

# CITY OF BOWLING GREEN



# RISK MANAGEMENT MANUAL

(Most recent revision date – May, 2022)



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# City of Bowling Green

**TO: All City Employees**

**FROM: City Manager**

**SUBJECT: Risk Management Program**

The City of Bowling Green has developed a Risk Management Program with the intent of minimizing financial loss as well as providing the safest possible working conditions for its employees. The effectiveness of this program is dependent upon four factors: management commitment, financial planning, safety and loss control and employee commitment. This program has my total support and I ask a similar commitment from each and every employee in their performance of daily tasks on behalf of the City.

Regarding our employees, the consideration of worker safety in the performance of daily assignments bears as high a priority as the decision to commit funds or to complete a task which must be done. **An employee has the right and duty to refuse to perform a task which has more than a reasonable level of risk attached until appropriate safety measures have been instituted.**

A dynamic Risk Management Program will increase productivity, improve the work environment and enhance public safety while, at the same time, reducing injuries, prolonging the useful life of vehicles and equipment, and keeping the actual cost of risk to a minimum.

I again request the commitment of all City personnel to this program and expect that we all will reap the benefits associated with this endeavor.

Mr. Jeff Meisel  
City Manager



# CHAPTER I

## INTRODUCTION

### 1-1 The Risk Management Program

**1-1.1 Risk Management Program Objective** - The City of Bowling Green's Risk Management program has as its ultimate objective the preservation of the City's assets. The Human Resources & Risk Management Department (HRRMD) through the Safety and Risk Manager has the ultimate responsibility of formulating, implementing and/or managing programs and procedures that will at minimal cost, lessen the likelihood of loss and the financial impact of those losses that do occur. This document will be updated annually with all changes submitted to the Board of Commissions on or around November 30<sup>th</sup>. The Human Resources Department Director may authorize minor changes to this document during the course of a year.

**1-1.2 Goals – The 5-Step Process to Protecting the City's Assets** - Exposures encountered within the City of Bowling Green vary and many are governed by different laws and statutes. Consequently, no single risk management technique can be aptly applied to all the City's exposures. The Safety & Risk Manager in conjunction with all City Departments will utilize a five step process to determine the most opportune way to protect the City's assets:

**Step 1: EXAMINATION AND INVESTIGATION OF POTENTIAL LOSSES**

Through various methods of internal examination and investigation, an attempt will be made to identify all potential sources of loss. Potential sources of loss include those involving property, liability and human resources (i.e. employee injury).

**Step 2: LOSS ANALYSIS**

The various loss exposures will be reviewed and the expected loss frequency and severity examined for determination of potential impact on the City and its assets.

**Step 3: LOSS CONTROL**

Actions will be taken (pre and post loss) to control losses that occur or are likely to occur. Those actions may include steps to eliminate a hazard altogether, implementation of loss prevention efforts (i.e. training), effective claims and litigation management and/or disaster recovery efforts.

**Step 4: LOSS FINANCING**

Arrangements will be made to acquire funds at the least possible cost to pay for the losses which are likely to occur. Funds may be acquired through retention of City funds, or loss transfer mechanisms in the form of insurance, indemnity agreements, hold harmless agreements and/or requiring certificates of insurance whereas the City is named an additional insured.

**Step 5: RISK MANAGEMENT PROGRAM ADMINISTRATION**

The planning, implementation and monitoring of a good risk management program is essential to its survival. Occasionally, organizational change, regulatory and other conditions/factors will dictate that changes in the program be undertaken. As a result, the risk management process is viewed as cyclical and does not stop once a particular program has been implemented.

### 1-2 Risk Management Responsibilities

**1-2.1 Safety & Risk Manager (SRM)** - The SRM is responsible for the development, organization, coordination and implementation of this Risk Management Manual, associated safety programs and safety education. The SRM's responsibilities also include work-site inspections, hazard reduction and/or elimination, accident/injury investigation, reporting and management.

The SRM will advise the City Manager as well as Department Directors, Compliance Team Members, Department Managers, Supervisors and Employees of unsafe conditions, problems related to accident prevention and recommendations for loss control. The SRM cannot fulfill obligations of other City personnel, relative to providing safe work environments, necessary equipment, training or inspections in the interest of accident prevention.

**1-2.2 Department Director** - The Department Director is responsible for fulfillment of departmental goals and objectives, as well as the health and welfare of each employee within the department. In this Risk Management Manual, the highest priority has been placed on employee safety. Even though it is normal practice for Department Directors to delegate the authority for carrying out safety policies, the responsibility for meeting safety related objectives and the protection of employees in performance of their assignments cannot be transferred.

**1-2.3 Department Managers and Supervisor** - Managers and Supervisors assume the responsibility of thoroughly instructing their personnel in the safe practices to be observed in the work place. They are to consistently enforce safety standards and requirements to the utmost of their ability and authority.

Department Managers and Supervisors will act positively to eliminate any potential hazards within the activities under their jurisdiction and they will set the example of good safety practice.

The principal duties of Managers and Supervisors in discharging responsibilities for safety include but are not limited to:

- Enforcing safety regulations
- Making sure all accidents are reported promptly
- Conducting thorough investigations of all accidents and taking necessary steps to prevent recurrence
- Providing employees with complete safety instructions prior to initial employee performance of duties
- Use and maintain equipment in a safe manner
- Oversee work practices to assure safety and promptly undertake corrective action when necessary
- Develop and administer an effective program of good housekeeping
- Provide safety equipment and protective devices for each job based upon knowledge of applicable standards or recommendations of the SRM
- Conduct safety briefings at organizational meetings and encourage employee safety suggestions
- Give full support to all safety procedures, activities and programs.
- Conduct regular facility and equipment safety checks and respond timely to those items needing correction.

**1-2.4 Compliance Team Member (CTM) Duties** – Except for those health and safety issues specific to a Public Safety profession (i.e. Policing and Firefighting), the CTM shall work directly with the Safety & Risk Manager (SRM) to insure their respective City department/division is in compliance with regulatory health and safety standards. The CTM shall act as a primary communication source for their department/division, and be responsible for the following:

- Scheduling and tracking the completion of safety/risk related training
- Actively participating and in some cases overseeing the Department's Safety Committee, including the scheduling of meetings and oversight or delegation of safety committee agenda items
- Assisting the SRM Division as needed with the review of various safety related documents and programs (i.e. hazard assessments, loss occurrence reviews, safety program development)
- Conducting or delegating routine facility and/or equipment safety inspections
- Accompanying the SRM Division, certified Vendor Equipment Inspector and/or Insurance Inspectors during facility/equipment risk reviews and communicating/oversight of any resulting corrective measures
- Dissemination of safety & health related information/messages to applicable staff as requested by the SRM
- Manager of safety related documents and document maintenance (i.e. SDS, Inspection Records, Equipment Training Records, On-Site Chemical Inventory)
- Assisting SRM Division with collection of Insurance Related requests (i.e. review and updating of mobile equipment inventory).

~~**Compliance Team Member (CTM)** – The CTM works directly with the SRM to insure regulatory compliance with health and safety requirements within their respective City department/division. The CTM will act as a primary communication source for their department/division, and will assist with scheduling safety training, reviewing and~~

~~updating safety programs, routine performance and/or scheduling of facility inspections and maintaining compliance records/documents.~~

**1-2.5 Employee** – These policies and procedures apply to all employees in departments under the jurisdiction of the City Manager, unless otherwise specifically stated. Each Employee is expected to make safety a priority while performing their daily tasks. Each employee shall:

- Use safety equipment as provided
- Wear uniforms as required
- Only operate those vehicle, equipment or tools for which training or orientation has been received
- Warn co-workers of unsafe conditions or practices for which they may be involved or are practicing
- Report defective equipment immediately to a supervisor
  
- Report dangerous or unsafe conditions, including those that may be outside the work area (i.e. defective sidewalks, broken curbs, hanging limbs, loose handrails, open manholes, sunken basins and sewers, missing signs)
- Immediate report all accidents regardless of the severity
- Take care of and help to maintain City property (vehicles, equipment, tools, etc.) in a safe condition.

### 1-3 Disciplinary Procedures

**1-3.1 General Statement** – City employees who violate the Risk Management Manual policies as referenced and/or detailed in this manual are governed by the following disciplinary steps, subject to the laws, rules, regulations and standards as set down in the Congressional Federal Register and the Kentucky Revised Statutes and any federal and state regulatory bodies unless other disciplinary actions are stated in a specific set of policies and procedures and/or rules and regulations referenced within.

Unless particular circumstances warrant extreme action, employees who willingly violate these policies and procedures will be:

- a. Given a verbal warning by their immediate superior following the first offense.
- b. Given a written warning that will be placed in their personnel file following the second offense.
- c. Suspended from employment without pay (time of suspension is to be determined by the department)
- d. Terminated from employment following the fourth offense.

The procedures concerning Written Reprimands, Suspension and Dismissals are described further within the City's Administrative Personnel Policy and Procedures Manual.



## CHAPTER II

### BLOODBORNE PATHOGENS PROGRAM

#### 2-1 Bloodborne Pathogens Program Policy

**2-1.1 Policy** – The City of Bowling Green recognizes that with certain positions there exists the potential for occupational exposure to blood or other potentially infectious materials. In an effort to minimize the risk of exposure, the City implements this bloodborne pathogens program in accordance with 29 CFR Part 1910.1030 as adopted by 803 KAR 2:300 through 2:320.

This program applies to all work operations involving employees who under normal working conditions have potential exposure to bloodborne pathogens. This program shall be reviewed and updated annually as needed. The Safety & Risk Manager (SRM) has overall responsibility for the program.

The Fire Department's Standard Operating Procedures Manual provides guidance for fire personnel compliance with this section. Notwithstanding, protocol concerning the Hepatitis B vaccination process and all vaccination documentation shall be administered and maintained by the Human Resources and Risk Management Department (HRRMD).

#### 2-1.2 Definitions

- 2-1.2.1 Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- 2-1.2.2 Contaminated** means the presence of, or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 2-1.2.3 Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- 2-1.2.4 Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- 2-1.2.5 Other Potentially Infectious Materials** include the following:
1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, saliva, body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
  2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
  3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 2-1.2.6 Parenteral** means piercing mucous membranes or the skin barrier through needle sticks, human bites, cuts and abrasions.
- 2-1.2.7 Personal Protective Equipment** is specialized clothing or equipment worn by an employee for protection against a hazard such as bloodborne pathogens. General work clothes (e.g., uniforms, pants, shirts or blouses) intended to function as protection against a hazard is not considered to be personal protective equipment.

- 2-1.2.8 Universal Precautions** is an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

## **2-2 Bloodborne Pathogens Procedures**

**2-2.1 Jobs Classifications with Occupational Exposure** – The SRM will develop a [Job Classifications Having Occupational Exposure](#) list. This list will identify those positions where an occupational exposure to blood or other potentially infectious material would be reasonably anticipated. The SRM will review and update this list as necessary.

**2-2.2 Hepatitis Vaccination** – Employees having a position involving the potential for occupational exposure to blood or other potentially infectious materials will be provided training and offered the Hepatitis B vaccine within 10 days of their initial placement. The Hepatitis A vaccine will be offered to employees in positions where there is a higher potential for contact with fecal matter.

Prior to being offered the vaccination(s), employees will be provided information on the vaccination(s), including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The vaccine(s) will be offered free of charge to those having occupational exposure.

If the employee initially declines the hepatitis B vaccination series but at a later date while still employed wishes to be vaccinated, the City shall make available hepatitis B vaccination at that time. Employees who have not previously had the Hepatitis B vaccination and initially decline to accept the vaccination offered by the City will be requested to sign a [Hepatitis B Vaccination Declination Statement](#).

