Regulatory information*

Section 16, Other information, includes the date of preparation or last revision.

*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15(29 CFR 1910.1200(g)(2)).

Employers must ensure that SDSs are readily accessible to employees.

See Appendix D of 1910.1200 for a detailed description of SDS contents.

2. If a department receives a chemical from a manufacturer without a SDS, the departments Safety Coordinator must obtain a SDS from the manufacturer. The County can obtain its own SDS for any chemical it believes can create a health hazard even though the manufacturer did not provide one.

3. Each department in the County that uses hazardous chemicals must maintain a SDS book and advise employees as to the SDS book location.

4. Any consumer product used in the workplace in the same manner as normal consumer use, and which use results in exposure which is not greater than exposures experienced by consumers is not covered by this program.

4.07 Training Program

1. All employees will be provided with information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new hazard is introduced into their work area.

2. The training program is divided into three parts:

- a) Information
- b) Formal training
- c) Documentation

3. **Information.** Employees will be informed of:

- a) The requirements of the Hazard Communications Program.
- b) Any operations in their work area where hazardous chemicals are present.
- c) The location of the SDS book and the list of hazardous chemicals at each department.

4. **Formal Training.** Employee formal training will be provided by the department trainer using the guidelines in the department training manual. The department training manuals will be developed by the Safety Committee, and or the department trainer for each department identified by the County. Training will consist of initial training and continuation training. A Department Training Checklist (Attachment B) will be provided for all department training manuals.

5. **Documentation.** When an employee has received the initial training in the program, Training Accomplishment Form, Rsk Mng Form 4.07A (Attachment A) will be filled out by the department trainer and the employee. The form will be forwarded to the Risk Manager whom will then insure the form is placed in the employee's personnel record.

6. **Attachments:**

- A – Hazcom Training Accomplishment Form (Rsk Mng Form 4.07A)
- B – Department Training Manual Checklist



Lyon County

HAZARD COMMUNICATION PROGRAM

Training Accomplishment Form 4.07A

Employee Name: _____

Division: _____

Training

Initial training accomplished by department Safety Coordinator _____
Print Name

Date training was Conducted: _____

Certification

I certify that the above named employee has been trained in the Hazard Communication Program in accordance with OSHA and County directives as outlined in the County's Operations & Safety Manual and the Department Training Manual.

(Print - HazCom Trainer's Name)

(HazCom Trainer's Signature)

(Date)



DEPARTMENT TRAINING

Checklist

The Department Training checklist will be used by HazCom trainers to initially train new employees. This checklist will also be used for continuation training when new SDS are issued by chemical companies or when a routine review of SDS is appropriate.

I. Initial Training. HazCom trainers should brief on:

- a) The location of the SDS book.
- b) How to read a Safety Data Sheet.
- c) How to use SDS book.
- d) What hazardous chemicals are located at your Department?
- e) Where the lists of hazardous chemicals at your Department is kept.
- f) Methods and observations that may be used to detect the presence or release of a hazardous chemical to include detection devices.
- g) The physical and health hazards of the chemicals at your Department.
- h) The measure employees can take to protect themselves from these hazards to include the availability of protective equipment.
- i) The location of your protective equipment.
- j) The labeling procedures when chemicals are removed from their original container.

II. Continuation Training - New Chemicals at the Department.

- a) Review the new SDS with your employees or have your employees read the new SDS.
- b) Review items f, g, h, and i under Initial Training where appropriate.
- c) Ensure the new SDS has been logged.

II. Continuation Training - Routine Review.

- g) Invite industry safety specialists to talk on specific hazardous chemicals.
- h) At an employee meeting choose a SDS to discuss briefly as a refresher.

Section 5:

Lyon County Bloodborne Pathogens Program

5.01 Bloodborne Pathogens Program

1. The program outlined in this Exposure Control Plan is directed by the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens regulations, Title 29 Code of Federal Regulations (CFR), Part 1910.1030

2. The program applies to every Lyon County employee who can reasonably be expected to come into contact with blood and other specified body fluids in carrying out or in performing their assigned duties.

a) Lyon County employees whose duties can be expected to come into contact with blood or body fluids are: All Lyon County employees.

b) Blood means human blood, blood products, or blood components.

c) Body fluids means semen, vaginal secretions, and cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids.

5.02 Maintaining the Plan

1. A copy of this program will be maintained in the following locations: Each department.

2. Infection control representatives are:

a) Safety Coordinators for each department.

3. The Risk Manager is responsible for maintaining the standard for the County, annually reviewing the standard, and updating this plan as necessary.

5.03 Required Training

1. All employees at risk to come into contact with blood, blood products and/or infectious body fluids are required to receive training under this plan.

2. Training will consist of:

a) Viewing an up-to-date video on bloodborne pathogens, which covers all the training requirements prescribed under the OSHA Standard.

b) The location of this plan.

c) An explanation of the Exposure Plan.

d) Operating procedures in the area(s) the employee is assigned.

e) Accomplishing the Bloodborne Pathogens Initial Training Form, Rsk Mng Form 5.07A or the Continuation Training Form, Rsk Mng Form 5.07B as applicable.

f) A question and answer period.

5.04 Training Schedule

1. Initial training will be given when the employee is hired and prior to assuming their duties as a utility employee. Continuation training will be provided to all employees as needed to those employees who are employed on a full time basis.

2. Additional training will be provided to all County employees when existing tasks/procedures are modified or new tasks/new procedures are required which affect the employees' occupational exposure.

3. Both initial and continuous training forms will be kept on file.

5.05 Vaccination

1. The County will provide, “free of charge”, the hepatitis B vaccine and vaccination series to include any booster dose to all employees who are at risk under this Exposure Plan.

2. Employees are not required to participate in the vaccination program and may decline.

3. Any employee who declines the vaccination series must sign the hepatitis B Declination Form, Rsk Mng Form 5.07D (Attachment).

5.06 Time Period

The hepatitis B vaccine and vaccination series will be provided after initial training has been accomplished and prior to or within ten working days of initial assignment.

5.07 Specific Plan

1. Methods of Control

a) The sinks in the men & women’s bathrooms are designated as the hand washing facilities for this plan. An alternative to hand washing is the use of antiseptic hand wash, or antiseptic towelettes.

b) The sink in the bathrooms as well as any outside hoses and faucets can also be used to flush or wash any area that has come into contact with any chemicals or other harmful substances.

c) When an employee comes in contact with blood, blood products, or other potentially infectious materials and/or after removing personal protective equipment, they will wash their hands and/or any other exposed skin area with soap and water. In addition, mucous membranes will be flushed with water immediately or as soon as feasible following the contact.

d) The area where the first aid kit is located serves as the first aid room and all first aid materials are stored in this kit.

e) Face masks and protective mouth-to-mouth resuscitation devices are not required at either the treatment plant or the pipeline/warehouse. These devices are not stored in any of the first aid kits.

f) Biohazard containers for placing bandages/Band-Aids contaminated with blood and/or infectious materials by each County department as required.

g) When overalls/jackets/shirts or other external clothing become contaminated with blood, chemicals or other potentially infectious materials, they should be cleaned immediately or as soon as possible in hot (120 degrees F) soapy water. Contaminated clothing should be washed alone and should not be washed with any other ordinary clothing.

2. Personal Protective Equipment

a) Personal protective equipment may include, but is not limited to: latex examination gloves, vinyl gloves, face shields, masks, aprons, rubber gloves, eye protection, and rubber aprons.

b) Disposal vinyl gloves will be worn when an employee is expected to be exposed to blood, blood products, potentially infectious materials, or cleaning blood stained surfaces.

c) Eye protection will be available and used when exposure is evident.

d) Eye and body protection (mask, rubber apron and gloves) will be worn when using chemicals, which can be harmful to the skin or other body parts.

e) Personnel who do not use protective equipment will be investigated and the findings will be documented to determine whether changes can be instituted to prevent such occurrences in the future.

f) All personal protective equipment (except latex gloves) will be decontaminated using a solution of water and bleach.

g) Latex and vinyl gloves will be disposed of in the biohazard containers after they are used. Under no circumstances will they be reused, after worn, for any reason.

3. Housekeeping

a) Each department will designate an area for the biohazard containers and inform each employee associated with that department of the location.

b) All materials contaminated with blood, blood products, or potentially infectious materials will be disposed of in the biohazard containers.

c) Contaminated non-disposable equipment will be decontaminated using water and bleach solution before they are placed back into service.

d) The sinks will be checked for contamination and cleaned using the water and bleach solution as soon as possible after exposure.

e) Any contaminated laundry or blankets shall be placed in a biohazard container or bag. Protective gloves will be used when handling contaminated laundry.

4. Exposure

a) An exposure incident is specific eye, mouth, other mucous membrane, non-intact skin, or peritoneal contact with blood or other potentially infectious materials.

b) If an employee has been exposed, he/she must immediately report the incident to their supervisor. The supervisor will then notify Human Resources.

c) Employees and/or supervisors will fill out the “Notice of Injury or Occupational Disease” incident report. This report will be forwarded to Human Resources.

d) All exposure and medical information will be kept strictly confidential.

7 Attachments:

A - Bloodborne Pathogens Training (Rsk Mng Form 5.07A)

B – Bloodborne Pathogens Continuation Training (Rsk Mng Form 5.07B)

C – Hepatitis B Vaccination (Rsk Mng Form 5.07C)

D – Hepatitis B Declination (Rsk Mng Form 5.07D)

E – Hepatitis B Engineering Control (Rsk Mng Form 5.07E)

F – Hepatitis B Protective Equipment (Rsk Mng Form 5.07F)

Bloodborne Pathogens - Initial Training Form 5.07A

Employee: _____
(Print Name)

I certify by my signature below that I have received the following training on the OSHA Standard for Bloodborne Pathogens. I further certify that I will comply with these Standards as the County has presented them to me in this training.

In addition, if I have any questions on the Standard or do not understand the procedures presented by the County, I will resolve any misunderstanding by obtaining a copy of the OSHA Bloodborne Pathogens Standard or the County's Exposure Plan from the County or my supervisor.

Training:

1. Bloodborne Pathogens Standards Training Video

2. Presentation of County Procedures (Check One)

Briefing

Video

I certify that the above training was provided by me on _____
(Month/Day/Year)

Trainer: _____
(Print Name) (Signature)

I certify that I have received the above training on the training date specified above.

Employee: _____
(Signature)

Bloodborne Pathogens - Continuous Training Form 5.07B

Division: _____ Training Date: _____
(Month/Day/Year)

By my signature below, I acknowledge that I have received continued training information regarding:

- ✦ Transmission of bloodborne pathogens
- ✦ Methods of recognizing activities with exposure to bloodborne pathogens
- ✦ Explanation of methods to prevent or reduce exposure
- ✦ The types and use of protective equipment
- ✦ Hepatitis B vaccination
- ✦ Procedures for exposure incidents
- ✦ Labeling of Bio-Hazards
- ✦ Methods for the disposal of medical waste
- ✦ Changes in exposure or exposure control methods

The training session was conducted by:

(Print Name)

Qualifications of individual conducting training session:

Print Name

Signature

Bloodborne Pathogens - Hepatitis B Vaccination 5.07C

Employee: _____ Social Security Number: _____

(Print Name)

HBV Antibody Testing Results (Check One): Not Tested Not Immune Immune

I understand that the vaccine should not be given to anyone that is immunocompromised, allergic to yeast or any other component of the vaccine, or to pregnant women or nursing mothers unless clearly necessary. Relative contradictions include any serious active infection, severely compromised cardiopulmonary function, or any person to whom a febrile or systemic reaction could cause a serious health risk. I certify that to the best of my knowledge I do not have any of the above listed conditions, have been informed of the potential risks and the benefits of the HBV vaccination, and request to receive the vaccination.

Employee Signature

(Month/Day/Year)

HBV Vaccination Schedule

	<u>Date Planned</u>	<u>Date Administered</u>	<u>Employee Signature</u>
1st Dose	_____	_____	_____
2nd Dose	_____	_____	_____
3rd Dose	_____	_____	_____

Bloodborne Pathogens - Declination Statement 5.07D

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccination at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (Print)

Employee Signature

Date

Bloodborne Pathogens - Engineering Controls 5.07E

Work Area: _____ Date: _____
(Month/Day/Year)

Engineering Controls:

<u>Item</u>	Needed		Available	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Sharps Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Waste Containers (Labeled/Leak proof)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand washing Facilities (with antiseptic soap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage/Transport Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splash guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-sheathing needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Reviewer: _____
(Print Name) (Signature)

Bloodborne Pathogens - Protective Equipment 5.07F

Work Area: _____

Date: _____
(Month/Day/Year)

Protective Equipment:

<u>Item</u>	<u>Needed</u>		<u>Available</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyewear (safety glasses / eye shields)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lab coats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face shields / respirators / masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head / foot coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation devices (pocket masks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Appropriate sizes must be available for each type of equipment)

Comments:

Reviewer: _____
(Print) (Signature)

Section: 6

Lyon County

Personal Protective Equipment Program

6.01 General Requirements

Application

1. Using the guidelines identified in OSHA Standard 29CFR Part 1910.132. Protective equipment, including personal protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, shall be provided, used, and maintained in a sanitary and reliable condition wherever it is necessary by reason of hazards of processes or environment, chemical hazards, radiological hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation or physical contact.
2. Where employees provide their own protective equipment, County department supervisors shall be responsible to assure its adequacy, including proper maintenance, and sanitation of such equipment
3. All personal protective equipment shall be of safe design and construction for the work to be performed.