Employees in occupations identified as having potential for exposure and express an interest in immunization will receive a [Vaccination Procedures Memorandum](#) and/or be provided verbal instruction from an authorized City employee on how to obtain the vaccination series. Following the completion of the vaccination series and/or a corresponding titer test, the HRRMD designated health care facility will provide immunity results and any follow-up recommendations.

**2-2.3 Work Place Controls** – The following practices and/or controls will be implemented at the department level:

- Employees having occupational exposure will be provided with hand washing facilities that are readily accessible. When provisions for hand washing facilities are not feasible, employees will be provided with either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic wipes.
- Employees shall be required to wash their hands and skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. This container shall be affixed with or have a BIOHAZARD warning label. Special storage devices will be considered and used for the containerization of sharps items (i.e. needles or other sharp items).
- Employees who administer mouth-to-mouth resuscitation shall use, if at all possible, pocket masks equipped with one-way valves.

**2-2.4 Personal Protective Equipment (PPE)** – Departments will provide employees with PPE for performing those functions where the potential for exposure exists. In addition, each work area having potential for occupational exposure will be equipped with a bloodborne pathogen kit. The kit shall at least contain the following items:

- one pair of disposable latex or nitrile gloves
- one eye shield with mask
- one container of disinfectant cleaner
- one bio-hazard disposal bag

**2-2.5 Post Response Protocol** – Following an employee response to an incident in which potentially infectious material was present, the following steps will be taken to minimize exposure:

1. Any contaminated clothing or equipment will be carefully removed and replaced with clean equipment.
2. Contaminated clothing and equipment that will be re-used shall be cleaned and decontaminated as soon as practical but prior to being approved for reuse. Disposal of non-reusable contaminated items shall be performed by placing the articles into a red bag identified as a bio-hazard or disposed of immediately into an approved trash receptacle.
3. Disposable gloves will be worn when handling all contaminated clothing, equipment or materials. These gloves shall also be placed into the red bag or approved trash receptacle.
4. Under no circumstance will contaminated work uniforms be laundered at home. Contaminated clothing shall be placed into a biohazard labeled red bag and cleaned at an approved City vendor location.

Employees shall exercise extreme care to avoid direct contact with infectious material during the handling, transportation, cleaning or disposing of contaminated equipment. Department Managers or Supervisors will communicate proper disposal methods, including the location of approved trash receptacles.

**2-2.6 Post Exposure Protocol** - Should an employee come in contact with potentially infectious material, the employee will immediately wash the affected area with soap and water, or a waterless antiseptic cleanser. If an actual exposure incident (see definition of “exposure incident”) took place, the employee shall contact their Supervisor and together complete the [Exposure Report Form](#). The report form will request details of the task being performed, the means of transmission, the portal of entry and the type of personal protective equipment in use at the time.

**Note:** The [Exposure Report Form](#) may be found on the City intranet site.

After completing the report, the following sequence of events should be followed:

1. The Supervisor will comment on the overall disposition of the incident in the exposure report. This report along with all required Workers’ Compensation reporting forms will be forwarded to the SRM who is also identified as the City’s Infection Control Officer.
2. Following an exposure incident from a known source (individual), it will be necessary to test the source individual for infectious disease. In order to properly and promptly initiate the testing process, the Infection Control Officer and/or designee shall be responsible to see that the following steps are taken:
  - a. If the source individual will be receiving medical treatment, the Infection Control Officer (or designee) shall contact the receiving medical facility and notify them that an exposure took place, and request an infectious disease determination be performed on the source individual.
  - b. If the known source individual will not be receiving medical treatment, the Infection Control Officer (or designee) may request the source individual consent to testing.

**Note:** *Consent Refusal* - If the source individual refuses to consent to testing, the Infection Control Officer or other appropriate personnel will notify the appropriate individual(s) so that a court order requiring testing of source individual can be sought.

- c. If the known source individual is deceased, the Infection Control Officer (or designee) shall request the Coroner obtain and transport to a testing facility any necessary samples from the deceased source.

**Note:** *The infectious disease determination request shall be initiated for steps a, b and c (above) by completing the bottom section titled “Request for Notification of Infectious Disease” of the [Exposure Report Form](#) and providing a copy of such form to the receiving medical facility.*

3. A medical evaluation of the employee will be arranged as soon as possible for any exposure or possible exposure event. The medical evaluation and follow up shall be confidential and shall include:
  - A Medical evaluator’s review of the [Exposure Report Form](#)
  - The Identification and documentation of the source individual as applicable by law;
  - The source individual’s blood test for determining HBV, HCV and HIV infectivity;

- Post-exposure prophylaxis, when medically indicated and as recommended by the U.S. Public Health Service; counseling; and evaluation of reported illnesses; and
- A Healthcare Professional's Written Opinion for post exposure evaluation and follow-up, including a statement that the employee has been informed of the results of the evaluation; and the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

**Note:** When the SRM or designee discloses the source individual results to the exposed employee, the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

- a. The Infection Control Officer shall notify the City's Workers' Compensation Health Care Provider of any request for source individual testing.
- b. Source individual test results obtained by the testing facility via the "Request for Notification of Infectious Disease" section of the [Exposure Report Form](#) shall be reported to the Infection Control Officer and/or the City's HIPAA Privacy Officer.
- c. The Infection Control Officer and/or the HIPAA Privacy Officer shall furnish to the City's Workers' Compensation Health Care Provider, a copy of the [Exposure Report Form](#) and other information (i.e. source testing results) as it becomes available.
  1. Upon receipt of source individual test results, the Infection Control Officer or designee, HIPAA Privacy Officer, or City Workers' Compensation Health Care Provider shall notify the exposed employee as soon as practical.

**Note:** If source individual test results are needed during non-business working hours, the Infection Control Officer or designee shall contact the Medical Center testing facility's On-Call Infection Control Operator at 270-745-1000.

## 2-3 Training

**2-3.1 General Statement** – Each department is responsible for insuring that the following subjects are covered with any employee who meets the definition of having an occupational exposure. The SRM will insure that the following subjects are reviewed annually with all employees whose position includes having potential for occupational exposure:

1. 29 CFR Part 1910.1030 as adopted by 803 KAR 2:300 through 2:320 (A copy should be made available),
2. A review of job classifications determined to present potential exposures to blood borne pathogens,
3. A general explanation of the epidemiology and symptoms of blood borne diseases,
4. An explanation of the modes of transmission of blood borne pathogens,
5. An explanation of this Bloodborne Pathogen Plan,
6. Information on City offered hepatitis B vaccinations,
7. Information on the appropriate caution to take and persons to contact in an incident involving potential exposure,
8. A review of the personal protective equipment being provided to employees.

**2-3.2 Records** – A record of each employee having occupational exposure will be maintained by the HRRMD. This record shall contain:

1. The name and social security number of the employee,
2. A copy of the employee's hepatitis B vaccination status, including dates of all the hepatitis B vaccinations (if performed during City employment) and any medical records relative to the employee's ability to receive vaccination,
3. Copies of any examination, medical testing, or follow-up procedures, including any records relevant to the appropriate treatment of the employee including vaccination status, and
4. Employer copies of any health care professional's written opinions regarding an exposure.

Medical records shall be maintained in the employee's personal medical file and kept for at least 30 years after employment. Training activity will be recorded on the [Bloodborne Pathogens Program Training Acknowledgement Form](#) or maintained electronically on a computer web-based training site. This form or web-based training site will include the name, position title and date training was conducted. Training records will be maintained by the SRM and or Fire Training Personnel and kept for a period of at least three years.

# **JOB CLASSIFICATIONS IDENTIFIED AS HAVING OCCUPATIONAL EXPOSURE**

(Reference Section 2-2.1)

## **PARKS DEPARTMENT**

Athletics Facility Coordinator  
Athletics Program Manager  
Athletics Staff Assistant I (Camp Counselor)  
Athletics Staff Assistant II (Athletics Instructors, Fitness Instructors)  
Athletics Staff Assistant, Sr.  
Athletics Supervisor  
Community Center Coordinator  
Community Center Supervisor  
Custodian (Janitorial Duties)\*  
Laborer (Refuse Handler)  
Lifeguard  
Park Ranger  
Pool Manager  
Pool Manager, Assistant  
Recreation Division Manager  
Recreation Staff Assistant I (Camp Supervisor)  
Recreation Staff Assistant II (Community Center Assistant & Recreation Leader)  
Recreation Staff Assistant, Sr.  
Special Populations Coordinator  
Special Populations Instructor

## **FIRE DEPARTMENT**

All Sworn Firefighters\*

## **PUBLIC WORKS**

Building Maintenance Mechanic  
Crew Supervisors I & II  
Operations Tech I, II & III  
Laborer II  
Crew Leader

## **POLICE**

All Sworn Police Personnel\*  
Property Custodian  
Police Cadets

## **NEIGHBORHOOD COMMUNITY SERVICES**

N/A

## **OTHER**

Employees trained in First Aid/CPR and designated as a First Responder

\* Indicates that potential occupational exposure to Hepatitis A may exist.

**HEPATITIS B VACCINATION &/or TITER DECLINATION STATEMENT**  
(Reference Section 2-2.2)

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 vaccine, at no charge to myself. Additionally, I have been given the opportunity to obtain a titer to determine immunity to the hepatitis B virus.

However, I decline hepatitis B vaccination and/or titer at this time. I understand that by declining this vaccine and/or titer, 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 and/or obtain a titer, I can receive the vaccination series at no charge to me, simply by notifying the HRRMD.

\_\_\_\_\_  
(Employee Name - Please Print)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

## **HEPATITIS VACCINATION PROCEDURES**

(Reference Section 2-2.2)

The Hepatitis B immunization you have expressed an interest in consists of three inoculations and a blood draw. The process usually takes eight to nine months to complete. The process may be extended however, if the blood test obtained after the first three inoculations indicates no immunity and you elect to receive additional inoculations and a final blood draw. If after all testing is complete your final blood test fails to confirm immunity, no further inoculations will be administered and you should consider yourself not to be immune.

The following steps should be taken to participate in the program:

1. Read through the attached Infection Control Program policies and procedures.
2. Contact the HRRMD at 270-393-3680 to obtain further instructions for obtaining the vaccine. If you indicated on the training documentation form your desire to receive the vaccination, you will be contacted by the HRRMD and a date/time for vaccination will be arranged.
3. All blood draws will be performed at the HRRMD designated health clinic. The designated clinic shall communicate all blood test results with the employee and recommend the need for additional blood tests (if necessary).
4. The second inoculation should be obtained approximately 30 days after the first. The third inoculation should be obtained approximately 5 months after the second. The blood draw or "titer" should be completed approximately six (6) weeks after the last inoculation to determine immunity status. It is the employee's responsibility to complete all vaccinations and/or titer tests as prescribed by the HRRMD designated health clinic.
5. The HRRMD designated clinic shall communicate all titer results and any recommendation for follow-up directly to the employee.

# EXPOSURE REPORT FORM

(Please use the version located within the City's Document Management System)  
(Reference Section 2-2.6)

City of Bowling Green, Kentucky

## EXPOSURE REPORT FORM

### Step 1: Employee Completes the Following:

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

**Instructions to the Employee:** Before completing this form, please review the definition of an exposure incident (below). This form is to only be completed following an exposure incident. If you are uncertain as to whether an actual exposure took place but feel that it is likely (i.e. blood splattered to the face and unsure if it entered the eyes), please complete this form and treat as an exposure incident.

If your incident does meet the definition of "exposure", YOU MUST FOLLOW STRICT POST-EXPOSURE PROTOCOL AS OUTLINED BELOW.

**Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (piercing of the skin) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Time of Exposure: \_\_\_\_\_ Date of Exposure: \_\_\_\_\_  
(Military Time)

Please check those items for which you were exposed: Blood  Tears  Feces  Urine  Saliva  Sweat  Other: \_\_\_\_\_

List the part of your body that was exposed: \_\_\_\_\_

List the task being performed at the time of exposure and describe in detail how the exposure occurred, including the portal of entry:

\_\_\_\_\_

List any PPE that was used during the time of the incident: \_\_\_\_\_

Identify the Source of the exposure (i.e. needle stick, bleeding individual): \_\_\_\_\_

DO NOT LIST NAMES OF SOURCE INDIVIDUALS: \_\_\_\_\_

### EXPOSURE PROTOCOL

Immediately following any exposure incident, the exposed employee shall:

- 1) Remove any contaminated clothing and/or equipment as soon as possible. Place these items in a biohazard bag for later disposal/disinfection.
- 2) Immediately wash effected area with soap and water or a waterless antiseptic cleanser if washing facilities are not immediately available.
- 3) Promptly notify your supervisor of the exposure event.
- 4) Seek medical attention within 2-hours of exposure.

**TREAT ALL EXPOSURES AS A MEDICAL EMERGENCY  
TREAT ALL BLOOD AND/OR BODY FLUIDS AS POTENTIALLY INFECTIOUS**

### Step 2: Supervisor Completes the Following:

Name of Supervisor: \_\_\_\_\_

**Supervisor Instructions:** This form is to be e-mailed to Safety & Risk Management ([david.weisbrodt@bgky.org](mailto:david.weisbrodt@bgky.org) and [lori.gray@bgky.org](mailto:lori.gray@bgky.org)) immediately following an exposure incident (DO NOT Wait for Department Head Comment/Signature). **Reminder: An occupational exposure to blood or body fluid incident shall initiate all workers' compensation reporting requirements.**

Supervisor's Comments:

\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Comments:

\_\_\_\_\_

Department Head Name: \_\_\_\_\_ Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUEST FOR NOTIFICATION OF INFECTIOUS DISEASE

TO: Health Care Provider (i.e. The Medical Center, Greenview Hospital)

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

On \_\_\_\_\_ (date), a City of Bowling Green employee was exposed to blood and/or body fluids from a known individual (source). The individual was evaluated at your facility on \_\_\_\_\_ (date), at approximately \_\_\_\_\_ (time).

The City of Bowling Green Infection Control Officer requests notification of source individual infectious disease results be reported to the following:

**David Weisbrodt**  
Safety & Risk Manager  
Phone: (270) 393-3629  
Cell: (270) 202-6776

or

**Lori Gray**  
Benefits Manager & Privacy Officer  
Phone: (270) 393-3644

Results may be faxed to:

Fax: (270) 901-3162

The Safety & Risk Manager shall communicate the source individual's results with the exposed employee's health care provider (if applicable). If you have any questions or need additional information, please do not hesitate to call.

Sincerely,  
David Weisbrodt  
Safety & Risk Manager

**PLEASE FORWARD A COPY OF THIS FORM TO YOUR INFECTION CONTROL DEPARTMENT**



# BLOODBORNE PATHOGENS PROGRAM TRAINING ACKNOWLEDGMENT

(Reference Section 2-3)

Instructor: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Instructor Qualifications: \_\_\_\_\_

**I have received training/information covering the following:**

- ◆ General explanation of the epidemiology and symptoms of blood borne diseases.
- ◆ Explanation of the modes of transmission of blood borne pathogens.
- ◆ Explanation of the employer's exposure control plan and the means by which it can be obtained.
- ◆ Explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- ◆ Explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- ◆ Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- ◆ An explanation of the basis for selection of personal protective equipment.
- ◆ Information on the HB vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- ◆ Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- ◆ An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- ◆ Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- ◆ An explanation of the signs and labels and/or color coding pertaining to infectious waste.
- ◆ An opportunity for interactive questions and answers with the person conducting the training session.
- ◆ Information explaining how, when, and where to obtain the HBV series was disseminated to those employees desiring to receive the vaccination. It is the employee's responsibility to obtain the shot series in a timely manner.

**Hepatitis A**

- ◆ General explanation of the epidemiology and symptoms of Hepatitis A and information about obtaining City provided vaccination for certain work groups was provided.
- ◆ Public Safety personnel and those personnel whose job consists of mainly janitorial services will be provided the vaccine through the City's health clinic at no charge. If the employee chooses to obtain this vaccination, they will need to contact HRRMD to have it scheduled.

Training Acknowledgement  Employee Name (Please Print)	Signature	Position Title	Have you previously received the HBV Vaccine?  (Yes, No, Unsure)*	Do you wish to obtain the HBV vaccination or a titer to determine your immunity?  (Yes, No)**
<p><b>*If you have previously received the vaccine, please obtain vaccination records from your health care provider or previous employer and send to the Human Resources &amp; Risk Management Department. Having this information readily available will prove valuable should you sustain an on-the-job exposure. For now, please list (if known) the approximate year of vaccination.</b></p>			<p><b>Date(s) of HBV Vaccination:</b></p>	

\*\*If you indicate that you wish to receive the Hepatitis B vaccine, a HRRMD representative will arrange your appointment.

\*\*If you are unsure of your current vaccination status and you wish to check your medical records and/or discuss the vaccine with your personal physician, you should at this time indicate that you do not wish to receive the vaccine and sign the declination statement (back side of form).

\*\*If you wish to not receive the vaccine, you will need to sign a declination statement (back side of form).

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**HEPATITIS B VACCINATION &/or TITER DECLINATION STATEMENT**

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 vaccine, at no charge to myself. Additionally, I have been given the opportunity to obtain a titer to determine immunity to the hepatitis B virus.

However, I decline hepatitis B vaccination and/or titer at this time. I understand that by declining this vaccine and/or titer, 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 and/or obtain a titer, I can receive the vaccination series at no charge to me, simply by notifying the HRRMD.

---

Print Name

---

Sign Name

---

Date

---

Internal Use Only:

THIS DOCUMENT SHALL BE PLACED WITHIN THE EMPLOYEE'S MEDICAL FILE

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## CHAPTER III

### CDL ALCOHOL AND DRUG TESTING

#### 3-1 CDL Alcohol and Drug Testing Program

**3-1.1 General Overview** - On February 15, 1994, the United States Department of Transportation (DOT) published the final rules for drug and alcohol testing of Commercial Driver License (CDL) holders. These rules prohibit CDL holders from engaging in certain drug and alcohol related conduct and require employers to test employees to ensure compliance with the drug and alcohol rules. This Chapter also serves to ensure compliance with 49 CFR Part 40, 382 and 655 (Prevention of Alcohol Misuse and Prohibited Drug Use in Transit Operations). Copies of Parts 40, 382 and 655 may be obtained in the Safety/Risk Manager's office or on the internet at the Department of Transportation (DOT) Office of Drug and Alcohol Policy and Compliance website <http://www.transportation.gov/odapc>.

While the City has a Drug-Free Workplace Program, the CDL Alcohol and Drug Testing protocol herein shall be considered a separate and independent program. City CDL holders are required to participate in both this program and the City's Drug-Free Workplace program. The City shall require all employees who perform safety-sensitive functions involving FTA funded vehicles possess a CDL and be subject to the Drug-Free Workplace Act of 1988. For the purposes of this policy, the term CDL Holder shall include all employees performing safety sensitive functions on FTA funded vehicles.

#### 3-2 CDL Alcohol and Drug Testing Policies and Procedures

**3-2.1 Policy Statement** - These policies and procedures have been developed as a means to ensure that all City employees who hold a CDL (which includes all employees who perform safety-sensitive functions on vehicles operated with Federal Transit Authority (FTA) funding are informed of the Federal rules for drug and alcohol testing and the consequences of any violation. All employees who utilize a CDL for conducting City related business shall be required to read and abide by these policies as well as those listed in the Federal Motor Carrier Safety Regulation (FMCSR) Pocketbook. Federal Highway Administration (FHWA) and FTA regulations require annual random, unannounced alcohol and controlled substance (drug) testing of all CDL holders. The penalties for violation of alcohol misuse and controlled substances use regulations are substantial. If a CDL holder tests positive for drug use or the misuse of alcohol, the CDL holder will be prohibited from performing safety-sensitive functions associated with the operation of a commercial motor vehicle (CMV) or other FTA funded vehicle and the CDL holder may be subject to substantial monetary fines. Additionally, the City will take corrective action which may include termination of any employee found in violation of the policies contained within this Chapter, the FMCSR or FTA regulations.

If an employee is experiencing difficulty with the use of alcohol or drugs, they are encouraged to notify their supervisor. The City will cooperate as much as is operationally practicable in helping an employee to overcome problems associated with substance abuse and protect their employment status. For additional information relating to the City's Employee Assistance Program, please see the section entitled "Where to Get Help".

**3-2.2 Application & Administration Authority of Policy** - All City Employees who hold a CDL and perform safety-sensitive functions associated with a CMV or FTA funded vehicle, fall under these policies and procedures. The Safety/Risk Manager shall serve as the Designated employer representative (DER) and thus be authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of this Chapter. The HRRMD shall maintain a list of all employees who perform safety-sensitive functions as defined within this Chapter.

### 3-2.3 Definitions

**3-2.3.1 Commercial Motor Vehicle (CMV)** – A vehicle having a gross combination weight of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight of more than 10,000 pounds or a gross weight rating of 26,001 or more pounds or designed to carry 16 or more passengers including the driver, or of any size and is used to transport hazardous waste.

**3-2.3.2 FTA Vehicle** - Means any vehicle used in the operation of the Transit that was funded in whole or in part by any source of Federal Transit Administration (FTA) funding.

**3-2.3.3 Safety-Sensitive Function** - Means a job or position where the employee's duties include the responsibility for his/her own safety or other people's safety.

## 3-3 Safety-Sensitive Function

**3-3.1 General Application** – For a CDL holder, Safety-Sensitive functions include:

- All time at an employer or shipper plant, terminal, facility, other property, on any public property or waiting to be dispatched, unless the driver has been relieved from duty by the employer;
- All time inspecting equipment as required by Sec. 392.7 and Sec. 392.8 of FMCSR or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- All time spent at the driving controls of a commercial motor vehicle in operation;
- All time other than driving time, in or upon any commercial motor vehicle except time resting in a sleeper berth;
- All time loading or unloading a commercial motor vehicle; supervising or assisting in the loading or unloading; attending a commercial motor vehicle being loaded or unloaded; remaining in readiness to operate the commercial motor vehicle; or in giving or receiving receipts for shipments loaded or unloaded; and
- All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle.
- Operating, servicing, controlling dispatch or movement of or performing maintenance/service of a FTA revenue service vehicle.

## 3-4 Prohibited Conduct

**3-4.1 Prohibited Conduct for Alcohol** – The following actions are considered prohibited for those employees who utilize a CDL to perform City business:

1. Perform safety-sensitive functions while having an alcohol concentration of 0.02 or greater
2. Operate a commercial or FTA funded vehicle while possessing alcohol. This includes the possession of medicines containing alcohol (prescription or over-the-counter), unless the packaging seal is unbroken
3. Use alcohol while performing safety-sensitive functions
4. Perform safety-sensitive functions within four hours after using alcohol
5. Use alcohol for eight hours immediately following an accident requiring a post-accident alcohol test or until a post-accident alcohol test is administered, whichever occurs first
6. Refuse to submit or cooperate with a post-accident, random, reasonable suspicion, or follow-up alcohol testing

**Note:** *Alcohol includes any intoxicating agent in beverage alcohol, methyl, and isopropyl alcohol whether used for medicinal purposes or not. Many over-the-counter and prescription medications may contain high percentages of alcohol.*

**3-4.2 Prohibited Conduct for Drugs** - The following actions are considered prohibited for those employees who utilize a CDL to perform City business:

1. Test positive for any of the prohibited substances while on duty. Prohibited substances include those identified in Part 40 of the FMCSR.
2. Perform a safety-sensitive function while using any controlled substance, except when the use is under the instructions of a physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a commercial vehicle
3. Refuse to submit or cooperate with a post-accident, random, reasonable suspicion, or follow-up drug testing; and
4. Produce an adulterated or substituted drug test specimen.