Hazard assessment and equipment

1. County department supervisors shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). If such hazards are present, or likely to be present, the supervisor shall:
2. Select, and have each affected employee use, the types of PPE that will protect the affected employee from the hazards identified in the hazard assessment;
3. Communicate selection decisions to each affected employee; and,
4. Select PPE that properly fits each affected employee.
5. Defective or damaged personal protective equipment shall not be used.

Training

1. Lyon County shall provide training to each employee who is required to use PPE. Each such employee shall be trained to know at least the following:
2. When PPE is necessary;
3. What PPE is necessary;
4. How to properly don, doff, adjust, and wear PPE;
5. The limitations of the PPE; and,
6. The proper care, maintenance, useful life and disposal of the PPE.
7. Each affected employee shall demonstrate an understanding of the training.

6.02 Eye and Face Protection

1. Using the guidelines identified in OSHA Standard 29CFR Part 1910.133. Lyon County shall ensure that each affected employee uses appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gasses or vapors, or potentially injurious light radiation.
2. Lyon County shall ensure that each affected employee uses eye protection that provides side protection when there is a hazard from flying objects.
3. Lyon County shall ensure that each affected employee who wears prescription lenses while engaged in operations that involve eye hazards wears eye protection that incorporates the prescription in its design, or wears eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.
4. Eye and face PPE shall be distinctly marked to facilitate identification of the manufacturer.

Light Radiation

Lyon County shall ensure that each affected employee uses equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation. The following is a listing of appropriate shade numbers for various operations.

Filter Lenses for Protection Against Radiant Energy

Operations	Electrode Size 1/32 in.	Arc Current	Minimum(*) Protective Shade
<hr/>			
Shielded metal arc welding	Less than 3	Less than 60 ...	10
	3-5	60-160	10
	5-8	160-250	10
	More than 8	250-550	11
<hr/>			
Gas metal arc welding and flux cored arc welding		less than 60 ...	10
		60-160	10
		160-250	10
		250-500	10
<hr/>			
Gas Tungsten arc welding		less than 50 ...	10
		50-150	10
		150-500	10
<hr/>			
Air carbon Arc cutting	(Light)	less than 500 ..	11
	(Heavy)	500-1000	11
<hr/>			

Plasma arc welding	less than 20 ...	8
	20-100	8
	100-400	10
	400-800	11

Plasma arc cutting	(light) (**)	less than 300 ..	8
	(medium) (**)	300-400	9
	(heavy) (**)	400-800	10

Torch brazing	3
Torch soldering	2
Carbon arc welding	14

Filter Lenses for Protection Against Radiant Energy

Operations	Plate thickness-inches	Plate thickness-mm	Minimum(*) Protective Shade
------------	------------------------	--------------------	-----------------------------------

Gas Welding:

Light	Under 1/8	Under 3.2	7
Medium	1/8 to 1/2	3.2 to 12.7	7
Heavy	Over 1/2	Over 12.7	7

Oxygen cutting:

Light	Under 1	Under 25	7
Medium	1 to 6	25 to 150	7
Heavy	Over 6	Over 150	7

Footnote(*) As a rule of thumb, start with a shade that is too dark to see the weld zone. Then go to a lighter shade which gives sufficient view of the weld zone without going below the minimum. In oxyfuel gas welding or cutting where the torch produces a high yellow light, it is desirable to use a filter lens that absorbs the yellow or sodium line in the visible light of the (spectrum) operation.

Footnote(**) These values apply where the actual arc is clearly seen. Experience has shown that lighter filters may be used when the arc is hidden by the workpiece.

6.03 Respiratory Protection

Permissible practice.

In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gasses, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local

ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used.

Respirators shall be provided by Lyon County when such equipment is necessary to protect the health of the employee. Lyon County shall provide the respirators which are applicable and suitable for the purpose intended. Individual Lyon County departments as required shall be responsible for the establishment and maintenance of a respiratory protection program which shall include the requirements outlined below.

1. In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by Lyon County, Lyon County shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use.
2. Lyon County may provide respirators at the request of employees or permit employees to use their own respirators, if Lyon County determines that such respirator use will not in itself create a hazard.
3. In addition, individual Lyon County departments that require the use of a respirator must establish and implement those elements of a written respiratory protection program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. Exception: Lyon County departments are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).
4. Lyon County departments that require the use of respirators shall designate a program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.
5. Lyon County departments that require the use of respirators shall provide respirators, training, and medical evaluations at no cost to the employee.

6.04 Hearing Protection

The purpose of hearing protection is to reduce the outside noise level to below 85 decibels (dB). This is the level considered safe to work in throughout an eight-hour day. The higher the decibel level over 85 (dB) the shorter amount of an eight hour day an employee will be allowed to work around the noise.

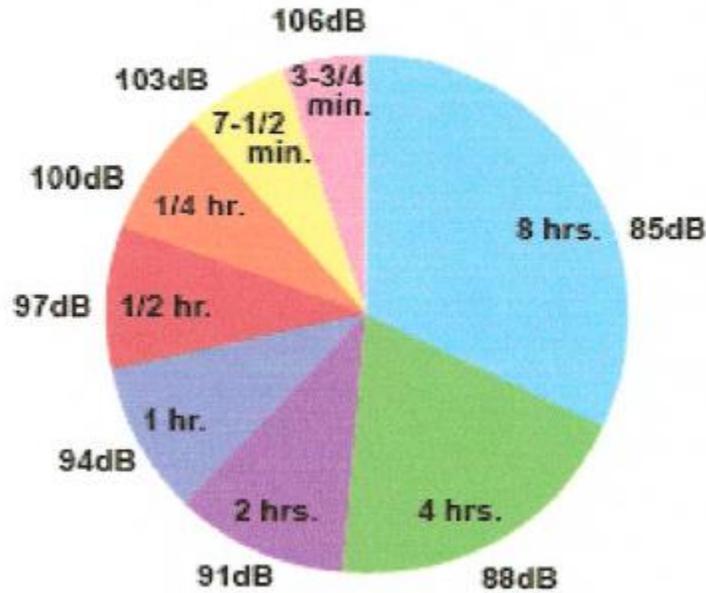
Where decibel levels exceed 85 (dB) Lyon County will:

1. Measure the decibel level to determine risk.
2. Post signs warning hearing protection required.

3. Provide hearing protection. Foam inserts or ear muffs'
4. All hearing protection will be labeled to show its effectiveness

The following chart shows exposure limits:

Exposure to 115dB for any duration may pose a serious health risk



6.05 Fall Protection

Fall protection shall be used by Lyon County employees to protect them from:

1. Falls of 6 feet or more off unprotected sides or edges, e.g., floors and roofs.
2. Falling into or through holes and openings.
3. Runways and ramps where employees are exposed to falls of 6 feet or more to a lower level.

Lyon County employees may be required to wear fall protection harnesses and lanyards. Individual Lyon County department supervisors or department safety coordinators will determine on a case to case basis where fall protection is mandatory and what type of fall protection devices are to be used.

6.06 Head Protection

Where there is the exposure of overhead danger from falling objects or from electric shock or burns, protective headwear must be worn. Protective headwear is an approved hard hat that meets the requirements of the American National Standards Institute (ANSI Z889.1-1969).

Protective headwear will be issued to employees required to use it on the job. Employees are responsible for using their hard hats while working. Also, employees must notify their supervisor about a damaged or lost hard hat immediately.

6.07 Hand Protection

When there is an exposure to the hands, protective gloves are required. Protective gloves are construction type work gloves and chemical resistive gloves.

Construction type work gloves are required for, but not limited to, employees that have an opportunity of cutting, pinching, hitting, or burning their hands.

Chemical resistive gloves are required for, but not limited to, employees that have an opportunity of spilling hazardous chemicals or corrosive material onto their hands.

6.08 Foot Protection

Lyon County employees shall be required to wear protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where such employee's feet are exposed to electrical hazards.

Protective footwear may include but is not limited to:

1. Leather boots, or steel toed/safety toed boots.
2. Rubber, waterproof, or chemical resistant boots

Section: 7

Lyon County Hot Work Program and Permit

7.01 Purpose

This is Lyon County's policy/program for controlling the fire hazards of hot work operations. The Hot Work Permit Policy has been established to prevent unintended ignition of combustible and flammable materials. The use of portable hot work equipment must be controlled to prevent fires. Outside contractors performing repair and alteration work are of particular concern since they are not familiar with the County's buildings or processes, and may not be supervised closely. Hot work done outside of a fixed facility should comply with NFPA 51B, Standard for Fire Prevention During Welding, Cutting and Other Hot Work, and require the use of a Hot Work Permit.

7.02 Regulatory Authority

Title 29, Part 1910.252 (*OSHA's Hot Work Standard*) United States Department of Labor, Occupational Safety & Health Administration, Welding Cutting and Brazing.

7.03 Organizational Assignments/Responsibilities

This policy applies to all Lyon County buildings, facilities, shops and vendors/contractors who perform welding, cutting and other hot work on Lyon County properties.

The Supervisor of the department performing welding, cutting and other hot work tasks shall review hot work procedures for each Hot Work Permit form submitted and sign the Hot Work Permit as applicable. A copy of the permit must be posted at the work location.

Lyon County Project Managers shall review welding, cutting and other hot work and locations proposed by vendors and contractors for applicability of this policy. Project Managers are responsible for advising contractors/vendors about the Hot Work Permit procedures for the purpose of recognizing, evaluating and controlling hot work hazards on Lyon County properties. A representative of the contractor or vendor must complete the Hot Work Permit and submit as described above.

Each individual performing welding or cutting and any hot work activity defined below shall ensure precautions have been taken as prescribed in the Hot Work Permit form prior to commencing any work. *The Hot Work Permit form shall be submitted to the department's safety coordinator **at least 24 hours (when practical)** prior to commencing any hot work in areas not approved for hot work.*

7.04 Compliance

Hot Work is any activity that could produce flames, sparks, slag, or other hot fragments that might act as an ignition source to flammable materials in the area. Hot Work also includes any activity that could generate sufficient smoke or heat to activate a fire alarm detection system. It includes, but is not limited to: welding, cutting, torch soldering, brazing, heat treating, pipe thawing, and grinding. Too often, persons who use, hire, or supervise these processes do not fully appreciate that improper use and lack of fire safeguards can result in loss of life and property by fire and explosion. Cutting and certain arc welding processes produce thousands of ignition sources in the form of sparks and hot slag. These globules of molten metal could scatter horizontally as far as 35 feet, setting fire to all kinds of combustible materials.

7.05 Permissible Areas

Cutting, welding and other hot work shall be permitted only in areas that are or have been made fire safe. Assuming hot work is necessary; the first step is to determine if the work can be done in a designated or approved hot work area. A designated area is a specific area designed or approved for hot work.

Approved Hot Work Areas - Areas that are not subject to a Hot Work Permit include:

- Welding and Cutting Shops; as defined by the Safety Coordinator for each department.
- Utilities; Water distribution and pumping systems as designated by the Water Superintendent.
- Utilities: Wastewater pumping stations and plants as designated by the Wastewater Superintendent.
- Detached outdoor areas that are free of flammable and combustible materials within a 35 ft. radius minimum (i.e., dry brush, grass, leaves) and is suitably separated from adjacent areas.

Prohibited Hot Work Areas -If hot work cannot be accomplished in an approved hot work area, there is a need to determine whether hot work is prohibited altogether. Sometimes an area simply cannot be made safe for cutting, welding or any other hot work and shall not be permitted. Some examples of prohibited hot work situations are as follows:

- Where processes involving flammable liquids, gasses and dusts cannot be shut down and made safe;
- Where lint and/or dust conditions are severe beyond correction;
- On partitions, walls, ceilings, or roofs with combustible coverings (e.g., expanded plastic insulation);
- On pipe or other metals that can conduct enough heat to ignite nearby combustibles;
- In the presence of explosive atmospheres (e.g., mixtures of flammable gasses, vapors, liquids, or dusts with air);
- In sprinklered buildings while such protection is impaired;
- In areas near the storage of large quantities of exposed, readily ignitable materials such as bulk fuel, paper, or aerosols; and
- In areas not authorized by management.
- Confined space areas where SCBA's are required (if hazard can't be mitigated)

7.06 Fire Watch

1. A fire watchers job is to monitor the area and watch for fires from the hot work operation and to make sure that persons not involved in the hot work operation do not come into or move combustible or flammable materials in to the work zone during the hot work operation.
2. Fire watchers shall be required by the individual responsible for authorizing the hot work wherever hot work is performed in locations that a minor fire might develop, or where:
 - Appreciable combustible materials in building construction or contents are closer than 35 ft. (11 m) to the point of operation;
 - Appreciable combustibles are more than 35 ft. (11 m) away but are easily ignited by sparks;

- Wall or floor openings within a 35 ft. (11 m) radius expose combustible material in adjacent areas, including concealed spaces in walls or floors;
 - Combustible materials are adjacent to the opposite side of metal partitions, walls, ceilings, or roofs and are likely to be ignited by heat conduction or radiation.
3. Fire watchers shall have a fully charged and operable fire extinguisher or other extinguishing method available. In either case, the fire watcher will be trained to use the fire extinguishing equipment.
 4. Fire watchers shall be familiar with facilities and procedures for sounding an alarm in the event of a fire.
 5. Fire watchers shall watch for fires in all exposed areas, and try to extinguish them first only when obviously within the capacity of the equipment available, or otherwise sound the alarm immediately.
 6. A fire watch shall be maintained for at least 30 minutes after completion of cutting, welding and other hot work operations to detect and extinguish smoldering fires.
 7. If the individual conducting the fire watch must leave the area momentarily (to use the restroom, retrieve parts or tools from a service vehicle, etc.), they must arrange to have someone else take over the fire watch responsibility during the time they are away.