## 3-5 Pre-Employment CDL Information

**3-5.1 Supplemental Application** - All applicants being considered for a CDL position with the City must complete the [CDL Supplemental Application](#) of the Commercial Driver's License section of the Risk Management Manual.

**3-5.2 Previous Employer Information Request** - The FMCSR requires the City to obtain information from previous employers regarding an applicant's prior CDL alcohol test history (results of 0.04 or above), and any positive controlled substance test or refusal to test during the previous two year period. The City will attempt to obtain this information prior to hiring an applicant for a position that requires the performance of safety sensitive functions. Department Directors or their designees are responsible for insuring that those applicants with prior CDL experience complete the appropriate sections of the [Previous Employer Information Request Form](#), of the Commercial Driver's License section of the Risk Management Manual. The completed form(s) will then be forwarded to the Human Resources & Risk Management Department (HRRMD) who will mail or fax the forms to the applicant's prior employer(s). In addition to using the [Previous Employer Information Request/Consent Form](#), beginning January 6, 2020 HRRMD shall utilize the Federal Motor Carrier Safety Administration (FMCSA) Drug & Alcohol Clearinghouse database to obtain previous employer drug/alcohol violation information.

If the applicant has engaged in prohibited conduct while in the employ of a previous employer, the applicant will not be hired to perform safety sensitive functions.

## 3-6 Drug & Alcohol Testing Types

**3-6.1 Pre-Employment Testing** – A controlled substance test is required before a new employee is hired to perform safety sensitive functions and before an existing employee is transferred into a safety sensitive position. Department directors or designees will inform the HRRMD as soon as possible when a pre-employment test is necessary, as a CDL applicant may not be hired to perform safety sensitive functions until such testing is completed and results are known. Upon receipt of test results, HRRMD will inform the appropriate department director or designee of the results. A CDL holder may not be hired to perform safety-sensitive functions for the City if:

- The result of the pre-employment controlled substance test is positive, or
- The applicant has engaged in prohibited conduct while in the employ of a previous employer

**Note:** *Employees who have for any reason been removed from the performance of safety-sensitive functions (SSF) for a period of 30 days or more and removed from the random testing pool during this time period, shall be required to undergo a pre-employment controlled substance test upon their return and obtain a negative result before again resuming SSF duties.*

The City will not hire or promote any candidate who fails a pre-employment substance test. Any applicant who fails a pre-employment substance test will not be considered for employment in a safety-sensitive function.

**3-6.1.1 Request for Testing Information** - HRRMD will provide test result information to the new employee applicant or employee transferee upon their written request, and will do so within 60 calendar days of being notified of the disposition of the employment application.

**3-6.2 Reasonable Suspicion Testing** - A reasonable suspicion drug and/or alcohol test may be performed if the City has reason to believe that a driver's behavior or appearance may indicate alcohol or drug use. Observations for alcohol testing must be made just before, during, or just after the performance of a safety-sensitive function. Observations for drug testing may be made at any time while a driver is at work for his/her employer.

**Note:** Any test for reasonable suspicion must be based on:

- Observations of a Supervisor who has been trained on alcohol misuse and substance abuse; and
- Specific, clearly stated observations concerning a driver's appearance, behavior, speech or body odor.

**3-6.2.1 Reasonable Suspicion Procedures** - The HRRMD shall be notified immediately upon any indication of reasonable suspicion. Both the observing department supervisor and the HRRMD representative shall complete the [Observed Behavior Reasonable Suspicion Record](#). Both the observing supervisor and HRRMD representative will review the policies and procedures herein and if necessary, make arrangements with a testing facility to conduct reasonable suspicion drug and/or alcohol testing. If after reviewing the completed form it is determined by HRRMD that there is reasonable suspicion that the CDL holder may be under the influence of a controlled substance and/or alcohol, the observing Supervisor or his/her designee will notify the CDL holder and accompany him/her to the testing site. When a reasonable suspicion test is ordered, the CDL holder must submit to testing immediately. The observing Supervisor and/or designee shall remain at the testing site with the test subject until all testing is complete. Any CDL holder who is tested for controlled substances under the guise of reasonable suspicion must be placed on leave with pay until the results of the test are known. After submitting to the drug/alcohol test, the CDL employee may not return to work until the result of the test is known and only then if the result is negative. Only a representative from the HRRMD may order a reasonable suspicion test.

If after a reasonable suspicion test is ordered, an alcohol test is not performed within 2 hours of the observation, the Supervisor must notify the HRRMD and prepare a record stating why the test could not be given within the timeframe. If testing is not performed within 2-hours of being notified, the HRRMD will be notified and will make every effort to secure alcohol testing within 8 hours and/or controlled substances testing within 32 hours. If the testing is still not accomplished within the timeline, the HRRMD will prepare and maintain on file a written record stating the reasons the tests were not administered.

**3-6.3 Return-to-Duty Testing** - This test is required for any driver who was found to have had a previous alcohol concentration of 0.02 or higher (but under 0.04) before he/she can return to safety-sensitive functions. This test may also be required after an employee has violated the CDL drug & alcohol program and completed a drug and/or alcohol rehabilitation program. With rehabilitation programs there may also be additional referral, evaluation and treatment requirements. These additional requirements may come from the substance abuse professional (SAP).

**3-6.4 Follow-up Testing** – After returning to safety-sensitive functions following a return-to-duty test, a CDL holder is subject to follow-up testing. The testing will be performed at least 6 times within the first 12-months after an employee has returned to safety-sensitive duty. The frequency of follow-up testing will consider the recommendations of a SAP (Substance Abuse Professional). All required follow-up testing will not be announced ahead of the actual request.

**3-6.5 Random Testing** – The City shall conduct annual random tests on all CDL holders at a rate of not less than 10 percent for alcohol and 50 percent for controlled substances. The HRRMD shall utilize a third party to conduct random selection and testing of the City's CDL employee pool. Random testing is unannounced and will take place throughout the calendar year. Once an employee is notified of their selection for testing, the employee is to be immediately escorted to the testing facility by their Supervisor or supervisor designee.

**3-6.6 Post-Accident Alcohol Testing** – An alcohol test is required following an accident that meets any of the following criteria.

- a. A life is lost;
- b. A driver was cited within 8-hours of the accident for a moving traffic violation **and** the accident required the towing of one or more vehicles from the scene; or
- c. A driver was cited within 8 hours of the accident for a moving traffic violation **and** the accident resulted in bodily injury to any person who received medical treatment away from the scene.

- d. *When it is determined by the City through investigation that a covered employee's performance of safety-sensitive functions could have contributed to the accident and the accident involves a FTA funded vehicle. In this case, the driver does not have to be cited and the involved employee doesn't have to be a driver.*

**3-6.6.1 Post-Accident Alcohol Testing Procedures** - The CDL holder must remain readily available for testing following an accident, unless the employee is required to leave the site to seek medical attention for injuries or to summon emergency personnel. Once an employee is notified that he or she has been selected for testing, the employee must be immediately escorted to the testing facility.

- a. A CDL holder may not consume alcohol for eight hours after an accident requiring post-accident testing or until such time as a test for alcohol has been administered (whichever occurs first).
- b. Post-accident alcohol testing is to be done within 2-hours of the accident. If the test cannot be performed within 2 hours, the employee's Supervisor and a HRRMD representative shall prepare a record stating why the test wasn't given. If the test cannot be performed within 8 hours, the City shall not give the test and will prepare a record stating why the test could not be given within that time frame.
- c. Post-accident testing for alcohol need not be performed if as a result of the accident, the police authorities having jurisdiction require that the CDL holder take a breath test and the results of that test indicate that the driver is legally intoxicated. In all other case where these policies require testing, the CDL holder's Supervisor along with HRRMD will arrange for testing.

**3-6.7 Post-Accident Controlled Substance Testing** – A controlled substance test is required following an accident that meets any of the following criteria:

- a. A life is lost;
- b. A driver was cited within 32 hours of the accident for a moving violation and the accident resulted in the towing of one or more of the vehicles from the scene; or
- c. A driver was cited within 32 hours of the accident for a moving traffic violation and the accident resulted in bodily injury to any person involved in the accident that required medical treatment away from the scene.
- d. *When it is determined by the City through investigation that a covered employee's performance of safety-sensitive functions could have contributed to the accident and the accident involves a FTA funded vehicle. In this case, the driver does not have to be cited and the involved employee doesn't have to be a driver.*

**3-6.7.1 Post-Accident Controlled Substance Testing Procedures** - The CDL holder must remain readily available for testing following an accident, unless the employee is required to leave the site to seek medical attention for injuries or to summon emergency personnel. Once an employee is notified that he or she has been selected for testing, the employee must be immediately escorted to the testing facility.

The HRRMD will make every effort to secure controlled substances testing within 32 hours. If testing is not accomplished, HRRMD will prepare and maintain on file a written record stating the reasons the tests were not administered.

## 3-7 Subject to Testing

**3-7.1 General Statement** - A CDL holder is subject to testing for controlled substances (drugs) and alcohol, any time before, during or after the CDL holder has performed a safety-sensitive function or is immediately available to perform a safety-sensitive function.

## 3-8 Consequences of Engaging in Prohibited Conduct

**3-8.1 Consequences of Engaging in Prohibited Conduct – Alcohol** - The first time that a CDL holder, as a result of post-accident, random or reasonable suspicion testing, is found to have an alcohol concentration between 0.02 and 0.039, he or she will not perform safety sensitive functions for a period of at least 24 hours and will be allowed to perform safety sensitive functions only after a return-to-duty alcohol test indicates that his alcohol

concentration is below 0.02. Failure to obtain a result below 0.02 on a return-to-duty test will result in dismissal from employment.

**Note:** *The City's Drug & Alcohol-Free Workplace policy shall be applied in cases where alcohol concentrations are found to be greater than 0.000 but less than 0.02.*

**3-8.2 Consequences of Engaging in Prohibited Conduct – Drugs** - Any CDL holder who engages in prohibited conduct for drugs will be dismissed from employment.

## 3-9 Refusal to Submit to Alcohol/Controlled Substance Testing

**3-9.1 General Statement** - If the CDL holder obstructs testing efforts, the Supervisor will immediately contact the HRRMD. Reasons for refusal or inability to have the testing performed by the testing facility shall be stated in the comments section of the Observed Behavior Reasonable Suspicion Record. Any CDL holder who refuses testing will be informed by their Department Manager or Supervisor that they are engaging in prohibited conduct which if continued may lead to their termination of employment, and that they will be immediately sent home without pay. Following HRRMD review and investigation of prohibited conduct involving the refusal to submit to alcohol or controlled substance testing, HRRMD may recommend termination of employment subject to Commission approval at the next Board of Commissioners scheduled meeting.

**3-9.2 Examples of Refusal to Submit** - A CDL holder is considered to have refused to submit to testing when he or she engages in one or more of the following:

- Fails to appear for any test within a reasonable time;
- Engages in conduct that clearly obstructs the testing process;
- Fails to remain at the testing site until the testing process is complete;
- Fails to provide a urine specimen for drug testing or a saliva or breath specimen for alcohol testing;
- Fails to provide enough urine for drug testing or an adequate amount of saliva or breath for alcohol testing and there is no medical explanation for the failure;
- In the case of directly observed or monitored drug test collection, the CDL Holder fails to permit the observation or monitoring of his or her provision of the specimen and/or fails to follow the observer's instructions;
- Possess or wear a prosthetic or other device used to tamper with the collection process;
- Admit to the adulteration or substitution of a specimen to the collector or MRO.
- Refuse to sign the certification of the Alcohol Testing Form (ATF).
- Fails or declines taking a second drug test when directed by an employer or collector;
- Fails to undergo a medical examination or evaluation as part of the verification process as directed by the City (employer) representative/Medical Review Officer (MRO).
- The driver fails to cooperate with any part of the testing process.
- Fail to remain readily available following an accident.
- If the MRO reports that you have a verified adulterated or substituted test result

A judgment of "refusal to submit" will not apply to pre-employment CDL requested testing, unless the applicant has begun the testing process, and leaves or engages in conduct that clearly obstructs the testing process.

## 3-10 The Testing Process

**3-10.1 General Statement** - Drug testing will be conducted by urine sample, while alcohol testing will be analyzed using a breath testing/screening device. Drug and alcohol analysis will be performed by a trained technician.

Collection procedures, specimen testing, and reporting of test results will comply with U.S. Department of Transportation requirements contained in 49 CFR Part 40.

To ensure that the test specimen is actually that of the donor, collection site staff will require positive identification of the CDL holder to be tested.

Only a lab certified through the Department of Health and Human Services will be used for testing urine samples. The lab will comply with the requirements of 49 CFR Part 40 in testing and reporting all results.

**3-10.2 Medical Review Officer Requirements** -A review of test results will be done by a Medical Review Officer (MRO) who is required to explore any possible medical explanations for a positive result and/or an explanation of a result indicating a specimen has been adulterated or substituted. The MRO will contact the CDL holder about a positive test result and give him/her the opportunity to discuss the result before making a final determination.

A positive test result or a result that indicates a specimen has been adulterated or substituted does not automatically mean the driver has used drugs and is in violation of the DOT regulations. In order to find other possible reasons, the MRO may interview the CDL holder, review his/her medical history and review any other bio-medical factors. The MRO may look at medical records and data, including any information on prescribed medications the driver might be taking.

**3-10.3 Split Specimen Test Request** - After being notified of an initial positive test result or a result that indicates a specimen has been adulterated or substituted, a CDL holder has 72 hours to request the MRO to initiate a test of the split specimen. If this request is made, the split specimen must be tested at a different Department of Health and Human Services certified laboratory. If the CDL holder does not contact the MRO within 72 hours but can provide a legitimate reason for not doing so, the MRO may at their discretion order the split specimen be tested.

**Note:** *Removal from safety-sensitive duties as required by the regulations following a positive drug test is NOT delayed to await the result of the split specimen test.*

**3-10.4 Inconclusive Tests** – There are several reasons for why a test may be considered “inconclusive”. When a test is deemed “inconclusive”, the retesting of the donor and any special requirements (i.e. need for direct observation) will vary depending on the type of inconclusive test reported by the MRO. If retesting is determined to be required, a HRRMD representative shall arrange for the donor to be retested as soon as practical. In all cases except for those involving pre-employment testing, the donor shall be escorted to the testing site immediately upon notification of the need to retest. When notifying a job applicant donor of the need to retest, HRRMD shall provide a reasonable timeframe in which the donor must adhere to in order to be considered for employment.

#### **3-10.4.1 Types of Inconclusive Tests and Required Response**

- **Lab Reject** - If the donor’s information is found to be incorrect or the sample gets damaged before or during testing, it will be deemed a “lab reject.”
  - For a “Lab Reject” result, HRRMD will order a retest be performed.
- **Cancelled** - A cancelled test, within the context of drug and alcohol testing, is a test or specimen that cannot be used or reported due to some error or other circumstance. A cancelled drug or alcohol test cannot be considered or treated as either a positive or negative result.
  - For a “Test Cancelled” result, HRRMD will order a retest be performed and will follow MRO advisement on the need for “observed collection”.
- **Substitution** - If animal urine or another chemical is substituted for the donor’s urine, this is called a “substitution.”
  - For a “Substitution” result, HRRMD will consider a substitution result as a “refusal to test”.
- **Adulteration** - If the donor adds a chemical to the sample, this is considered “adulteration.” There are many types of chemicals which can be added.
  - For an “Adulteration” result, HRRMD will consider an adulterated result as a “refusal to test”.
- **Dilute** – A dilute specimen, by definition, is a urine specimen that has a creatinine of greater than 2 mg/dl or less than 20 g/dl and a specific gravity is greater than 1.0010 (but less than 1.003). These tests are routinely performed on every urine sample tested at the lab. A drug test reported by the MRO as positive–dilute, will be treated as a verified positive test and will require

no additional testing. If the MRO reports that a negative test was dilute, the following actions shall be taken:

1. For a dilute specimen with a creatinine concentration equal to or greater than 2mg/dL, but less than or equal to 5 mg/dL, the donor will be required to provide a second sample under direct observation. The second test shall only be performed following advisement by the MRO and shall be performed as soon as practical, with minimum advanced notice given to the donor. The results of the second test will be final, even if the results are again recorded as dilute.
  2. For a dilute specimen with a creatinine concentration greater than 5 mg/dL, the donor will be required to provide a second sample but is not required to do so under direct observation unless there is identified another basis for use of direct observation. This second test shall only be performed following advisement by the MRO and shall be performed as soon as practical, with minimum advanced notice given to the donor. The results of the second test will be final, unless the MRO directs a recollection under direct observation due to creatinine levels.
- **Temperature out of Range** - If the sample temperature is above what is normal for human urine. This usually means the donor will be asked to provide another sample.
    - For a "Temperature out of Range" result, HRRMD will order a retest be performed.
  - **Invalid** - An invalid drug test is the outcome of a drug test for a urine sample that contains an endogenous substance at abnormal concentrations, has abnormal physical characteristics, contains an unknown interfering substance, or an unknown contaminant that prevents the laboratory from obtaining a suitable valid result on the test.
    - For an "Invalid" result, HRRMD will order a retest be performed and will follow MRO advisement on the need for "observed collection".

**Note:** *The failure to follow the direction of HRRMD and/or the MRO regarding the need for retesting shall be deemed a "refusal to test" and subject the donor to consequences described within this Chapter.*

## 3-11 Medical Use of Alcohol or Controlled Substances

**3-11.1 Reporting Medical Use of a Controlled Substance** - A CDL holder is required to timely report to his/her supervisor any use of medically prescribed controlled substances or medications containing alcohol, including those obtained without medical prescription that would affect their ability to perform safety-sensitive functions. It is the CDL holder's responsibility to communicate with their physician regarding their ability to safely perform safety sensitive functions while using prescription and non-prescription medication.

## 3-12 Off-Duty Alcohol Use and Call Back

**3-12.1 General Statement** - The drug and alcohol prohibitions apply to employees who are on call for snow and ice removal or any other specifically identified after hour operations. A CDL holder who is called back to work to perform safety-sensitive functions must report any off duty use of alcohol in the prior four hours and/or any medically prescribed use of a controlled substance. Employees who report any off duty use of alcohol shall be prohibited from reporting to work and performing safety sensitive functions.

**3-12.2 Call-Back Policy Violation** – A CDL holder, who violates the drug or alcohol prohibitions during emergency situations when call-back is imminent or reasonably expected, will be subject to disciplinary action.

## 3-13 Notice of Disqualification

**3-13.1 General Statement** - CDL holders who, as a result of these policies and procedures, can no longer perform safety-sensitive functions will be informed of this in writing. The Safety & Risk Manager will send the employee a [Notice of Disqualification Form](#), a copy of which is found in the Commercial Driver's License section of this manual.

## 3-14 Rights of a CDL Holder

**3-14.1 Rights to Records** - Upon written request, a CDL holder has the right to obtain copies of records maintained by the City regarding the CDL holder's use of alcohol or controlled substances, including any records of test results.

**3-14.2 Right to Know Basis for Test** - A CDL holder has the right to know the reason a drug or alcohol test is being ordered and under what authority such test is being ordered. Employees will be provided with written notification prior to any drug/alcohol testing. The [Drug/Alcohol Test Notification Form](#) shall be provided to the employee prior to performing an alcohol or controlled substances test. All testing performed by the City is under the authority of the Omnibus Transportation Employee Testing Act of 1991 and USDOT Regulations.

**3-14.3 Right to Know Test Results** - A CDL holder also has the right to know the results of any drug or alcohol test. Upon written request, CDL holders will be provided a copy of their test records.

## 3-15 Training

**3-15.1 Policy Education** - The City shall provide educational materials that explain the requirements of these policies and procedures to all current CDL holders and to each holder subsequently hired or transferred into a position requiring the employee to perform safety-sensitive functions. CDL holders will be provided with a copy of these policies and procedures, and shall be required to attend a training session which shall cover the content of this written program. Additional information to help create an awareness of the physical and psychological effects of drugs and alcohol and aid employees in compliance with the drug and alcohol regulations is provided in the attached document titled, "[Drug and Alcohol Information](#)".

**3-15.2 Required Training** - City employees who supervise CDL holders and, as a result are responsible for the observation of "reasonable suspicion" and the resulting alcohol and/or controlled substance abuse testing, will receive at least 60 minutes of training on alcohol misuse and at least 60 additional minutes of training on controlled substances abuse. This training will cover the physical, behavioral, speech and performance indications of probable alcohol misuse and use of controlled substances. Employees will be given an opportunity to ask questions of the trainer, and be required to sign a [CDL-Alcohol and Drug Testing Policies and Procedures Certificate of Acknowledgement](#).

The HRRMD will issue a [CDL – Alcohol/Substance Abuse Awareness Supervisor Training Certificate](#) or similar document to those supervisors completing the required alcohol misuse and controlled substance abuse training.

## 3-16 Records Retention, Reports, Release and Confidentiality

**3-16.1 Records Confidentiality** - The City will maintain records of activities related to these policies and procedures. All employee records regarding drug or alcohol testing are considered confidential and will be kept under controlled access. The Secretary of Transportation or any DOT agency with regulatory authority over the City or any of its employees shall be granted access to all facilities utilized and records compiled in complying with the requirements of this Chapter.

**3-16.2 Records Release** - Employee records may not be released except upon written request or release by the CDL holder, except:

1. In the event of a lawsuit.
2. In the event of a grievance or other proceeding initiated by or on behalf of the employee arising from the results of an alcohol or controlled substance test.
3. In a proceeding relating to a benefit sought by the CDL holder, such as worker's compensation or unemployment insurance.

**3-16.3 Records Maintenance and Retention** - The HRRMD will maintain all records required according to this policy. Those records will include:

- a. Testing results
- b. Reasonable Suspicion Observation Forms
- c. FHWA and Alcohol Testing MIS Data Collection Forms (completed when requested by FHWA)
- d. Other written correspondence related to this subject.

Individual personnel files will be maintained by the Human Resources Department and contain:

- a. Completed CDL applications, including, when applicable the supplemental application for CDL applicants.
- b. Completed Requests for Information from Previous Employers, and previous employer responses.
- c. Signed Certificates of Acknowledgment
- d. Notices of Disqualification
- e. Copies of Certificates of Training

Records and documents of all alcohol test results greater than 0.02, positive test results, refusal to test, substituted or adulterated drug test results, SAP reports, follow-up tests, schedules for follow-up tests and records relating to evaluation and referrals will be maintained for five years by the City.