7.07 Precautions

Precautions required include but are not limited to:

- Valves, regulators, flash back suppressors , hoses, and torches shall be checked regularly;
- Welding or cutting on vessels that contain combustible or flammable material is prohibited unless completely purged and residue removed;
- Gas cutting and welding equipment shall be secured to avoid damage and disturbance;
- Welding curtains should be used to prevent hot slag from scattering and to protect the vision of persons in close proximity to the hot work.
- Personnel performing hot work shall ensure that the atmosphere is free of flammable or combustible vapors.
- Ensure adequate ventilation is provided;
- Segregate combustible material at least 35 feet from work area;
- Provide guarding in the form of shielding and covering if combustibles cannot be removed or segregated;
- Remove combustibles from common surfaces when welding on metal walls, partitions, or ceilings is to be completed;
- Special attention to welding or cutting pipes in contact with walls made with combustible materials; and
- Post a fire watch in areas where combustibles cannot be safely segregated from work, where sparks may impact lower levels in cases of elevated work, or where a fire alarm has been partly or completely disable in order to perform the work.
- Personnel performing hot work shall ensure that proper personal protective equipment is used.

7.08 Contractors and Vendors

Lyon County Project Managers shall evaluate hot work activities to be conducted by contractors or vendors for adherence to the Hot Work Permit policy prior to the start of work. Lyon County employees, contractors and vendors are required to complete the Hot Work Permit form prior to the start of work unless precluded by an emergency situation.

7.09 The Hot Work Permit

Hot Work Permit Form

This Form is to be filled out in its entirety by the responsible individual who has personally inspected the proposed worksite. Unless impossible due to an emergency situation, it must be received by the Department Safety Coordinator or a Supervisor prior to the beginning of a project.

Who Will Do The Work

Name of responsible person:

Name of Immediate Supervisor:

Performing Lyon County Dept. or Contractor:

Telephone Numbers:

Office:

Cell:

If contractor list complete address:

The Work Itself

Date work is to be performed:

Date work is to be finished:

Start Time

End Time

Describe the work to be performed:

Verify All Of The Following

Hot work equipment will be inspected and determined to be in good repair prior to start of work.

Yes	No
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

This work cannot be reasonably done in a shop or other area designed for this purpose.

Yes	No
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

No sprinklers will be taken out of service while the work is being done.

Yes	No
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

The potential for smoke, heat, airborne dust, etc. to trigger a fire alarm has been evaluated and appropriate measures will be taken to prevent false alarms (including both local horns and strobs and automatic Fire Dept. notification). Advanced arrangements may be necessary for Electricians to deactivate and restore system components. Ensure that systems are restored as soon as possible after completion of work.

Yes	No
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

There are no combustible fibers, dust, vapors, gasses or liquids in the area.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

All combustibles will be relocated **when practical** 35 feet from the operation and the remainder will be protected.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Fire alarms will not be taken out of service until a fire watch has been established. If alarms are taken out of service the Lyon co. Utilities Elect/Mech dept., and or the Facilities Dept. must be given advanced notice.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Surrounding floors will be swept clean. If combustible, wet down.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Ample portable fire extinguishers will be available on site. These will be over and above the normal compliment of building extinguishers

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

All floors and wall openings, including cracks, within 35 feet will be covered.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

A **FIRE WATCH** during work, breaks, and for 30 minutes after will be established. An appropriate number of people have been assigned.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

There will be no harmful radiation generated by this work, or fire resistant screens will be positioned to protect bystanders.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Workers or bystanders will not be exposed to toxic fumes. Otherwise adequate ventilation will be provided to mitigate these issues.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Prior to starting work, workers will determine the location of nearest phone, alarm pull station, building fire extinguisher, and escape route.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The person performing the hot work will verify the conditions specified in the permit prior to the start of work each day the permit is in effect.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Permit authorizing individual (for Utilities must be a Grade III operator or above): I personally surveyed the work site and attest that the above precautions have been followed and are correct. All no answers have been signed off by a responsible supervisor.

<input type="text"/>

Received by:

<input type="text"/>

 Authorized Safety Coordinator or Supervisor!

Date:

<input type="text"/>

Section: 8

Lyon County Compressed Gasses Program

8.01 Introduction

Compressed gas cylinders are necessary in many County operations. Compressed gasses expose users to both chemical and physical hazards. Gasses contained within compressed gas cylinders can be toxic, flammable, oxidizing, corrosive, inert, or some combination thereof. Because the chemical is in gaseous form and pressurized, it can quickly contaminate a large area in the event of a leak in the cylinder, the regulator, or any part of the system after the regulator; therefore, familiarity with the chemical hazards of the gas is necessary. The gas can also be injected into the body through the skin if the gas is blown against the skin with sufficient pressure. In addition to the chemical hazards, there are hazards from the pressure of the gas and the physical weight of the cylinder. A gas cylinder falling over can break chemical containers and crush feet. The cylinder can itself become a rocket if the cylinder valve is broken off. Appropriate care in the handling and storage of compressed gas cylinders is essential.

This safety section contains recommendations on the rental and return of gas cylinders, the disposal of non-returnable cylinders, the basic measures necessary to use compressed gas cylinders safely, and the basic guidance on gas system safety. Gas specific safety information can be found in the cylinder labeling, in the Safety Data Sheet/Material Safety Data Sheet, and through the gas manufacturer or vendor.

8.02 Refillable and Non-refillable Gas Cylinders

1. There are two types of cylinders used in Lyon County:
 - **Refillable gas cylinders** supplied by gas vendors which are generally large and have an average of 200 cubic feet of compressed gas in them.
 - **Non-refillable gas cylinders** such as small propane bottles or disposable cylinders.
2. Refillable gas cylinders usually are provided on a rental basis from a gas vendor. These cylinders are owned by the gas vendor and must be returned to them when they are empty or when partially filled and the gas is no longer in use. The rental and return of refillable gas cylinders to gas vendors units is the recommended practice for the management of cylinders.
3. **Disposable cylinders** - while certain gasses (i.e. propane, butane) are sold in "disposable" cylinders, these cylinders should be disposed of in a safe manor where they will not be exposed to extreme heat or pressure.

8.03 General Requirements

1. Contents of the gas cylinder should be clearly identified. Color coding is not a reliable means of identification. Do not deface or remove any markings, tags or stencil marks used for identification of contents attached by the gas vendor. Cylinders which do not bear a legibly written, stamped, or stenciled identification of the contents should not be used: they should be segregated and the gas vendor should be contacted for removal.

2. Caps used for valve protection should be kept on the cylinder except when the cylinder is in use. A cylinder's cap should be screwed all the way down on the cylinders neck and should fit securely. The cap is for valve protection only.
3. Leaking Cylinders
 - **Poisonous gas** cylinders, regardless of size, should only be opened while in a chemical fume hood or appropriate gas cabinet. In extenuating circumstances alternate ventilation may be used only with prior review and approval of the Department's Safety Coordinator. If there is a circumstance where it is possible that a poison gas could be entering the room air, immediately leave the room, close the door(s), activate the nearest fire alarm pull station, evacuate the area and call 911 from a safe place to report the emergency. Be sure to meet the Fire Department at the main entrance of the area you are at to explain the situation. If the cylinder is rented, the gas vendor should be contacted for disposal of the cylinder once the emergency situation is stabilized.
 - If a cylinder containing **flammable** or **oxidizing gas** is leaking, follow the same steps as above, but turn off all sources of ignition in the room prior to leaving if the shutoffs are accessible and isolated from the leak or are explosion proof. Never attempt to extinguish a fire involving flammable gas without shutting off the gas supply; explosive atmospheres could be created.
 - If the leaking cylinder contains an **inert gas**, place the cylinder in a well-ventilated location, preferably an outdoor cylinder storage area. If the cylinder is rented, the gas vendor should be contacted for removal of the cylinder.
4. If a cylinder or valve is noticeably corroded, the gas vendor should be contacted and the vendor's instructions followed. Any other damage that might impair the integrity of the cylinder should be called to the attention of the gas vendor before the cylinder is returned.
5. Components of gas systems should be labeled to avoid any confusion.
6. The practice of transferring compressed gasses from one commercial cylinder to another is not permitted unless performed by the gas vendor.

8.04 Moving and Transporting Cylinders

1. Always use a suitable cylinder cart for transporting cylinders, with the cylinder securely chained or strapped to the cart. Do not roll or drag a cylinder to move it or allow cylinders to strike each other or any other surface violently.
2. Protective valve caps must be secured when moving cylinders. Avoid lifting or moving the cylinder by the cap.
3. Ropes or slings should not be used to suspend cylinders unless the gas vendor has made provisions for such lifting and attachment points are provided on the cylinder.

8.05 Storing Cylinders

1. All cylinder storage areas must be prominently marked with the hazard class or the name of the gasses to be stored; e.g. "Flammable Gas Storage Area", and "No Smoking" signs posted where appropriate.
2. Always secure gas cylinders, upright (with valve end up) to a wall, bench top, cylinder rack or post, unless the cylinder is specifically designed to be stored otherwise. Specially designed cylinder clamps can be purchased for securing a cylinder against a bench top.

3. Where gasses of different types are stored at the same location, cylinders (empty or full) should be grouped by the type of gas; e.g., flammable, oxidizer, toxic or corrosive. Inert gasses can be stored with any other type of gas.
4. To avoid confusion, full cylinders should be stored separately from empty cylinders.
5. Cylinders should be stored in a well-ventilated area away from sparks, flames or any source of heat or ignition. Cylinders may be stored outside on a slab, however, where extreme temperatures prevail; cylinders should be stored so that they are protected from the direct rays of the sun. Do not expose cylinders to temperatures above 125 degrees F.
6. Cylinders should not be exposed to continuous dampness or stored near salt or other corrosive chemicals or fumes. Corrosion may damage cylinders and cause their valve protection caps to stick.
7. Never store cylinders in any location which could obstruct the safe exit pathway of the building occupants.

8.06 General Use Precautions

1. Do not use compressed gas cylinders for any purpose other than the transportation and supply of gas.
2. Never tamper with or attempt to repair or alter cylinders, regulators or any pressure relief devices. Return cylinders to the gas vendor for all repairs. Have regulators checked and cleaned periodically by trained service personnel.
3. Do not attempt to remove a stuck cylinder cap by using a lever in the cap ports. The lever may accidentally open the valve when the cap turns.
4. Do not place cylinders where they might become part of an electric circuit or allow them to come into contact with an electrically energized system.
5. Use pressure regulators that are equipped with pressure relief devices.

8.07 Utilizing Compressed Gasses

1. Before using the gas, read all label information and the Safety Data Sheets associated with the use of that particular gas.
2. Always use the proper regulator for the gas in the cylinder. Always check the regulator before attaching it to a cylinder. If the connections do not fit together readily, the wrong regulator is being used. Do not force connections to fit, as you may permanently damage the threads.
3. The threads and mating surfaces of the regulator and hose connections should be cleaned before the regulator is attached. Wipe the outlet with a clean, dry, lint-free cloth. Particulates can clog the regulator filter (if so equipped) or cause the regulator to malfunction.
4. Attach the regulator securely, with the secondary valve closed and with the regulator flow backed off (counterclockwise) before opening the cylinder valve.
5. Do not permit oil or grease to come in contact with cylinders or their valves, especially cylinders containing oxidizing gasses (See the section on Special Precautions for Using Oxygen and Oxidizing Gasses.)
6. Always use a cylinder wrench or other tightly fitting wrench to tighten the regulator nut and tube connections. When working with tubing or tube fittings, where turning a wrench

- could put torque on weaker system parts, use a second wrench in a suitable location to counter the torque.
7. Teflon tape should only be used on tapered pipe threads where the seal is made at the threads, not on cylinder connections or tube fitting connections, all which have metal-to-metal-face seals or gasketed seals.
 8. When opening a cylinder valve, open the valve slowly. Point the valve opening away from yourself and other persons. Never use a wrench or hammer to open or close a hand wheel-type cylinder valve. If the valve is frozen and cannot be operated by hand, return the cylinder to the gas vendor.
 9. Use soapy water or leak detection equipment to ascertain that there are no leaks in the gas transport system. Use an ammonia soaked rag to detect Chlorine leaks.
 10. Before a regulator is removed from a cylinder, close the cylinder valve and release all pressure from the regulator.
 11. Never completely empty a rented gas cylinder, rather discontinue use of the cylinder when it has at least 25 psi remaining. Mark the cylinder so that others know that it is nearly empty; e.g., write "MT" on a piece of tape and stick it on the cylinder in such a way that the tape will not come off unless intentionally removed. Verify that the valve is closed and secure the cylinder valve protective cap and outlet cap or plug, if used.
 12. Utilize pressure relief devices; e.g., pressure relief valves and rupture discs where appropriate to protect against the over pressurizing of any element of the compressed gas system that cannot safely withstand full cylinder pressure.
 13. Be sure to use valves, tubing and tube fittings that are designed for the application. If in doubt, contact the manufacturer or distributor.
 14. Where there is any chance for equipment malfunction, inspect the condition of the equipment at appropriate intervals.