Documents and records relating to the basis for reasonable suspicion and post-accident testing and/or the inability of the CDL holder to provide adequate breath sample or a urine specimen, will also be maintained for a minimum of five years by the City.

Records of negative and cancelled drug test results, alcohol test results with a concentration of less than 0.02, and records obtained from previous employers under CFR 49 §40.25 concerning drug and alcohol test results of employees, will be maintained for a minimum period of three years.

**3-16.3.1 Annual Query of Employee Drug & Alcohol Violations** – .In compliance with FMCSA § [382.701](#), the City shall conduct a query of the FMCSA Drug and Alcohol Clearinghouse at least once per year for each CDL driver they employ. The annual query requirement shall be tracked on a rolling 12-month basis. The one-year time frame resets with each query conducted on a driver. For example, if an employer conducted a query for Driver A on July 6, 2020, the employer is not required to query Driver A again until July 7, 2021, to meet the annual query requirement. A limited query satisfies the annual query requirement. Prior to running the annual query, the City shall obtain from each CDL holder, a [Limited Query Consent Form](#).

**3-16.4 Reporting of Results** – The City will maintain an annual summary of testing results required under this Chapter and will provide when requested by FTA, a copy of such results in a format acceptable under 49 CFR Part 40.

**3-16.4.1 Reporting Drug & Alcohol Violations** – HRRMD and/or a designated authorized third party administrator (TPA) will utilize the FMCSA Clearinghouse Database to report prohibited conduct for resulting from any CDL drug/alcohol testing process. Prohibited conduct includes, refusals to test, positive drug and alcohol test results, refusals to submit to an alcohol or drug test, as well as actual knowledge of a drug or alcohol violation. HRRMD or their authorized TPA will also report negative return to duty (RTD) test results and the successful completion of a driver’s follow-up test plan. This information will be reported/entered into the Clearinghouse database within 3 business days following notification of applicable drug and/or alcohol violation information. HRRMD shall communicate with their TPA to make sure all required information is entered into the Clearinghouse Database as required by FMCSA.

### 3-17 Employee Assistance Program

**3-17.1 General Statement** - Assistance in overcoming drug and alcohol problems is available to employees through the Employee Assistance Program.

Human Development Company 502-589-4357

Employees are strongly encouraged to contact Occupational Health Consultants of America (OHCA) if they believe they might have a problem with drug or alcohol abuse.

Other resources for information:

- 1-800-356-9996. . . . . A1-Alanon
- 1-800-527-5344. . . . . American Council on Alcoholism
- 1-800-662-4357. . . . . Center for Substance Abuse Treatment
- 1-800-967-5752. . . . . Drug Free Workplace Helpline

**3-17.2 Substance Abuse Professional Recommendations** - If the employee has been identified by a SAP as needing assistance in resolving problems associated with alcohol or controlled substances, the CDL holder will be subject to return-to-duty testing and follow-up- testing for a minimum of 6 tests in the first 12 months. Based upon the recommendation of the SAP, the employee may be subject to follow-up-testing for a period of 60 months. Failure to obtain a breath alcohol level of 0.02 or less or a controlled substance test with a verified negative outcome for any of these SAP required tests, will result in the employee being dismissed from employment.

- Federal regulations require that the SAP must be a licensed physician, certified psychologist, social worker, employee assistance professional or addiction counselor.

### 3-18 Payment of Drug Tests and EAP Services

**3-18.1 General Statement** - The City will pay for all conducted tests, except for the second controlled substance test when the results prove positive. CDL employees may utilize all service and benefits available through the City's Employee Assistance Program (EAP) and as described in the Employee Benefit Booklet for the City of Bowling Green. The City does not assume responsibility for payment of services the SAP may require over and above those covered through the EAP.

## DRUG AND ALCOHOL INFORMATION

(Reference Section 3-15)

The following information is provided to help create an awareness of the physical and psychological effects of drugs and alcohol and aid employees in compliance with the drug and alcohol regulations.

### ALCOHOL CONTENT OF COMMON OVER-THE-COUNTER MEDICATIONS

Alcohol is often a major component of cough syrups and other over-the-counter medications and preparations. Following is an alphabetical list of many medicines with high alcohol content.

Medication	Percent Alcohol
Ambesol	70.0
Ambesol Gel	70.0
Contact Severe Cold	25.0
Contrex	20.0
Cotussis	20.0
Dalidyne	61.0
Dent's Toothache Drops	60.0
Dewitt Coldsore	90.0
Double Action Kit	60.0
Dristan Ultra	25.0
Formula 44D	20.0
Geritonic	20.0
Gerizyme	18.0
Gevrabon	18.0
Hall's	22.0
Jiffy	56.5
Night Relief	25.0
Nyquil	25.0
Pfeiffer Coldsore	85.0
Queldrine	25.0
Quiet Night	25.0
Romilar III	20.0
Romilar CF	20.0
Terpin Hydrate with DM	40.0

Not surprisingly, a major use of the very highest proof alcohol is medicinal.

It's important to be aware of how much alcohol medications contain. Laws against driving under the influence of alcohol (DUI) or driving while intoxicated (DWI) do not distinguish between blood alcohol content (BAC) that comes from drinking alcoholic beverages, from medications, or from that produced naturally in the body (endogenous ethanol production).

## What Are the Effects of Alcohol and Drugs on the Body?

### ALCOHOL

*Alcohol is a central nervous system depressant found in beer, wine, hard liquor and some over-the-counter medications (for example: some allergy and cold medications).*

Considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings, alcohol is widely abused primarily due to its social acceptance and availability. "Abuse" occurs when it is used primarily for its physical and mood-altering effects. *About half of all auto accident fatalities in the United States are related to alcohol abuse.*

#### Signs and Symptoms of Use:

- Dulled mental processes;
- Lack of coordination;
- Odor of alcohol on breath;
- Pupils may be constricted;
- Sleepy or stuporous condition;
- Slowed reactions; and
- Slurred speech.

**NOTE:** *With the Exception of the odor of alcohol, these are general signs and symptoms of any depressant substance.*

#### Other Effects:

- Greatly impaired driving ability;
- Reduced coordination and reflex actions;
- Impaired vision and judgment;
- Inability to divide attention;
- Lowered inhibitions; and
- Headaches, nausea, dehydration, unclear thinking, unsettled digestion and aching muscles are associated with overindulgence (hangover).

#### How Does it work on the Body?

Alcohol first acts on the parts of the brain that affect self-control and other learned behaviors. Diminishing self-control often leads to aggressive behavior. In large doses, alcohol dulls sensations and impairs muscular coordination, memory and judgment.

After ingestion, alcohol is absorbed through the stomach and intestine into the bloodstream. Here it passes through the liver, where it is metabolized in several steps. Metabolism helps prevent alcohol from accumulating in the body and destroying cells and organs. The liver can't metabolize alcohol as quickly as the body can absorb it. This is the point of intoxication. Any concentration of alcohol that remains unmetabolized can be detected and measured during a blood alcohol concentration test.

Many factors contribute to levels of alcohol absorption, rates of metabolism, and intoxication. Among them are: body size and weight, food ingested, gender, physical condition, and other drugs or medications in the body. Impairment begins with one drink.

### Health Effects:

While beer, wine, and hard liquor are considered recreational beverages when consumed in moderation, our bodies view alcohol as a poison that needs to be expelled. And when alcohol is abused, our bodies can't expel it fast enough, causing damage to critical organs.

Over time, chronic\* consumption of alcohol may result in the following health hazards:

- Liver damage;
- Inflammation of the esophagus;
- Aggravation of peptic ulcers;
- Acute and chronic pancreatitis;
- Malabsorption of food nutrient that may lead to malnutrition;
- Heart attack;
- Hypertension;
- Stroke;
- Immune system depression (makes body more susceptible to infections);
- Cancers of the liver, esophagus, nasopharynx or larynx; and,
- Brain damage (dementia, blackouts, seizures, hallucinations, peripheral neuropathy)

**NOTE:** *On average, heavy drinkers shorten their life span by about 10 years.*

*\*Chronic consumption of alcohol = Average of three servings per day of 12 ounces of beer, 1-1/2 ounces of whiskey or 5 ounces of wine.*

### Alcohol's Trip through the Body:

**Alcohol can do more physical damage than most people realize:**

**Mouth and Esophagus:** Alcohol is an irritant to the delicate linings of the throat and esophagus, making them vulnerable to disease.

**Stomach and Intestines:** Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. If this condition becomes acute it can cause a perforation of the stomach wall (peritonitis). In the small intestine, alcohol blocks absorption of important substances, such as thiamine, folic acid, fat, vitamin B1, vitamin B12 and amino acids.

**Bloodstream:** 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol caused red blood cells to clump together, slowing circulation and depriving tissues of oxygen. It also causes anemia by reducing red blood cell production. Alcohol slows the ability of white cells to destroy bacteria and degrades the clotting ability of blood platelets.

**Pancreas:** Alcohol irritates the cells of the pancreas, causing them to swell and block the flow of digestive enzymes. Unable to enter the small intestine, the digestive juices begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five people who develop this

disease dies during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin, resulting in diabetes.

**Liver:** Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of liver cells destroyed, eventually causing cirrhosis of the liver. About 30,000 people die of liver disease each year. This disease is eight times more frequent among alcoholics than among non-alcoholics.

**Heart:** Alcohol causes inflammation of the heart muscle. Fat collects around the heart, disrupting its normal metabolism.

**Urinary Bladder and Kidneys:** Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids.

**Sex Glands:** Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

**Brain:** The most dramatic and noticed effect of alcohol is on the brain, reaching and affecting it within 15 minutes of consumption. Alcohol kills brain cells and brain damage is permanent. It depresses brain centers, producing progressive lack of coordination, confusion, disorientation, stupor, anesthesia, coma and even death. Drinking over a period of time causes loss of memory, judgment and learning ability. About 40,000 people die each year from brain disease.

### *How Alcohol Impairs Functions Needed for Driving:*

Because it takes subtle and complex skills to operate a motor vehicle safely, people are susceptible to impairment from even low doses of alcohol. The evidence linking alcohol and transportation accidents is supported by experimental studies conducted by the National Institute on Alcohol Abuse and Alcoholism, relating the effect of alcohol on specific driving-related skills.

### ***What is Impairment?***

Impairment is related to alcohol in terms of its concentration in the bloodstream. For example, a blood alcohol concentration (BAC) of 0.04 percent might be achieved by a 150-pound man consuming two drinks in one hour.

### ***Impaired Attention Span***

Drivers must divide their attention among many skills in order to keep a vehicle in the proper lane while monitoring the environment for vital safety information, such as other vehicles, traffic signals and pedestrians. Results of numerous studies show that a deficit in the ability to divide attention may occur at 0.02 percent BAC.

### ***Impaired Visual Tracking/Perception***

In driving, the eyes must focus briefly on important objects in the visual field and track them as they move (along with the vehicle). Low to moderate BAC's (0.03 to 0.05 percent) interfere with voluntary eye movements, impairing the eye's ability to rapidly track a moving target

### ***Impaired Reaction Time***

Steering is a complex psychomotor task. A delay in the body's eye-to-hand reaction time is compounded by the visual effects described above, causing significant impairment in steering ability at about 0.035 percent BAC.

### ***Impaired Information Processing***

Alcohol impairs nearly every aspect of the brain's information processing. Alcohol-impaired drivers require more time to read street signs or respond to traffic than unimpaired drivers. As a result, impaired drivers tend to look at fewer sources of information. A narrowing of the field of attention begins at about 0.04 percent BAC.

### **Facts:**

- ✓ The majority of people convicted of driving under the influence--75 percent--are considered either heavy drinkers or alcoholics.
- ✓ In a lifetime, about two in every five Americans will be involved in an alcohol-related vehicle accident.
- ✓ The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than a sober one.
- ✓ A 12-ounce can of beer, a 5-ounce glass of wine and 1-1/2 ounce shot of hard liquor all contain the same amount of alcohol.
- ✓ Each 1-1/2 ounce of alcohol takes the average body about one hour to process and eliminate.
- ✓ Coffee, cold showers and exercise do not quicken sobriety.

## **MARIJUANA**

*Also known as grass, pot, weed, gold, joint, hemp, reefer: Active chemical –THC.*

Marijuana is one of the most misunderstood and underestimated drugs of abuse. It is used for its mildly tranquilizing, mood and perception altering effects. It alters the brain's interpretation of incoming messages but does not depress the reactions of the central nervous system. It alters a person's sense of time and reduces the ability to perform tasks requiring concentration, swift reflexes and coordination. The drug has a significant effect on a user's judgment, caution and sensory/motor abilities.

### **Signs and Symptoms of Marijuana Use:**

- Reddened eyes;

- Slowed speech;
- Distinctive, pungent odor on clothing (aroma of alfalfa combined with incense);
- Lackadaisical “I don’t care” attitude;
- Chronic fatigue and lack of motivation;
- Irritating cough; and
- Chronic sore throat.

Other Effects:

- Restlessness;
- Inability to concentrate;
- Increased pulse rate and blood pressure;
- Rapidly changing emotions and erratic behavior;
- Impaired memory and attention;
- Fantasies and paranoia;
- Decrease in/temporary loss of fertility;
- Distorted perception of time;
- Apathy;
- Delayed decision making;
- Aggressive urges;
- Anxiety; and
- Confusion.

Health Effects:

Over time, long-term inhalation of marijuana smoke may result in the following health hazards:

- Lung irritations;
- Emphysema-like conditions;
- Cancer;
- Heart conditions;
- Respiratory tract and sinus infections caused by the fungus *Aspergilla*, a common contaminate of marijuana;
- Lowered immune system response;
- Aggravation of ulcers; and
- Brain damage.

**NOTE:** Marijuana causes long term negative effects on mental function--also known as “acute brain syndrome,” characterized by disorders in memory, cognitive function, sleep patterns and physical condition.

How Marijuana impairs functions needed for driving:

Next to alcohol, marijuana is the most frequently found substance in drivers involved in fatal crashes.

- Driving ability is impaired for at least 4-6 hours after smoking one “joint” (cigarette).
- Impaired signal detection (ability to detect a brief flash of light).
- Impaired tracking (ability to follow moving objects with the eyes).

- Impaired visual distance measurements.
- THC is stored in body fat and is slowly released over time, causing a long-term effect on overall performance.
- *Like the other drugs that appear in this handbook*, marijuana chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

### Facts:

- ✓ Marijuana remains in the body for 28 days. This is in contrast to alcohol which dissipates in a matter of hours.
- ✓ 500% to 800% increase in THC potency in the past several years makes smoking three to five joints (cigarettes) per week today the equivalent to 15 to 40 joints per week in 1978.
- ✓ Combining marijuana with alcohol or other depressant drugs can produce a multiplied effect, increasing the impairment caused by all substances.

## **COCAINE**

*A stimulant drug also known as blow, Charlie, coke, snow or zip when it is inhaled (snorted), ingested or injected. Free-base cocaine, known as base, crack or rock, is smoked.*

Cocaine is used medically as a local anesthetic. It is abused for its powerful physical and mental stimulant properties. The entire central nervous system is energized by cocaine. Heart rate and blood pressure are elevated. Muscles become more tense and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Crack or rock cocaine gets its name from the popping sound heard when it is heated. The most dangerous effect of crack is that it can cause vomiting, rapid heartbeat, tremors and convulsive movements. All of this muscle activity increases the demand for oxygen, which can result in a cocaine-induced heart attack. Since the heat-regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing and heartbeat are depressed--leading to death.

### Signs and Symptoms of Cocaine Use:

- Fatigue;
- Anxiety and agitation;
- Runny or irritated nose;
- Difficulty in concentration;
- Dilated pupils and visual impairment;
- High blood pressure, heart palpitations and irregular heart rhythm;
- Insomnia; and
- Profuse sweating and dry mouth.

### Other Effects:

- Impaired driving ability;
- Hallucinations;
- Talkativeness;
- Restless, aggressive behavior;
- Wide mood swings;
- Increased physical activity;
- Heightened, but momentary, feeling of confidence, strength and endurance;
- Paranoia (which can trigger mental disorders in users prone to mental instability);
- Repeated sniffing/snorting causes irritation of the nostrils and nasal membrane, which may cause nosebleeds;
- Compulsive behavior such as teeth grinding or repeated hand washing; and
- Craving for more cocaine.

### Health Effects:

- Accelerated pulse, blood pressure and respiration. May cause spasms of blood vessels in the brain and heart, leading to ruptured vessels that lead to heart attack and stroke.
- Regular use may upset the chemical balance of the brain, which may speed up the aging process by causing irreparable damage to critical nerve cells.
- Mental dependency on crack cocaine occurs within days (within several months when coke is snorted).
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid and the fatal effects of an overdose are usually not reversible by medical intervention.

### How Cocaine Impairs Functions Needed for Driving:

Cocaine chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

### Facts:

- ✓ Cocaine is considered the primary drug threat in the U.S. because it is easy to get, has a high rate of overdose and has a strong correlation to violence.
- ✓ The number of cocaine overdose deaths has tripled.
- ✓ Treatment success rates are lower for cocaine than for other chemical dependencies.
- ✓ Cocaine causes the strongest mental dependency of any known drug. Strong psychological dependency can occur within one “hit” of crack.

- ✓ Many people think that because crack is smoked, it is safer than other forms of cocaine use. It is not. Crack cocaine is one of the most addictive substances known today. The crack “high” is reached in 4-6 seconds and lasts about 15 minutes.

## **AMPHETAMINES AND METHAMPHETAMINES**

### *Stimulant drugs.*

*Some common street names for amphetamines are speed, uppers, black Beauties, wake-ups and dexies.*

*Some common street names for methamphetamines are ice, crank, crystal meth, 64 glass, cristy, go fast, OZs and in smokable form “LA glass” (as in the city of Los Angeles).*

Amphetamines and methamphetamines are drugs that stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general physical activity. While amphetamines are usually sold in tablet form, methamphetamines are available as powder, and may be swallowed, snorted or injected.

Although they were widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. In action, methamphetamines are nearly identical to amphetamines. They are abused for the physical sense of energy at lower doses and the mental exhilaration of higher doses. Even small, infrequent doses can produce toxic effects in some people.

### *Signs and Symptoms of Amphetamine/Methamphetamine Use:*

- Hyperexcitability, restlessness, anxiety;
- Dilated pupils;
- Profuse sweating;
- Rapid respiration;
- Difficulty in focusing eyes; and
- Exaggerated reflexes, body tremors.

### *Other Effects:*

- Impaired driving ability;
- Loss of appetite;
- Headaches/dizziness;
- Confusion;
- Panic;
- Talkativeness;
- Inability to concentrate;
- Short-term insomnia;
- Paranoid thoughts; and
- Hallucinations.

### *Health Effects:*

- Heartbeat disturbances or heart damage caused by severe constriction of constriction of capillary blood vessels;
- Increased blood pressure;
- Convulsions
- Coma;
- Brain damage resulting in speech disturbances;
- High doses may cause toxic psychosis resembling schizophrenia; and
- Long-terms users often have acne resembling measles, trouble with their teeth, gums and nails, and dry, dull hair.

*How Amphetamines and Methamphetamines Impair Functions Needed for Driving:*

They chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system or critical thinking skills and reflexes that allow people to drive safely and conscientiously.

*Fact:*

- ✓ People with a history of sustained low-dose use quite often become dependent and believe they need to take the drug to “get by.” These users frequently keep taking amphetamines to avoid the “down” mood they experience when the “high” wears off.

**OPIATES**

*Narcotics, including heroin, morphine, codeine and many synthetic drugs used to alleviate pain, depress body functions and reactions.*

*In large doses, opiates cause a strong euphoric feeling.*

*Common street names are: horse, morpho, China, H, M, brown sugar, Harry and dope.*

Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal and cannot even be obtained with a physician’s prescription. Most medical problems associated with the use of opiates are caused by uncertain dosages, use of non-sterile needles, contamination of the drug, or from combining a narcotic with other drugs.

*Signs and Symptoms of Use:*

- Mood changes;
- Impaired mental function and alertness;
- Impaired vision;
- Constricted pupils, and
- Impaired coordination.

*Other Effects:*

- Impaired driving ability;
- Drowsiness followed by sleep;
- Decreased physical activity;
- Sleeplessness and drug craving;
- Depression and apathy;
- Constipation; and
- Nausea and vomiting.

### Health Effects:

- IV needle users have a high risk for contracting hepatitis and HIV due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves and fail to seek medical attention due to a lack of pain sensitivity.
- The effects of narcotics are multiplied when used in combination with alcohol and other depressant drugs, causing an increased risk for overdose.

### How Opiates Impair Functions Needed For Driving:

Opiates chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

### Fact:

- ✓ Heroin (also called: big H, Dr. Feel-good, fairy dust, horse, jack, junk or smack) accounts for 90% of the narcotic abuse in the United States.

### **PHENCYCLIDINE (PCP)**

*PCP acts as both a depressant and a hallucinogen, and sometimes as a stimulant.*

*Also called angel dust, rocket fuel, embalming fluid and killer weed.*

PCP was developed as a surgical anesthetic in the late 1950s. Later, due to its unusual side effects in humans, it was restricted to use as a veterinary anesthetic and tranquilizer. Today it has no lawful use and is no longer legally manufactured. It is abused largely for its variety of mood-altering effects.

PCP scrambles the brain's internal stimuli and alters how users see and deal with their environment. Routine activities like driving and walking become very difficult.

A low dose produces sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Increased doses produce an excited, confused state including any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, and convulsions.

### Signs and Symptoms of Use:

- Impaired driving ability;
- Impaired coordination;
- Thick, slurred speech;
- Severe confusion and agitation;
- Muscle rigidity; and
- Profuse sweating.

### Other Effects:

- Loss of concentration and memory;
- Extreme mood shift;
- Nystagmus (jerky, involuntary eye movements);
- Rapid heartbeat;
- Dizziness;
- Convulsions; and
- Memory loss

### Health Effects of Using PCP:

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP becomes more potent in combination with other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.

### How PCP Impairs Functions Needed for Driving:

PCP chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously. It also causes severe disorientation.

### Facts:

- ✓ PCP abuse is less common today than in the past.
- ✓ There are four phases to PCP use: toxicity (which may be accompanied by convulsions, combativeness, catatonia and even coma), toxic psychosis (including visual delusion and paranoia), schizophrenia and depression.