8.08 Special Precautions for Using Flammable Gasses

In addition to the above guidelines, the following measures should be taken when handling flammable gasses.

1. Cylinders containing flammable gasses (empty or full) should be separated from cylinders containing oxidizing gasses by a minimum distance of 20 feet or by a barrier at least 5 feet high which has a fire-resistance rating of at least one-half hour; e.g., a concrete block wall.
2. Do not store flammable gasses near unprotected electrical connections, heat sources or any source of ignition.
3. Storage of flammable gasses in a ventilated, fire resistant enclosure is recommended; e.g., an approved gas cabinet or chemical fume hood. If this is not possible, flammable gas cylinders should be stored in a well-ventilated space.
4. The quantity of flammable gasses in a building should be kept to a minimum.

8.09 Special Precautions for Using Oxygen and Oxidizing Gasses

In addition to the general guidelines, the following measures should be taken when handling oxidizing gasses:

1. Do not permit oil or grease to come in contact with compressed oxidizing gasses. Regulators and tubing used with oxidizing gasses must be specially cleaned to remove oil and other reducing agents. Explosions may occur when pressurized oxidizers come into contact with grease or oil.
2. Cylinders containing oxygen or oxidizing gasses (empty or full) should be separated from cylinders containing flammable gasses by a minimum distance of 20 feet or by a barrier at least 5 feet high having a fire-resistance rating of at least one-half hour; e.g., a concrete block wall.
3. Do not store oxidizing gasses near flammable solvents, combustible materials or near unprotected electrical connections, heat sources or sources of ignition.

8.10 Special Precautions for Using Corrosive Gasses

In addition to the general guidelines, the following measures should be taken when handling corrosive gasses:

1. Cylinders containing corrosive chemicals should be periodically checked to ensure that the valve has not corroded. If a cylinder or valve is noticeably corroded, the gas vendor should be contacted and the gas vendor's instructions followed. Any other damage that might impair the integrity of the cylinder should be called to the attention of the gas vendor before the cylinder is returned.
2. The user should be cautious if flow does not immediately start when a valve is opened slightly, as there could be a plug in the valve. If there is a plug in the valve and the valve is opened more, the plug could clear suddenly, with unexpected excessive flow.

8.11 Gas Categories

Corrosive - Gasses that corrode material or tissue with which they come in contact, or do so in the presence of water, are classified as corrosive. They can also be reactive and toxic and/or flammable or an oxidizer.

Flammable - Gasses that, when mixed with air at atmospheric temperature and pressure, form a flammable mixture at 13% or less by volume, or have a flammable range in air of greater than 12% by volume regardless of the lower flammable limit, are classified as flammable. They can be high-pressure, toxic, and reactive and displace oxygen in air. A change in temperature, pressure or oxidant concentration may vary the flammability range considerably.

Inert - Gasses that do not react with other materials at ordinary temperature and pressure are classified as inert. They are colorless and odorless, as well as nonflammable and nontoxic. The primary hazard of these gasses is pressure. These gasses are often stored at pressures exceeding 2,000 psi. Also, they can displace the amount of oxygen necessary to support life when released in a confined place. Use of adequate ventilation and monitoring of the oxygen content in confined places will minimize the danger of asphyxiation.

Oxidizer - Gasses that do not burn but will support combustion are classified as oxidants. They can be high-pressure, toxic and reactive, and can displace breathing oxygen from air.

Toxic - Gasses that may produce lethal or other harmful effects on humans are classified as toxic. They can be high pressure, reactive, nonflammable or flammable, and/or oxidizing in addition to their toxicity. The degree of toxicity and the effects will vary depending on the gas.

8.12 Characteristics of Specialty Gasses

Gas	Flammable Limits in Air (Vol. %) (1)	Oxidizer	Inert	Corrosive	Toxic
Acetylene	2.5 - 100				
Air		X			
Butane	1.8 - 8.4				
Carbon Dioxide			X		
Nitrogen			X		
Helium			X		
Oxygen		X			
Propane	2.1 - 9.5				
Chlorine				X	X

(1) Flammable limits are at normal atmospheric pressure and temperature.

(2) Corrosive in presence of moisture.

(3) Toxic. It is recommended that the user be thoroughly familiar with the toxicity and other properties of this gas.

Section: 9

Lyon County Contractor Safety Program

9.01 Purpose

To ensure that contractors hired by Lyon County are working safely and in accordance with Federal, State, and Local regulations, and Lyon County procedures. This procedure applies to all contractors who do construction or maintenance activities on the building and/or equipment, and long-term contractors that provide janitorial services, etc.

9.02 Contractor Responsibilities

- **TRAINING & CERTIFICATION:** Contractor supervisors must handout copies of this program and review it with their employees (including subcontractors), complete a Contractors Safety Certification Form for each project, and submit the completed and signed forms to the Project Manager at the site. Long-term contractors shall complete this form annually and return it to the department that hired them. Departments must submit copies of these completed forms to the County Risk Manager.
- **HOUSEKEEPING:** Work area must be kept in a neat and orderly condition at all times. All trash and debris must be removed from the work area at the end of each day and at the conclusion of every project. Skids must be stacked at a location designated by the Project Manager or department supervisors and disposed of by the contractor at reasonable intervals.
- **PERSONAL PROTECTIVE EQUIPMENT:** The contract company and any of its subcontractors are required to provide proper PPE (hard hats, safety glasses, safety gloves, etc.) for their personnel.
- **FALL PROTECTION:** Proper fall protection methods must be used and provided by contractors (i.e. man lifts, scaffolding, guardrails, body harness with lanyards, etc. per OSHA regulations) to protect contractors from falls. OSHA construction regulation (1926.451) requires an on-site "competent person" to certify erection/modification of scaffolding and inspect for visible defects before each work shift.
- **CONFINED SPACES:** Contractors will be informed by the Project Manager or department supervisors of any confined spaces and permit required for confined spaces in the work area. Only trained personnel are allowed to work in confined spaces per OSHA.
- **HOT WORK:** All hot work (welding, cutting, etc.) which involves flame, spark, or heat REQUIRES authorization from the Project Manager or department supervisors prior to start of work so that the area is inspected for any fire hazards. Project Managers or department supervisors will ensure contractors follow Lyon County' hot work policy and permit system as detailed in our Hot Work Program. A fire watch must be conducted by the contractor during hot work operations and for a minimum of thirty (30) minutes after work is complete, unless a longer period is required by regulations or the circumstances.
- **SMOKING:** No smoking is allowed in any building - use only designated exterior areas.
- **INDOOR AIR QUALITY:** Dust and debris must be kept at a minimum, ventilation to the outside must be provided where needed, and air intake vents must be isolated so that proper

indoor air quality is maintained in Lyon County facilities. Employees will be informed by supervisors ahead of time regarding efforts to maintain proper indoor air quality to minimize complaints.

- **LOCKOUT/TAGOUT:** During any work on electrical / powered equipment, the equipment must be de-energized in accordance with Lyon County' "Lockout and Tagout Program." This program establishes procedures for energy isolation of equipment to prevent accidental injury during shutdown, startup, or maintenance. Failure to lock out equipment will result in immediate action that could result in termination of the contract.
- **CHEMICAL SAFETY:** Lyon County maintains a Hazard Communication Program (HAZCOM) for its employees and outside contractors. Material Safety Data Sheets (MSDSs)/Safety Data Sheets (SDS's) and a copy of the written program are available for review. The contractor agrees to adhere to all applicable requirements designated in the written HAZCOM plan and County's policies. MSDSs/SDSs must be maintained on-site for any chemicals brought into the facility by the contractor/subcontractor.
- **HAZARDOUS WASTE DISPOSAL:** Any hazardous waste generated as a result of contractor operations must be kept onsite and disposed of with approval by Lyon County, as we are liable for wastes generated on our site, whether by contractors or employees. No disposal of any waste is allowed on parking lots, grass, drains, sinks, toilets, etc.
- **WORK BARRICADES:** Work areas must be properly isolated from areas occupied by employees using appropriate barricades such as fencing, walls, etc. in order to keep County employees outside of the work zone. Signs must be posted stating that only authorized personnel are allowed in the work zone.
- **PARKING LOT/WALKWAY SAFETY:** Directional signs must be placed around employee parking lots to ensure employees are segregated from construction vehicles and equipment and to direct contractors where they can place their vehicles and equipment. Employee walkways at County facilities must also have appropriate signage and barricades.
- **OUTSIDE EQUIPMENT:** Contractor equipment left outside County facilities overnight must be properly secured and barricaded from access by general public (i.e. children).
- **EXCAVATION:** Contractors must contact the Project Manager, and USA DIGS (USA North 811) prior to any excavation to ensure underground utilities are properly located. All required permits must be in place prior to start of work.

STATE, FEDERAL and LOCAL LAW AND REQUIREMENTS: Contractors must comply with all Federal, State, and Local regulations, including, but not limited to, a 10 hour or 30 hour OSHA Training required by Assembly Bill 148

9.03 Project Managers/Dept. Safety Coordinators Responsibilities

- Provide copies of the Contractor Safety Program to the Contractors; maintain the Contractor Safety Program Certification Forms.

- Provide the contractor/subcontractor with the specific emergency procedures for the facility and the hazards of specific areas, as outlined in the certification form.
- Provide copies of Lyon County's LOCKOUT/TAGOUT and HAZCOM programs to contractors. Location of MSDSs/SDSs will also be provided as requested.
- Ensure hazardous waste is properly disposed of from the construction project by contractors.
- Inspect contractor work sites periodically to ensure contract personnel are working safely and following established procedures. Use the Construction Safety Check List for weekly reviews.
- Communicate to employees regarding efforts to maintain proper indoor air quality during the project.
- Coordinate with the contractor to provide proper signs & barricades around parking lots and walkways to ensure employees are segregated from the construction work and storage zones.
- Ensure a fire watch is conducted during any hot work.
- Coordinate any excavation with the Construction Manager prior to the start of work.
- Ensure contractors & subcontractors provide current insurance certificates with a minimum of \$1,000,000 coverage each for general liability, auto liability, and employers' liability (which is included with Workers Compensation coverage). If insurance were to expire before the contract work is completed, the contractor must show a good faith effort that a renewal of the insurance is being obtained.

9.04 Safety Coordinators Responsibility

- Review the projects with the Project Manager and the Contractor and recommend any additional safety requirements as needed.
- Maintain a master list of the certification forms.

9.05 References

OSHA 29 CFR 1910

OSHA 29 CFR 1926

9.06 Definitions

SDSs: (Safety Data Sheets) - written safety information on a particular hazardous material developed by the manufacturer or importer of the material.

PPE: (Personal Protective Equipment) - equipment such as hard hats, safety glasses, safety gloves, etc.

9.07 Forms

- Form 9.07A Contractors Certification
- Form 9.07B Contractor Safety Checklist

Form 9.07A

CONTRACTOR SAFETY PROGRAM
CERTIFICATION FORM

Project Name: _____

Location: _____

Contractor Name: _____

Co. Phone # _____

Contractor Contact: _____

County Contact: _____

Start Date: _____

Completion Date: _____

Description of Work:

I have received, read, and understand the requirements as specified in the written Contractor Safety Program, as well as applicable local, state, and federal government regulations. All personnel and subcontractors who work on this job will be properly trained to comply with these requirements. I also certify that Lyon County has:

- 1) Provided the opportunity to all contractor employees to review available SDSs in areas of anticipated work;
- 2) Explained applicable company environmental & safety policies, especially in areas where chemical products are used; and
- 3) Informed the contractor of the specific lockout/tagout procedures for any equipment installation or maintenance required at this location. Lyon County and the contractor certify that each has been informed of their respective lockout/tagout procedures. The contractor will ensure that its employees will adhere to all appropriate lockout/tagout procedures established by Lyon County and the contractor to safely complete contractor services.

Contractor Representative

Lyon County Authorized Representative

Date

CONSTRUCTION SAFETY CHECKLIST

Name of Inspector _____

Date _____

Location _____

Time _____

Contractors(s) on site _____

Instructions: Project Managers should complete this inspection weekly during the construction project(s).

Floors and Walkways

- | Y | N | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. All employees meet the required 10 hour or 30 hour OSHA training and have the required completion card with them as spelled out in Assembly Bill 148 (AB 148)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Cords, hoses or other equipment removed from employee walkways and stairs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Floor openings guarded by a cover or sturdy guardrail on all sides? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. All tools & equipment stored properly to reduce overhead fall hazards? Materials/tool boxes not stored in front of electrical panels, fire hoses, or exits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Floors and stairs clean and free of grease, liquids, oil, or debris? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Work areas and employee walkway areas clearly marked and barricaded? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. All exits and stairs clear and unlocked, and exits properly marked with exit signs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Toe boards, midrails and top rails provided around all 4 sides of an elevated platform? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Railings are sturdy, with access gates self-closing & locking? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. All pedestrian traffic restricted during overhead crane/hoist use or other overhead work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. General housekeeping satisfactory? |

Fall Protection

- ^Y ^N 12. Non-metal ladders used near electrical hazards? Ladders tied off at the top and at proper angle? Condition of ladder OK?
- ^Y ^N 13. Scaffolding installed and regularly inspected by “competent person” that has training and experience in scaffolding, per OSHA regs?
14. Contractors utilizing fall protection methods (railings, body harness, etc.) for work above 6 feet?

Hot Work/Welding

- ^Y ^N 15. Hot work permit issued and posted near area of hot work? Work area inspected for fire hazards before work started? Lyon County supervisors informed of any sprinkler/fire protection shutoff in their area?
16. Adequate shielding from arc and sparks provided for employees walking by? Warning signs posted and area roped off?
17. Fire watch provided by contractor? Extinguisher on hand for fire watch? Emergency procedures reviewed with contractor (i.e. evacuation routes, fire alarm signal, etc.)?
18. Surfaces in proximity of welding been cleaned of paper dust, ink mist and other combustibles?
19. Gas cylinders secured upright & chained? Stored way from heat sources and caps on?
20. Welding fumes properly vented to outside and not into building air intake vents?
21. Flammables/combustibles stored away from hot work and other heat sources?

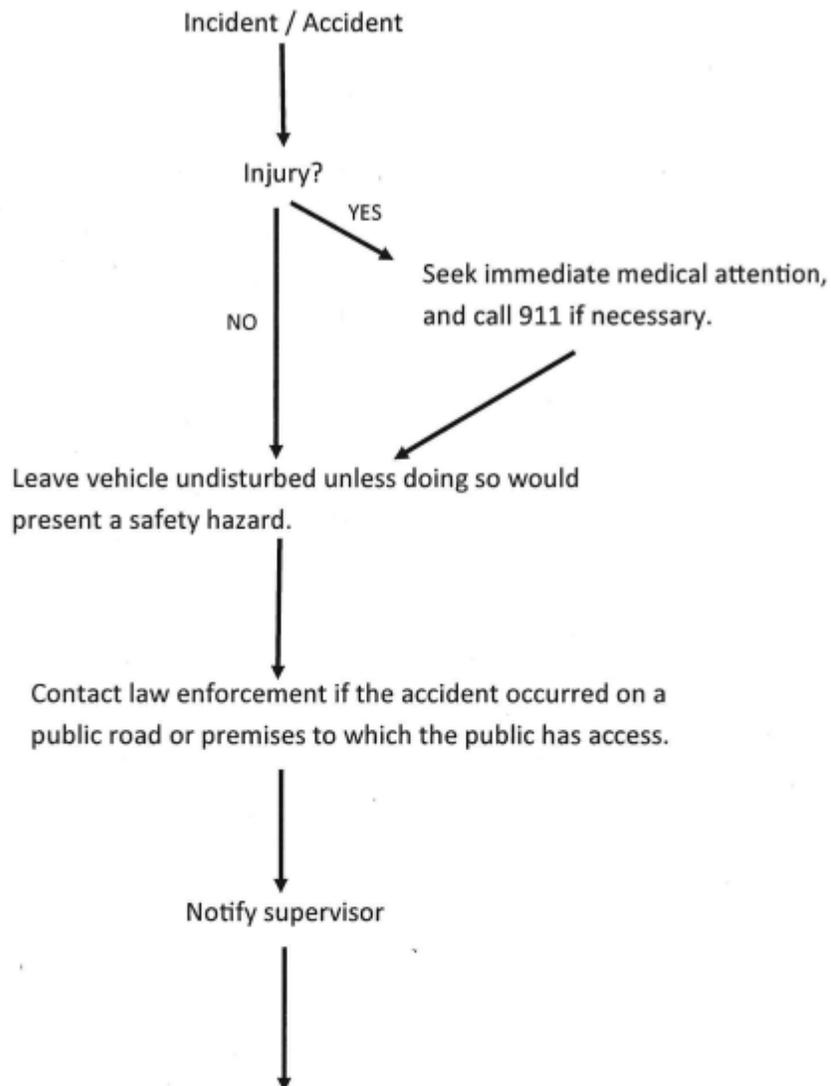
Chemicals/Waste

- ^Y ^N 22. All chemical containers have appropriate Hazcom GHS labels, SDS and stored inside building?
23. Hazardous wastes generated by contractors not thrown in dumpster?

Section: 10

Lyon County Accident Investigation Program

10.01 Incident, Injury, Accident Flow Chart



Supervisor responsibilities:

- Contact Human Resources to determine whether post-accident drug test is required.
- If employee is injured, complete **Injured Worker Packet** and send to Human Resources.
- Ensure **Notice of Loss** is completed and send to Risk Manager.
- Report incident to Fleet Services.
- Complete **After Action Review** and send to Human Resources.

⇒ Referral to Safety Committee for discussion if appropriate.

10.02 Injury/Accident Investigation Form



ACCIDENT INVESTIGATION REPORT

Attention: This form contains private health information. It is intended to be used for the purpose of analyzing how occupational injuries and illnesses occur, how they could have been prevented, and what if any remedial action may be taken. Unless otherwise provided by Lyon County policy, applicable law, or a duly issued subpoena or court order, the information contained in this form is confidential and shall not be shared with anyone who does not have a need to know in connection with the process identified above.

Investigator Information:

Note: Where practicable, it is recommended that fact-gathering be conducted by supervisory personnel who are not witnesses or otherwise directly involved in the incident.

Investigator(s): _____

Investigation date(s): _____ **Employee**

Information:

Employee name: _____

Job title: _____

Date(s) of incident: _____ Time: _____

Exact location of incident: _____

Witnesses: _____

5. Additional questions relating to the cause of the incident:

Was the incident a result of violation of established safety policies?

Yes No

If yes, identify the policies and explain:

Has the employee received training to perform this procedure safely?

Yes No

If no, explain:

Was adequate personal protective equipment provided for the required tasks?

Yes No

If no, explain:

Are changes necessary in the operations or procedures to prevent this type of incident in the future?

Yes No

If yes, explain:

Discuss any additional policies, personal factors, and environmental factors that led to hazardous conditions or unsafe acts:

Recommended Corrective Actions:

Page 3 of 4

Recommendations for corrective action(s):

Person(s) responsible for corrective action(s) and timeframe for completion:

Referral to Safety Committee? Y / N

Note: Incidents should be referred to the Safety Committee if they involve serious injuries, unsafe practices, inadequate policies, complex issues, or other circumstances for which the Committee's deliberation would be appropriate.

Investigator Signature(s): _____

Date: _____

10.03 Notice of Loss/Accident Form

NOTICE OF LOSS/ACCIDENT										
TYPE OF LOSS			AUTO			LIABILITY		PROPERTY		
INSURED										
					CLAIM NUMBER					
					PERSON TO CONTACT			PHONE		
LOSS										
DATE AND TIME			AM PM		LOCATION					
DESCRIPTION OF LOSS										
MOTOR VEHICLE ACCIDENT										
MEMBER VEHICLE YEAR, MAKE MODEL				LICENSE NUMBER			VIN (VEHICLE IDENTIFICATION #)			
DRIVER'S NAME AND ADDRESS							DEPARTMENT			
DRIVER'S LICENSE NUMBER				DRIVERS AGE	RESIDENCE PHONE ()		BUSINESS PHONE ()			
DESCRIPTION OF DAMAGE				WHERE VEHICLE CAN BE SEEN			UNIT NUMBER			
PROPERTY DAMAGE										
DESCRIBE PROPERTY (IF AUTO – YEAR, MAKE, MODEL, PLATE #)						COMPANY, AGENCY AND POLICY #				
DRIVER'S NAME & ADDRESS – INDICATE "SAME" IF SAME AS OWNER					RESIDENCE PHONE ()		BUSINESS PHONE ()			
DESCRIBE DAMAGE			ESTIMATE AMOUNT \$		WHERE PROPERTY CAN BE SEEN		FIRE, HAIL, ETC.			
INJURED										
NAME AND ADDRESS			PHONE	PED	INS VEH	OTHER VEH	AGE	HOSPITAL & DOCTOR	DESCRIBE INJURY	
WITNESSES OR PASSENGERS										
NAME AND ADDRESS				PHONE		INS VEH	OTHER VEH	OTHER (SPECIFY)		
POLICE										
POLICE INVESTIGATE YES <input checked="" type="checkbox"/>		POLICE AGENCY		CHAGRES?		INVESTIGATING OFFICER		REPORT NUMBER		
LIABILITY										
ALEGED OFFENSE					OFFICIALS INVOLVED					
CLAIMANT – NAME AND ADDRESS						RESIDENCE PHONE ()		BUSINESS PHONE ()		
REMARKS										
DATE		REPORTED BY			REPORTED TO			SIGNATURE		

10.04 Investigation Records

1. Copies of all completed accident investigation forms must be mailed to Lyon County's Human Resources Department 27 South Main Street, Yerington NV. 89447, injury illness to Human Resources, property loss to Comptroller.
2. Lyon County's Risk Manager along with Human Resources will trend all recorded accidents for the entire County quarterly. This is done to look for patterns and areas that can be improved to avoid future repetition of similar accidents. Lyon County's Safety Committee will review these trends and make recommendations based on their findings.

Section: 11

Lyon County Safety Walkthrough, New Employee Orientation, OSHA 300, & 300A Forms

Note: The current version of this document is kept on file with Lyon County Human Resources Department 27 South Main Street, Yerington, NV 89447.

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20__
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OSHA no. 1284-0178

Identify the person

Describe the case

Classify the case

Enter the number of days the injured or ill worker was:

Check the "injury" column or choose one type of illness:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Worker)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Steam dryer burns on right forearm from archiving tank)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Days away from work	(L) On job transfer or restriction	(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other illnesses
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	days	days	<input type="checkbox"/>	<input type="checkbox"/>				

11.04 OSHA Form 300A

Note: The current version of this document is kept on file with Lyon County Human Resources Department 27 South Main Street, Yerington, NV 89447.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__

U.S. Department of Labor
Occupational Safety and Health Administration
Form OSHA 300A (Rev. 01/2004)

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0".

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(g) _____	(h) _____	(i) _____	(j) _____

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(k) _____	(l) _____

Injury and Illness Types

Total number of ...	(m)	(n)	(o)	(p)
(1) Injuries	_____	(4) Poisonings	_____	
(2) Skin disorders	_____	(5) Hearing loss	_____	
(3) Respiratory conditions	_____	(6) All other illnesses	_____	

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search existing data sources, gather the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Washington, DC 20503. Do not send the completed form to this office.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Maintenance of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 33612) _____

Employment information (If you don't have these figures, see the *Instructions on the back of this page to estimate*.)

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive _____ Title _____

Name _____ Date _____

11.05 C-1 Incident/Injury Illness Reporting Form

Note: This document must be completed within 7 days after the accident, and sent immediately to: Lyon County Human Resources Department 27 South Main Street, Yerington, NV 89447.

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE" (Incident Report) Pursuant to NRS 616C.015

Name of Employer _____

Name of Employee		Social Security Number	Telephone Number	
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)		
What is the nature of the injury or occupational disease?			List any body parts involved:	
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment)				
Names of witnesses:				
Did the employee leave work because of the injury or occupational disease?	___ YES ___ NO	If yes, when (date and time)?	Has the employee returned to work?	___ YES ___ NO If yes, when (date and time)?
Was first aid provided?	___ YES ___ NO	If yes, by whom?	Name and address of treating physician, if applicable or known	
Did the accident happen in the normal course of work? (if applicable)	___ YES ___ NO			
Was anyone else involved?	___ YES ___ NO	Names of others involved		

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature _____ Date _____ Signature of Injured or Disabled Employee _____ Date _____

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <http://govcha.state.nv.us> E-mail: cha@govcha.state.nv.us

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee

C-1 (Rev. 10-03)

11.06 C-3 Incident/Injury Illness Form Requiring Medical Attention

Note: This document must be filled out as soon as possible and forwarded to Lyon County Human Resources Department 27 South Main Street, Yerington, NV 89447. There is a 6 day time limit.

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM		Please Type or Print		EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE	
Employer's Name		Nature of Business (mfg., etc.)		FEIN	OSHA Log #
Office Mail Address		Location . . . If different from mailing address			Telephone
City State Zip		INSURER			THIRD-PARTY ADMINISTRATOR
First Name M.I. Last Name		Social Security		Birthdate	Age Primary Language Spoken
Home Address (Number and Street)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
City State Zip		Was the employee paid for the day of injury? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		How long has this person been employed by you in Nevada?	
In which state was employee hired?		Employee's occupation (job title) when hired or disabled		Department in which regularly employed:	
Telephone		Is the injured employee a corporate officer? . . . sole proprietor? . . . partner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was employee in your employ when injured or disabled by occupational disease (O/D)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Injury (if applicable)		Time of injury (Hours; Minute AM/PM) (if applicable)		Date employer notified of injury or O/D	
Address or location of accident (Also provide city, county, state) (if applicable)		Supervisor to whom injury or O/D reported			
What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)		Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary.					
Specify machine, tool, substance, or object most closely connected with the accident (if applicable)			Witness		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No
Part of body injured or affected		If fatal, give date of death		Witness	
Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.)			Witness		Will you have light duty work available if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
If validity of claim is doubted, state reason			Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Treating physician/chiropractor name			Location of Initial Treatment		Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Room <input type="checkbox"/> Yes <input type="checkbox"/> No			Last day wages were earned		
IMPORTANT How many days per week does employee work?		From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm		Last day wages were earned	
Scheduled days off <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Rotating <input type="checkbox"/>		Are you paying injured or disabled employee's wages during disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date employee was hired		Last day of work after injury or disability		Date of return to work	
Number of work days lost		Was the employee hired to work 40 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, for how many hours a week was the employee hired?		Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know			
For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.					
Pay period <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT ends on: <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI		Employee is paid: <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY		On the date of injury or disability the employee's wage was: \$ _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo	
<p>For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us</p>					
<p>★ I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.</p>			Employer's Signature and Title		Date
Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 rd Party		Deemed Wage		Account No.	
Claims Examiner's Signature		Date		Status Clerk	
				Date	

Form C-3 (rev.11/05)

ORIGINAL – EMPLOYER

PAGE 2 – INSURER/TPA

PAGE 3 – EMPLOYEE

Section: 12

Lyon County's Workplace Violence Program

12.01 Purpose

Workplace violence includes any physical assault, verbal abuse, or threatening behavior that occurs in the workplace. The workplace is any location (permanent or temporary) where an employee performs any work-related duty. This includes, but is not limited to, buildings and the surrounding perimeters including the parking lots, field locations, and traveling to and from work assignments.

Violence or threats of violence include any activity by an individual that results in harm to an employee or causes an employee to feel unsafe due to the threat of harm. Violence may take the form of physical aggression, verbal threats to harm another person or damage property, or harassment including sexual harassment. Threats of violence include possession or display of a weapon of any type or exhibiting an object in such a manner that it appears to be a weapon.

There are different types of workplace violence, depending on the relationship between the employee and the person committing the violence.

1. **Stranger to Employee:** Violence is committed by a stranger. There is no known relationship to the employee or workplace. The stranger may enter the workplace to commit a violent act or may act outside the workplace while the employee is in the course of their job, such as making a delivery or bank deposit.
2. **Customer/Citizen to Employee:** Violence is committed by someone who receives a service from the County. The violence is committed in the workplace or outside the workplace, and while the employee is performing a job-related function.
3. **Partner to Employee:** Violence is committed by someone who has a personal relationship with the employee, such as a current or former spouse or partner, a relative, or a friend. This would include an individual who has a personal dispute with an employee and enters the workplace to harass, threaten, injure, or kill.
4. **Employee to Employee:** Violence is committed in or outside the workplace by a current or former employee, a prospective employee, or a current or former supervisor or manager. (*See the Lyon County Personnel Policy, Section 2.10 Prohibition of Workplace Violence.*)

Warning signals may alert you to any person who could become violent. Warning signals for potential violence include:

- Major changes in personal appearance, attitude, or behavior
- Change in personal relationships (such as the break-up of a relationship)
- Reduction in job efficiency or productivity
- History of violent, reckless, or antisocial behavior
- Unusual interest in or unexplained pre-occupation with weapons, or bringing weapons to work
- Serious stress in the employee's life (such as finances, personal, health)
- Substance abuse at work (alcohol and/or drugs)
- Increased absenteeism from work

- Unexplained signals of physical injury (such as bruises, injuries, or cuts)
- Loitering around the worksite before or after normal working hours
- Agitation
- Inability to make eye contact with co-workers or supervisors
- Unexplained interest in what you do at work (such as your schedule, procedures for handling money, or security policies)

12.02 PROCEDURES

The following procedures provide a framework to help protect employees from work related violence or threats of violence. By addressing workplace violence as preventable and manageable, practical and effective strategies can be carried out to protect employees from these risks and provide a safe workplace.

- a) When it appears that an employee may be in immediate physical danger, the endangered employee or any observing employee shall notify the nearest available law enforcement agency. When action is taken the information shall be reported to the manager, supervisor and director as soon as possible.
- b) When the danger of physical harm to an employee does not appear to be immediate, gather all available information and provide a full report of circumstances to the supervisor, or division manager, or director.

Usually a person does not abruptly become violent. A person's behavior gradually escalates over time. After experiencing a trigger event, the perpetrator may exhibit physical or behavioral signs that violence may be about to occur. Listed below are the three levels of violence and things to do to be safe.

Level One:

- Refuses to cooperate
- Spreads rumors
- Consistently argues
- Belligerent
- Constantly swears
- Unwanted sexual comments

Level Two:

- Argues increasingly
- Refuses to obey/Sabotages
- Verbalizes
- Sees self as victim
- Overly interested in weapons
- Hostile to clients on the telephone or face to face

Things to do for Levels One and Two:

- Stay calm, listen attentively, and ask the person to sit down

- Ask the person questions relevant to his or her complaint
- Acknowledge the person's concerns and try to find solutions
- Maintain eye contact
- Identify violent behaviors, especially before they escalate
- Set ground rules/boundaries, such as "when you shout at me, I can't understand what you are saying"
- Keep the situation in your control. Stay calm, do not react. See level 1
- Talk to your supervisor as soon as possible

Level Three:

- Suicidal threats
- Physical fights
- Destruction of property
- Use of weapon
- Commits murder, rape and/or arson

Level Three Responses: Run/Hide/Fight

If possible, the employee should run. If that is not possible, the employee should hide. If the employee cannot run or hide, they can fight/defend.

Run

- Get yourself away from the potentially violent person
- Leave belongings behind
- Once out of harms way, prevent others from entering the area
- When safe, call 911
- HideLock or barricade your door
- Turn out lights
- Silence cellphone
- Hide behind large objects
- Move away from doors and windows
- Remain quiet
 - Don't open door for anyone
 - Wait for law enforcement to identify themselves
 - Present work identification to law enforcement, when asked

Fight/Defend

- Attempt to incapacitate the assailant/killer
- Act with physical aggression
- Improvise weapons
 - i.e – pens, pencils, scissors, keys, fire extinguishers, etc.
- Commit to your actions

Law Enforcement Arrival:

Law enforcement arriving will be in attack mode, and will already be in a high-alert state. Their primary mission is to neutralize the threat, and not immediately to help the injured.

Things to expect:

- Armed people should immediately drop their weapons
- Be prepared to be handcuffed, don't argue

12.03 THREATS WILL NOT BE TOLERATED:

- Criminal definition:
 - a) A person is guilty of a Class 1 misdemeanor if without lawful authority:
 - 1) He/she willfully threatens to physically injure the person or that person's child, sibling, spouse, or dependent or willfully threatens to damage the property of another;
 - 2) The threat is communicated to the other person, orally, in writing, or by any other means;
 - 3) The threat is made in a manner and under circumstances which would cause a reasonable person to believe that the threat is likely to be carried out; and
 - 4) The person threatened believes that the threat will be carried out.
- Agency procedure when threats are communicated:
 - 1) Notify immediate supervisor
 - 2) Notify local law enforcement, Lyon County Sheriffs Office or call 911
 - 3) File a formal complaint with the Lyon County Sheriffs Office

THINGS TO AVOID

- Do not make false statements or promises you can't keep
- Do not explain technical, complicated information when emotions are high
- Do not take sides or disagree
- Do not take remarks personally
- Do not show your anger
- Do not patronize
- Do not invade the individual's personal space
- Do not use verbal & non-verbal (body language) hostile style of communicating
- Do not make threats or dares
- Do not belittle or make the person feel foolish
- Do not criticize or act impatient
- Do not attempt to "bargain" with a threatening individual

12.04 ACTIONS ALL EMPLOYEES CAN TAKE TO ASSIST IN A THREATENING SITUATION:

- Interrupt – when you hear raised voices or arguments coming from a nearby office. Go to the employee's door and listen and to determine if it is a

threatening situation. If you feel the employee is in danger, interrupt and ask to speak to them outside.

- Always alert other employees of a possible need for help. Large office areas should use an all-call system.
- If staff observes threatening or angry behavior in a customer or citizen outside the building or in the office, or in one who has just left your presence, alert others in the building that may also have contact with the person.
- If you handle a phone call where the person is abusive, using obscene language, threatening – end the conversation but make note of the occurrence, notify your supervisor.
- When a volatile situation is imminent remove people from the office and surrounding areas as soon as possible.
- ***Each department within the County must make an individual plan for dealing with threatening or the possibility of a threatening situation developing.*** This plan should be made in conjunction with training. A good example would be the Utilities Departments use of an “all call” phone system for the main office that alerts all phone extensions of a problem in the main office.

12.05 TRAINING AND EDUCATION

Training and education ensure that all staff is aware of potential safety hazards and the procedures for protecting themselves and their co-workers. The training program will involve all employees, including supervisors and managers. New and reassigned employees will receive an initial orientation prior to assuming their job duties and required training will be provided to employees annually as required by the Lyon County Comprehensive Policies and Procedures.

Following training, supervisors and managers will be able to recognize a potentially dangerous situation and to make any necessary changes in the physical building, customer service or safety policy and procedures to address employee safety.

Section: 13

Lyon County Fleet Vehicle/Equipment Use Policy & Procedures

13.01 Policy Application and Definitions

Policy Application

This Policy applies to the operation of Lyon County's Fleet of vehicles which may include but is not limited to: sedans, vans, buses, light trucks, small equipment, heavy duty trucks, off road equipment and other mechanical equipment. Policies pertaining to the use of Lyon County Fleet vehicles and equipment are provided as an aid to Lyon County employees. Lyon County employees that are designated as Safety Sensitive DOT, (full- or part-time) are required to adhere to the Lyon County DOT Drug & Alcohol Testing Policy. Should any questions arise concerning these policies, contact the Lyon County Safety/Risk Management Officer at the Lyon County Comptroller Office 463-6510.

Definitions

- i. Light Duty Vehicles - Sedans, vans, light trucks and buses designed to carry no more than 15 persons. Light Duty Vehicles requires a Nevada Class C Drivers License to operate.
- ii. Heavy Duty Vehicles - Vehicles governed by Federal Motor Carrier Regulations, 49CFR. Heavy Duty Vehicles requires a Nevada Class A or B Drivers License to operate.
- iii. Off Road Equipment - Motor Graders, loaders, dozers, rollers, backhoes, agricultural tractors, fork lifts. Off Road Equipment is not a regular means of transportation. Is not designed to carry passengers. Off Road Equipment requires no Nevada Drivers License, but does require extensive training to operate.
- iv. Small Equipment - Lawn mowers, riding mowers, three (3) wheeled and four (4) wheeled ATVs, compactors. Is usually not a regular means of transportation. May or may not be designed to carry passengers. Small equipment may be portable or stationary. Small Equipment requires no Nevada Drivers License and usually requires only minimal training to operate.
- v. Lyon County Fleet Services Maintenance Shop - Lyon County Fleet Services Maintenance Shops are located in Yerington, Silver Springs and Dayton. Lyon County Employees should contact their immediate supervisor for direction as to which Fleet Services Maintenance Shop to contact.
- vi. Deficiencies - Separated into two (2) categories:
 - Safety - Lighting, tires, steering, brakes, visibility or OEM safety equipment
 - Non-safety - Cosmetic in nature, not affecting the road worthiness of the Vehicle or Equipment.
- vii. License - A valid Nevada State driver's license appropriate for the operation of the particular vehicle on public roads.
- viii. Accident - Refers to any collision involving a County vehicle with a pedestrian(s), other vehicle(s), and/or other fixed or stationary object(s), whether or not any physical damage or bodily injury occurs.
- ix. Incident - Refers to non-accident personal injury or physical damage: i.e., vandalism, window or body damage from flying objects, lost or stolen vehicle parts or accessories, vehicle body damage from tire snow chains, etc.
- x. Home storage - The parking of a County vehicle overnight at a personal residence.
- xi. Utility - Includes employees of the Lyon County Utilities Division

13.02 Operating Practices and Procedures

Authorized Vehicle Use of Light Duty Vehicles

Use of Lyon County Light Duty Vehicles shall be allowed only after the driver's immediate supervisor has ensured that the driver has the appropriate State of Nevada driver's license. If a driver's license is revoked or allowed to expire, the supervisor shall be notified immediately by the driver. Light Duty Vehicles may be operated by the following: Lyon County employees; Board Members and volunteers pre-authorized by Risk Management; and contract employees authorized by their department head or a designee. In addition, all Lyon County Light Duty vehicles must be operated in a safe, courteous, and responsible manner and in complete compliance with all motor vehicle traffic laws, including parking regulations. Except for law enforcement and authorized vehicles, unattended vehicles shall not be left running.

Departments may transport clients or other passengers with approval by the department head as part of official Lyon County business.

Authorized Use of Heavy Duty Vehicles and Off Road Equipment

Use of Lyon County Heavy Duty Vehicles and Off Road Equipment shall be allowed only after the operator's immediate supervisor has ensured that the operator has the appropriate State of Nevada driver's license and training. The operator's direct supervisor shall maintain records of the training, testing, licenses and other items for each individual certified and forward copies to Human Resources. If a driver's license is revoked or allowed to expire, the supervisor shall be notified immediately by the driver. Heavy Duty Vehicles and Off Road Equipment may be operated by the following: Lyon County employees; Board Members and volunteers pre-authorized by Risk Management; and contract employees authorized by their department head or a designee. In addition, all Lyon County Heavy Duty Vehicles must be operated in a safe, courteous, and responsible manner and in complete compliance with all motor vehicle traffic laws, including parking regulations. Lyon County Off Road Equipment must be operated in a safe, courteous, responsible manner and in a fashion consistent with industry standards of operation and safety.

Any Lyon County Heavy Duty Vehicle that requires a Commercial Driver's License (CDL) will only be operated by a CDL driver/operator with a current CDL.

Lyon County Off Road Equipment may be operated by supervised trustees and community service workers when pre-authorized by Risk Management.

Authorized Use of Small Equipment

Use of Lyon County's Small Equipment shall be allowed only after operator's immediate supervisor has ensured that operator has had sufficient training to operate the Small Equipment in a safe, courteous and responsible manner. All Lyon County Small Equipment shall be operated in a fashion consistent with industry standards of operation and safety.

Supervised trustees and community service workers may operate Small Equipment on County property.

Fueling Procedures

All Lyon County vehicles are issued a specific Flyers fuel card for that vehicle. These cards are to be used for fuel and oil purchases for Lyon County vehicles only. Personal vehicles used for business use need to submit reimbursement at the approved mileage reimbursement rate and should never be filled with a Lyon County gas card. Lost or stolen fuel cards are to be reported to your supervisor immediately. Failure to report missing fuel cards immediately will result in the employee's department being charged for any purchases made on the fuel card and may involve disciplinary action.

Flyers has fuel locations throughout the west. If unable to find a fuel location call Flyers at 800-899-2376 or look up locations on their web site at www.flyersenergy.com.

To use the Flyers fuel card follow the instructions listed below. This procedure may vary depending upon the location of the fueling station.

1. Swipe card through card reader.
2. When prompted enter actual odometer reading and press enter.
3. When prompted enter your PIN number and press enter.
4. Select pump number for regular unleaded gasoline or diesel fuel, as required.
5. Remove nozzle and pump fuel.

Departments that are issued loaner vehicles or equipment will return the loaner vehicle or equipment to the location where it was issued with the fuel tank full.

Lyon County Fleet Vehicle and Equipment Condition and General Appearance

Departments are expected to maintain Lyon County Fleet Vehicles and Equipment in a safe, neat, clean, and presentable manner. The Vehicle Maintenance Shop, Heavy Equipment Shop and Utilities Maintenance Shop have facilities available for the departments to clean their vehicles. Car wash expenses at outside facilities will not be reimbursed by Lyon County unless in a location without County facilities available.

Emergency and Safety Equipment

All Lyon County Light Duty Vehicles are equipped with a spare tire, jack/jack handle, first aid kit, and fire extinguisher. All Lyon County Heavy Duty Vehicles and Off Road Equipment are equipped with a first aid kit, fire extinguisher, flares or emergency triangles. Not all Lyon County Heavy Duty Vehicles and none of Lyon County's Off Road Equipment is equipped with a spare tire or jack, operators should contact the appropriate maintenance shop for assistance with flat tires. The department using the vehicle will be responsible for returning the vehicle with all items listed above intact. If an item is expended, the appropriate maintenance shop will be notified for replacement. If appropriate maintenance shop must replace these items due to loss or improper use, the last department that used the vehicle will be billed for replacement items at the actual cost.

Lyon County Fleet Vehicle and Equipment Expenses

Departments are responsible for: regular operating fuel charges; expenses resulting from running out of fuel; charges for lost or misplaced keys; parking or other charges while operating the vehicle; and towing, unless towing is a result of mechanical failure (See Mechanical Road Failure, page 6). Parking tickets or moving violations are not vehicle or equipment expenditures and are not the responsibility of the County. Lyon County will not reimburse or any other expenses unless approved at the discretion of the Lyon County Risk Management Officer.

Prohibited Activities While Operating Lyon County Fleet Vehicles and Equipment

A person under the influence of any amount of alcoholic beverages, prescription drugs that could impair someone's driving ability, illegal drugs, marijuana, or controlled substances may not operate Lyon County Fleet Vehicles or Equipment. The Lyon County Personnel Policy and the Lyon County DOT Drug & Alcohol Testing Policy extends to the use of Lyon County Fleet Vehicles and Equipment.

Smoking is prohibited in Lyon County Fleet Vehicles and Equipment. Activities that distract from the safe and efficient operation of Lyon County Fleet Vehicles and Equipment are prohibited.

Wireless Device Usage

All employees must adhere to all federal, state, and local rules and regulations regarding the use of wireless devices while driving. Drivers are prohibited from using a wireless telephone or other electronic or mobile service device, unless using in a hands-free mode, to communicate while operating a motor vehicle, except to call police, fire, or medical authorities in an emergency situation. Such emergency calls should be kept short or the employee should locate a lawfully designated area to park and continue the call. Should an employee need to make a business or personal call while driving, they should locate a lawfully designated area to park and make the call.

Employees who operate authorized emergency vehicles may use a wireless device while driving during the course of employment for necessary and qualified business purposes only.

Hazard Identification and Avoidance for Vehicles and Equipment Usage

All employees must walk entirely around the vehicle or equipment prior to entering before each use in order to identify any hazards. In addition, where possible, a vehicle or equipment should be parked in a manner so that the operator may pull forward out of the parking space thereby eliminating the need to backup out of a parked space.

13.03 Maintenance and Repair

Light Duty Vehicles

The Vehicle Maintenance Shop or Dayton Fleet Services Maintenance Shop provides for all maintenance, repairs, or special requests for Light Duty Vehicles. Light Duty Vehicles owned by Lyon County shall be serviced by the appropriate maintenance shop. The appropriate maintenance shop shall inform the user at what interval or when the vehicle needs to be serviced. Vehicle users will contact the Vehicle Maintenance Shop or Dayton Fleet Services Maintenance Shop to schedule all repair and maintenance work. In the event that the appropriate maintenance shop is unable to provide the requested service, the Fleet Services Supervisor may authorize the work to be done by an outside vendor, and will make the arrangements for said work.

Heavy Duty Vehicles, Off Road Equipment and Small Equipment

The Heavy Equipment Maintenance Shop or the Dayton Fleet Services Maintenance Shop provides for all maintenance, repairs, or special requests for Heavy Duty Vehicles, Off Road Equipment and Small Equipment. The appropriate maintenance shop shall inform the user at what interval or when the vehicle needs to be serviced. Heavy Duty Vehicles, Off Road Equipment and Small Equipment users will contact the Heavy Equipment Maintenance Shop or the Dayton Fleet Services Maintenance Shop to schedule all repair and maintenance work. In the event the Heavy Equipment Maintenance Shop or the Dayton Fleet Services Maintenance shop is unable to provide the requested service, the Fleet Services Supervisor or the Utilities Maintenance Shop Supervisor may authorize the work to be done by an outside vendor, and will make the arrangements for said work.

Mechanical Road Failure

In the event of a mechanical road failure **during normal Vehicle Maintenance Shop, Heavy Equipment Shop or the Dayton Fleet Services Maintenance Shop hours**, follow the steps listed below:

1. Take all precautions to park the vehicle or equipment safely off the roadway.
2. Attempt to determine the nature of the problem to the best of your ability.
3. Make note of the location of the vehicle or equipment.

4. Contact your immediate supervisor for assistance.

In the event of mechanical road failure **after normal Vehicle Maintenance Shop, Heavy Equipment Shop or the Dayton Fleet Services Maintenance Shop hours**, follow the steps listed below:

1. Take all precautions to park the vehicle or equipment safely off the roadway.
2. Attempt to determine the nature of the problem to the best of your ability.
3. Make note of the location of the vehicle or equipment.
4. Contact your immediate supervisor for assistance.
5. If appropriate maintenance shop is not accessible and the vehicle must be towed, make note of the towing company and the location where the vehicle was towed. If within reason, and possible, have the vehicle towed to the nearest Lyon County Sheriff's Office Sub-station.

13.04 Accidents and Incident Reporting

Accident/Incident Reporting Procedures

Any and all accidents or incidents involving a Lyon County Fleet Vehicle or Equipment must be reported to a Department Head immediately. An accident report packet is located in the glove box of the vehicle, which includes a Notice of Loss/Accident report. This form must be completed and submitted to the Department Head, who confirms the details of the accident, signs the report and forwards it to the Risk Management Department and the appropriate Maintenance Shop.

IF INVOLVED IN AN ACCIDENT, FOLLOW THESE PROCEDURES:

1. Stop at once.
2. Do not move vehicle.
3. Render aid to the injured.
4. Notify law enforcement, give exact location, and advise if there are injuries.
5. Obtain name, address and vehicle license number and insurance information of other party(s) and obtain names and addresses of all witnesses.
6. Complete law enforcement and Lyon County accident reports. **DO NOT SIGN OR MAKE A STATEMENT AS TO RESPONSIBILITY.**
7. Post-accident drug and alcohol testing will be conducted where required under the section of the Lyon County's Personnel Policy Manual or, as applicable, under Lyon County's DOT Drug and Alcohol Testing Policy.
8. As soon as possible, notify your immediate supervisor. Within three working days, the Department Head must submit copy of the Notice of Loss/Accident report to Risk Management and appropriate Fleet Services Supervisor.

Proof of Insurance and Vehicle Registration

Vehicle Registration is carried in the vehicle's glove box. Proof of Insurance is not required to be carried in a government agency vehicle.

Accident Responsibility

For accidents involving a Lyon County Fleet Vehicle or Equipment, where the County driver is at fault, the deductible and all un-recovered costs shall be billed to the department of the driver. In the event of extenuating circumstances, the Risk Management Officer will review the situation and may assign the costs elsewhere.

Citations and Violations

All citations, parking tickets, etc., are solely the responsibility of the driver or occupants of the vehicle and are not the responsibility of Lyon County.

Additional CDL Rules:

- CDL Drivers must notify Lyon County within 30 days of conviction for any traffic violations (except parking). This is true no matter what type of vehicle you were driving.
- CDL Drivers must notify your motor vehicle licensing agency within 30 days if convicted in any other jurisdiction of any traffic violation (except parking). This is true no matter what type of vehicle you were driving.
- CDL Drivers must notify Lyon County if their CDL license is suspended, revoked, or canceled, or if they are disqualified from driving.

13.05 Inspections and Requests

Light Duty Vehicle Inspection by Drivers

Vehicles that are used by multiple employees must be inspected prior to each use. Those vehicles that are assigned to a specific employee must be inspected prior to each use, at a minimum of once a week. These Inspections shall consist of a walk around the vehicle looking for and at the overall condition of the vehicle: paint or body damage, window condition, tire condition, evidence of leaks. If a Safety deficiency is noted the appropriate Fleet Services Maintenance Shop will be notified immediately. If a Non-Safety deficiency is noted the appropriate Fleet Services Maintenance Shop will be notified in writing (e-mail is preferred) by the Department Head or designee.

Heavy Duty Vehicle Daily Pre-Trip Inspection by Drivers

Heavy Duty Vehicles per 49CFR will be inspected using the DRIVERS VEHICLE INSPECTION REPORT that is provided by the Fleet Services Maintenance Shops. In accordance with 49CFR those reports will be turned in to the appropriate Fleet Maintenance Services Shop Technician. These reports become a request for maintenance when a deficiency is noted and signed by the driver.

Off Road Equipment Daily Inspections by Operators

Off Road Equipment must be inspected prior to each use. These Inspections shall consist of a walk around the vehicle looking for and at the overall condition of the vehicle: paint or body damage, window condition, tire condition, evidence of leaks. Fluid levels and ground engaging parts condition will be noted.

Small Equipment Daily Inspections by Operators

Small Equipment must be inspected prior to each use. These Inspections shall consist of a walk around the vehicle looking for and at the overall condition of the vehicle: paint or body damage, window condition, tire condition, evidence of leaks. Fluid levels and ground engaging parts condition will be noted. If a Safety deficiency is noted the appropriate Fleet Services Maintenance Shop will be notified immediately. If a Non-Safety deficiency is noted the appropriate Fleet Services Maintenance Shop will be notified in writing (e-mail is preferred) by the Department Head or designee.

Reporting Safety and Non-Safety Deficiencies

Upon inspection and except as otherwise provided for Heavy Duty Vehicles in this section, if a Safety deficiency of a light duty vehicle, heavy duty vehicle, off road equipment or small equipment is noted, the appropriate Fleet Services Maintenance Shop must be notified immediately and the vehicle must not be operated until further instructed by the Fleet Services Maintenance Shop. If a Non-Safety deficiency is noted, the appropriate Fleet Services Maintenance Shop will be notified in writing (email is preferred) by the Department Head or designee as soon as practical.

Vehicle Use Logs

Some Departments or vehicles may require the use of logs. Heavy Duty Vehicle drivers are required to complete and turn in to the appropriate maintenance supervisor, the Drivers Vehicle Inspection Report as per 49 CFR.

Out of State Travel

Lyon County vehicles may be used for out of state travel with prior approval from the Department Head and Risk Management Officer.

Short Term/ Long Term Vehicle/Equipment Request Form and Authorization

The Short Term Vehicle/Equipment Request Form represents a contract between the department requesting the vehicle and the Fleet Division. If possible, the requestor should call and reserve the vehicle at least 24 hours in advance. The driver must have a completed vehicle request form when he/she arrives to pick up the vehicle. The vehicle request form must be signed by the Department Head in order to be valid. Failure to have the form signed may result in denial of a vehicle. The department will return the vehicle or piece of equipment to the location where it was issued with the fuel tank full. Departments are expected to return Lyon County Fleet Vehicles and Equipment in a safe, neat, clean, and presentable manner.

The Long-Term Vehicle/Equipment Usage Request Form represents a contract between the department requesting the vehicle and the Fleet Division. The department requesting a vehicle shall do so at least 48 hours in advance. The Vehicle/Equipment Request Form shall include the length of time the vehicle or equipment will be needed. Upon review of the request form, the Fleet Services supervisor will determine the availability of any vehicle for long-term usage. Additional information may be required from the requesting department. When the Long-Term Usage term has expired the department will return the vehicle or piece of equipment to the location where it was issued with the fuel tank full. Departments are expected to return Lyon County Fleet Vehicles and Equipment in a safe, neat, clean, and presentable manner.

Home Storage

Home storage of Lyon County vehicles is strictly prohibited, except in the following circumstances:

- a. With approval from the Sheriff, a law enforcement officer in the Lyon County Sheriff's Office may store a Lyon County vehicle at home if the officer is on call at all times outside of his/her regular shift;
- b. With approval from the Chief Juvenile Probation Officer, a juvenile probation officer may store a Lyon County vehicle at home if the officer is on call at all times outside of his/her regular shift;
- c. With approval from their department head, employees in the Lyon County Facilities, Roads, and Utilities departments may store Lyon County vehicles at home while on stand-by if they are subject to being physically called back to a Lyon County worksite while on stand-by. For the purpose of this policy, "stand-by" shall have the meaning ascribed to it in Section 8.15 of Lyon County's Personnel Policy Manual; and
- d. With approval from the Risk Management Officer, employees may store a Lyon County vehicle at home in emergency circumstances, where the business or operational interests of Lyon County would be best served by such storage, or for other good cause as determined by the Risk Management Officer.

Home storage may be authorized in the above circumstances only where both of the following requirements are met: (i) the employee resides within Lyon County or within an adjacent county that shares a geographical boundary with Lyon County; and (ii) the employee's residence is within one hundred (100) miles of the County seat. In no event will any employee be authorized to store a vehicle at home unless these two requirements are met.

Authorization to store a Lyon County vehicle at home pursuant to this policy is not a right or entitlement, and it may be rescinded at any time. Lyon County may at its sole discretion rescind authorization for any reason, including, without limitation, vehicle availability constraints, fiscal constraints, or violations or abuses of this policy. Violations of this policy may also lead to disciplinary action.

13.06 Failure to Observe Vehicle Use Policies

Failure to observe Lyon County Vehicle/Equipment Use policies while operating a Lyon County Vehicle or piece of Equipment may subject the individual to liability for vehicle expenses incurred, revocation of motor vehicle use privileges, and/or disciplinary action as outlined in County personnel policies and/or the applicable collective bargaining agreement.

Section: 14

Lyon County
Heat Illness
Prevention Plan

14.01 Purpose and Scope

This Heat Illness Prevention Plan is established to protect employees of Lyon County from the dangers of excessive heat in the workplace, in compliance with Nevada OSHA's Heat Illness Prevention regulation (R131-24AP).

The plan outlines required measures to prevent heat-related illnesses (such as heat exhaustion or heat stroke) by ensuring proper hazard analysis, training, controls, and emergency procedures.

This plan applies to all departments, divisions, and work activities of Lyon County where employees may be exposed to hot environments or other conditions that could cause heat illness. It covers both outdoor worksites and indoor workplaces, whenever those environments present a reasonable likelihood that heat illness could occur.

NOTE: For employees working in a climate-controlled indoor environment, employers are not required to perform a job hazard analysis, designate a monitor, create a written heat-illness prevention plan, and provide training. If the climate control system becomes non-functional or does not effectively address heat illness exposure, the employer must make a good faith effort to re-establish an effective climate control system and implement a written heat illness prevention plan until the system is effective.

All employees (permanent, temporary, and seasonal) and supervisors are expected to follow the procedures in this Heat Illness Prevention Plan whenever heat hazards are present.

14.02 Job Hazard Analysis

Lyon County will conduct a one-time written Job Hazard Analysis (JHA) to identify jobs and tasks that present potential heat hazards. See [Appendix A](#). Prior to assigning a job or task for the first time, the JHA will be completed to evaluate heat exposure risks.

The JHA will include, at minimum:

- i. **Identification of Job Classifications at Risk:** A list of all job classifications in our workforce where the majority of employees in those roles have occupational heat exposure exceeding 30 minutes in any 60-minute period (excluding rest breaks). *(Examples may include buildings and grounds maintenance workers, park maintenance, road crews, utilities crews, etc.)*
- ii. **Identification of High-Heat Tasks/Procedures:** A list of specific tasks and procedures (or groups of similar tasks) performed by those job classifications that could involve exposure to high heat. This list focuses on work activities and environments where heat illness is likely. *(Examples may include outdoor work under direct sun, operating heavy machinery, working in attics or boiler rooms, etc.)*

- iii. **Heat Hazard Factors:** For each identified job/task, the JHA will document the working conditions that contribute to heat stress, including factors such as air temperature, humidity, radiant heat (sunlight or other heat sources), conductive heat from surfaces, limited air movement, high exertion levels, and required protective clothing or personal protective equipment (PPE). These factors help determine whether a heat illness risk exists.
- iv. **Mitigation Measures:** The JHA will note any existing or recommended measures to mitigate or eliminate heat hazards for each task. Controls will be considered in order of priority – engineering controls, administrative controls, and personal protective equipment.

NOTE: When performing the JHA, the employer assesses the working conditions of the job without consideration of whether an employee in the job would have access to water, rest, or shade.

14.03 JHA Revision and Recordkeeping

Whenever a job task undergoes a material change that could potentially increase heat exposure, the Job Hazard Analysis (JHA) will be reviewed and updated accordingly. In the event of a heat-related incident or illness, a thorough investigation will be conducted, and the JHA, along with this plan, will be revised as needed to prevent any recurrence of such incidents. All JHAs and any subsequent updates will be documented and maintained on file as part of the comprehensive written safety program.

14.04 Designation of Responsible Personnel (Heat Safety Monitor)

Each department will designate sufficient Heat Safety Monitors, which may include supervisors and lead employees, to implement and enforce the Heat Illness Prevention Plan. These employees will serve as Heat Safety Monitors (Monitor) and are authorized to take necessary actions to protect employee health and safety.

14.05 Responsibilities of the Heat Safety Monitor

Environmental conditions, such as temperature, humidity, and weather, will be actively assessed to ensure a safe work environment. The work site will be continuously monitored for any factors that may increase the risk of heat illness. In addition to monitoring environmental factors, employees will be observed for signs and symptoms of heat-related illnesses. If any employee shows signs of distress, they will be closely monitored to determine whether medical attention is required. Immediate action will be taken if necessary, including stopping work or administering first aid, to address any potential health concerns.

To prevent heat illness, all required safety measures, such as providing water, rest, shade, cooling, and proper training, will be properly implemented. Real-time safety

adjustments will be made as needed, including providing extra breaks, rescheduling tasks, or initiating temporary work stoppages to ensure worker safety. Emergency medical assistance will be provided when there are severe symptoms.

14.06 Training & Personnel Responsibilities

Heat Safety Monitors will receive training in recognizing heat hazards, monitoring techniques, and emergency response procedures. Supervisors and Managers are responsible for ensuring the implementation of the Heat Illness Prevention Plan within their work areas, promoting safe practices such as regular hydration and cooling rest breaks, and never interfering with required heat safety measures. Employees must follow heat-safe work practices, stay hydrated, and utilize provided water, rest, and cooling areas. Additionally, they are expected to immediately report any symptoms of heat illness—whether in themselves or coworkers—to a Supervisor or Monitor.

14.07 Provision of Potable Water

Lyon County is committed to protecting workers at heat-exposed job sites by ensuring the availability of clean, drinkable water. To encourage frequent hydration, water will be located as close as possible to work areas. On outdoor job sites, water will be supplied through work vehicles, shaded coolers, or portable dispensers. For indoor locations, drinking fountains or approved water coolers will be positioned near workstations.

Supervisors and Monitors will actively promote hydration. Workers will be permitted to take water breaks as needed.

To maintain hygiene and prevent cross-contamination, shared or common drinking cups are not allowed. Water will be kept cool and stored in clean, sanitary containers to ensure it remains safe for consumption.

14.08 Provision of Rest Breaks and Cooling Measures

Rest Breaks for Heat Relief:

Employees showing signs of heat illness will be relieved from duty and allowed to rest in a cooler area, with paid breaks lasting as long as necessary for recovery. A trained Supervisor or Monitor will assess the need for medical care. Employees will not return to work until symptoms fully subside, and medical evaluation will be sought if needed. Supervisors may schedule additional breaks during high heat and employees may take voluntary breaks when feeling overheated.

Cooling Measures:

Cooling methods include shaded areas (natural shade, tents, or canopies), air-conditioned or ventilated rooms, and portable cooling equipment like fans or A/C units. During rest breaks, employees should remove unnecessary PPE and hydrate. Supervisors will ensure workers are aware of cooling/rest areas and will never deny access to them if heat stress symptoms are present.

Key Points:

- Rest breaks for heat illness are paid, and employees must fully recover before returning to work.
- Supervisors will ensure employees have access to cooling methods and regular rest breaks.
- Timely action will be taken to prevent and address heat-related illnesses.

14.09 Schedule Adjustment

On hot days, work schedules may be adjusted to minimize heat risks. These adjustments may include:

- Scheduling physically demanding tasks for early morning or cooler parts of the day
- Mandating more frequent rest breaks as temperatures rise
- Using a buddy system for mutual safety checks
- Delaying non-essential work during extreme heat

14.10 Lone Workers

For employees working alone in remote areas, on-site monitoring may not be feasible. In these situations, the following process may be used to ensure employee safety:

- Communication will be maintained between the assigned monitor and the lone worker via phone, text or radio.
- Check-in frequency may be based on heat conditions and the level of risk associated with the job task.
- If a worker misses a scheduled check-in or cannot be reached, the monitor will make a second attempt within fifteen (15) minutes. If there is still no response, assistance will be sent to the worker's location.

If a worker fails to respond and later contacts the Supervisor or Monitor after assistance has already been initiated, they may be subject to corrective action.

14.11 Employee Training Requirements

Training will be provided annually to employees identified in the Job Hazard Analysis (JHA) as working in hot conditions for 30 minutes or more per hour, Heat Safety Monitors, Supervisors, Leads, and others with safety responsibilities to ensure effective implementation of the heat safety plan. Training will cover the following key areas:

Recognition of Heat Hazards

- Environmental and personal risk factors
- Symptoms of heat-related illness (early and advanced stages)

Prevention and Control Procedures

- Importance of frequent water consumption
- Use of rest breaks and cooling areas
- Role and authority of the Heat Safety Monitor
- Emergency response steps, including reporting procedures and first aid

Health and Medication Awareness

- Advising workers that certain medications can increase the risk of heat stress, including:
 - Amphetamines (e.g., for ADHD or narcolepsy)
 - Diuretics (water pills)
 - Antihypertensives (blood pressure medications)
 - Anticholinergics (used for COPD)
 - Antihistamines (used for allergies)
- Alerting workers to the dangers of using illegal drugs and alcohol in hot environments. Illegal amphetamines (such as methamphetamine) are especially hazardous when combined with heat exposure.
- Informing workers that certain health conditions such as pregnancy, fever, gastrointestinal illness, heart disease, and obesity can increase susceptibility to heat illness.
- Encouraging workers to consult with a healthcare provider or pharmacist if they have concerns about how their medications or health conditions may affect their risk of heat-related illness.

14.12 Emergency Medical Response Procedures

Recognizing a heat emergency is crucial for ensuring timely and effective intervention. All staff should be vigilant and watch for serious symptoms of heat illness, such as confusion, fainting, high body temperature, or seizures. Escalation of care is immediate if symptoms worsen or if there is delayed recovery during cool-down breaks.

Immediate Response Protocol:

- **Call Emergency Services:**
 - Dial 911 without delay.
 - Clearly describe the symptoms and condition of the affected individual.
 - Use alternate communication methods, such as radio or satellite phone, in remote areas to ensure quick contact.
- **Provide Site Information:**
 - Give the address or coordinates, access points, and notable landmarks to assist EMS in locating the site.
 - Designate someone to meet and guide emergency medical services (EMS) if necessary.
- **Ensure EMS Access or Relocate the Employee:**
 - Move the individual to a safe, reachable location if possible.
 - Use company vehicles, ATVs, or other assistive equipment to aid in transport if needed.
- **On-Site Cooling and First Aid:**
 - Begin cooling immediately by moving the affected person to a shaded or air-conditioned area, removing heavy gear, and applying cold compresses or using water to cool down the body.
 - Continuously monitor vital signs and consciousness to assess the severity of the condition.
 - Offer small sips of water if the person is alert and not nauseated, ensuring they stay hydrated.
 - Keep one trained person with the affected worker at all times until EMS arrives.



Appendix A: Heat Illness Prevention
Job Hazard Analysis Form

<i>Department:</i>	<i>Job Classification:</i>	<i>Date:</i>
<i>Person Conducting JHA:</i>	<i>Reviewed By:</i>	

<i>Task:</i>	<i>Task Description:</i>
<i>Hazard Type:</i>	<i>Hazard Description:</i>
<i>Consequence:</i>	<i>Hazard Controls:</i>
<i>Rational or Comments:</i>	