## **ANABOLIC STEROIDS**

*Steroids are central nervous system stimulants. Steroids are known for increasing muscle gain, recovery time, and decreasing fat. Often users will speak of their feeling of satisfaction. This satisfaction can quickly turn into feelings of hate, anger, and aggression.*

*Anabolic steroids are man-made substances related to male sex hormones. Medical uses of anabolic steroids include some hormone problems in men, late puberty and muscle loss from some diseases.*

*Bodybuilders and athletes often use anabolic steroids to build muscles and improve athletic performance. But using them this way is not legal or safe. Abuse of anabolic steroids has been linked with many health problems. They can range from unattractiveness to life threatening.*

*Signs and Symptoms of Anabolic Steroid Abuse:*

- Acne and cysts
- Breast growth and shrinking of testicles in men
- Voice deepening and growth of body hair in women
- Aggressive behavior
- Red and Purple spots on the body
- Change in Skin Color
- Swelling
- Unusually Oily Skin
- Rapid weight gain

*Other Effects:*

- Violent and Criminal Behavior
- Suicidal Behavior
- Mood Changes
- Hair Loss
- Skin Infections
- Persistent bad breath
- Disruptive sleep patterns
- Hallucinations
- Paranoia
- Depression (usually when steroids are discontinued)

*Health Effects*

- Risk of Cardiovascular Disease
- Liver Disease, including Cancer
- Heart Attack, other Heart problems
- High Cholesterol levels
- High Blood Pressure
- Kidney Failure
- In men (permanent infertility and prostate cancer)
- In women (permanent infertility and irregular menstrual cycles)

### How Anabolic Steroids affects driving performance

Although the effects of Anabolic Steroids does not have much affect the body's coordination while driving, the drug has been known to increase aggressive driving behaviors by testosterone administration. Studies show that large amount of doses can lead to dizziness, trembling, nausea, and vomiting, which can lead to poor driving performance.

Anabolic Steroids also cause disruptions in sleeping patterns which are known to cause a person to possibly fall asleep behind the wheel of a vehicle.

### Facts:

- ✓ Steroid use among teens has declined in the last decade. In 2005, 4 percent of high school seniors admitted to trying steroids. However, only 1.8 percent had experimented with them in 2012.
- ✓ One way steroids are taken is through injection directly into the muscles. Because drug injection equipment is not always sterile, users are vulnerable to life-threatening diseases like HIV/AIDs or hepatitis.

Steroids are serious drugs and drugs are addictive. Discontinuing use often leads to withdrawal and depression, which creates a lack of physical drive or social interaction among users.

## OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

(Reference Section 3-6.2)

Observed Employee's Name:  Time of Observation  
 Date of Observation:  From:  To:   
 Address of Incident Location:   
 City:  State:

**Record the employee's observed behavior for reasonable suspicion:**

Reasonable suspicion determined for:  Alcohol  Drugs  Both

**1. WALKING/BALANCE:**

- Stumbling  Staggering  Falling  Unable to hold on  Swaying  Unsteady  
 Holding on  Rigid  Swagging at Knees  Feet wide apart

**2. SPEECH:**

- Shouting  Whispering  Slow  Rambling  Slurred  Slobbering  Incoherent  
 Resisting Communications  Insulting  Hostile  Profanity

**3. ACTIONS:**

- Fighting/Insubordinate  Drowsy  Threatening  Crying  Hyperactive  Indifferent  Erratic

**4. EYES:**

- Bloodshot  Watery  Glassy  Closed  Droopy  Dilated  Wearing Sun Glasses

**5. FACE:**

- Flushed  Pale  Sweaty

**6. APPEARANCE/CLOTHING:**

- Disheveled  Messy  Dirty  Partially dressed  Having Odor  Stains on clothing

**7. BREATH:**

- Alcohol Odor  Faint Alcohol Odor  No Alcohol Odor  Marijuana Odor

**8. MOVEMENTS:**

- Fumbling  Jerky  Slow  Nervous

**9. EATING/CHEWING:**

- Gum  Candy  Mints  Tobacco  Other

List any other observations:

Did the employee admit to using drugs or alcohol?  Yes\*  No

\*Date taken:  \*Time Taken:

\*Type Taken:

\*Amount taken:

\*List the location where taken:

**Witnessed by:**

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of HRRMD Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

*The observed employee shall be requested to submit to a controlled substance or alcohol test only if a supervisor or other City official that has been trained to recognize observed behavior, determines that reasonable suspicion exists.*

THE HUMAN RESOURCES & RISK MANAGEMENT DEPARTMENT SHALL RETAIN A COPY IN THE EMPLOYEES PERSONNEL FILE

**CDL- ALCOHOL AND DRUG TESTING  
POLICIES AND PROCEDURES  
CERTIFICATION OF ACKNOWLEDGMENT**  
(Reference Section 3-15)

I, the undersigned, acknowledge that I have been presented with and read a copy of the City of Bowling Green's policy and procedures on CDL Alcohol and Drug Testing, and have obtained training and understand these policies and procedures as presented. I accept and understand that following these policies and procedures is a condition of my continued employment with the City of Bowling Green.

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

Name: \_\_\_\_\_  
(Please Print)

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

**ALCOHOL & SUBSTANCE ABUSE EDUCATION & AWARENESS  
TRAINING FOR SUPERVISORS  
CERTIFICATION OF ACKNOWLEDGMENT**

(Reference Section 7-17)

**I, the undersigned, acknowledge that I have completed the referenced training. Furthermore, I understand that I may contact the Human Resources & Risk Management Department should I have any questions regarding my duty (as a supervisor) with regard to properly implementing the Drug & Alcohol Free Workplace Policy.**

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Please Print)

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

**CITY OF BOWLING GREEN**  
**DOT - DRUG & ALCOHOL – FREE WORKPLACE - DOT**  
**TEST NOTIFICATION FORM**  
*(Reference 3-14.2)*

Applicant/Employee Name: \_\_\_\_\_

1. You are hereby notified to appear at the testing site identified below, at the prescribed time and date. All testing will be administered in compliance with the City's DOT Drug & Alcohol Free Workplace Program:

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

Location: \_\_\_\_\_

2. Type of test to be administered:

DOT 5-Panel Drug Screen

DOT Breath Alcohol Test

3. Reason Test is being ordered:

Pre-Employment

Post-Accident

Follow-up or Return-to-Duty

Reasonable Suspicion

Random

Transfer to HSAL Position

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

4. Appointment Instructions/Comments:

*You are required to present your driver's license or other photo identification upon arrival at the collection site. This form will be provided to the collection facility and a copy will be retained in your confidential file.*

By signing below, I understand as a condition of my employment with the City of Bowling Green, the above test is required.

Employee/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE TESTING FACILITY IS TO FAX COMPLETED SIGNED FORM TO:**  
**CITY OF BOWLING GREEN – HUMAN RESOURCES & RISK MANAGEMENT DEPARTMENT**  
**FAX#: 270-901-3162**

**CITY OF BOWLING GREEN**  
**COMMERCIAL DRIVERS' LICENSE LIMITED QUERY CONSENT**  
(Reference Section 3-16)

*I, \_\_\_\_\_(CDL Holder), hereby provide consent to the City of Bowling Green the authority to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse annually to determine whether drug or alcohol violation information about me exists in the Clearinghouse.*

*I understand that if the limited query conducted by the City of Bowling Green indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will NOT disclose that information to City of Bowling Green without first obtaining additional (specific) consent from me.*

*I also understand that if I refuse to provide consent for City of Bowling Green to conduct a limited query of the Clearinghouse, City of Bowling Green MUST prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.*

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

\_\_\_\_\_  
Date



## CHAPTER IV

### COMMERCIAL DRIVER'S LICENSE (CDL)

#### 4-1 CDL Policy

**4-1.1 General Overview** - The purpose of this section is to help reduce or prevent truck and vehicular accidents, fatalities, and injuries by requiring certain City employees who drive, to have a commercial driver's licenses (CDL) and by enforcing policy that disqualifies drivers who operate a commercial motor vehicle (CMV) in an unsafe manner. The policies and procedures herein are based upon the standards contained in Part 383 - Commercial Driver's License Standards; Requirements and Penalties and Chapter 281A - Commercial Driver's Licenses of the Kentucky Revised Statues.

#### 4-1.2 Definitions

**4-1.2.1 Commercial Motor Vehicle** - A motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle:

- a. Has a gross combination weight rating of 26,001 or more pounds inclusive of a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- b. Has a gross vehicle weight rating of 26,001 or more pounds; or
- c. designed to transport 16 or more passengers, including the driver; or
- d. Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act which require the vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F);
- e. Is any other vehicle that is required by State administrative regulations, pursuant to KRS Chapter 13A, to be operated by a licensed commercial driver.

*Drivers who operate emergency or fire equipment which is necessary to the preservation of life or property or the execution of emergency governmental functions performed under emergency conditions and which are not subject to normal traffic conditions are not required to have a CDL. Emergency equipment such as a fire truck, hook and ladder truck, foam or water transporter or other vehicle used in response to emergencies are included under the definition of emergency or fire equipment.*

**4-1.3 General CDL Provisions** - Those operating a City CMV shall not have at any time, more than one CDL. No person shall drive a City CMV on the highways of this state while his driving privilege for a commercial or noncommercial motor vehicle is suspended, revoked, or canceled, or while he is subject to disqualification, or in violation of an out-of-service order.

The licensee shall have in his immediate possession at all times when operating a CMV, a CDL and shall display the license upon demand to a circuit clerk, a license examiner, a peace officer, a state police officer, or an inspector or officer of the Department of Vehicle Regulation.

The holder of a CDL shall be required to hold a valid Kentucky driver's license issued under the provisions of KRS 186.412.

Except when driving under a commercial driver's instruction permit and accompanied by the holder of a commercial driver's license valid for the vehicle being driven, no person shall drive a City CMV on the highways of Kentucky unless the person holds a valid CDL with applicable endorsements valid for the vehicle being driven.

#### 4-2 CDL Requirements

**4-2.1 Knowledge and Skills Test** - All CDL applicants must take and pass a physical and submit and pass the pre-employment drug/alcohol test and receive their medical examiner's certificate before participating in CDL Entry Level Driver Training (ELDT). No employee after February 7, 2022 shall operate a commercial motor vehicle for the City of Bowling Green unless he/she holds a valid operator's license and passed DOT required ELDT.

## 4-3 CDL Application Process

**4-3.1 CDL Application** - CDL applicants (current employees and potential new hires) who will be required to have a CDL as part of their job, must complete the [CDL Supplemental Application](#). The original signed copy of this shall be maintained in the employee's CDL file.

**4-3.2 Previous Employer Information Request** - If a CDL applicant has prior CMV driving experience with employers other than the City of Bowling Green, the HRRMD will have the CDL position applicant complete the [Previous Employer Information Request/Consent Form](#). HRRMD will send completed form(s) to the applicant's previous employer, requesting applicable information. HRRMD will place copies of completed/returned forms into the employee's DOT file and/or job applicant file. The City will inform the applicant that the information provided may be used or the applicant's previous employers may be contacted for the purpose of investigating the applicant's work history. In addition to using the [Previous Employer Information Request/Consent Form](#), HRRMD will utilize the Federal Motor Carrier Safety Association (FMCSA) Drug & Alcohol Clearinghouse database to obtain previous employer drug/alcohol violation information. Prior to searching the database, the HRRMD shall request applicant log into the Clearinghouse and authorize the release of his or her records to the City. After January 6, 2023, the [Previous Employer Information Request/Consent Form](#) will be eliminated and all queries for this information will be through the FMCSA Clearinghouse.

**4-3.3 Motor Vehicle Record Check** - A check of the applicant's driving record (MVR) shall be conducted by the HRRMD. Any CDL job applicant whose license is disqualified as described under the Driver Disqualification and Penalties section or has a suspended, revoked or otherwise invalid Kentucky Class D license shall not be able to obtain or maintain a position with the City that requires a CDL. HRRMD shall complete a [Notice of Disqualification Form](#) for a CDL job applicant whose driving record meets criteria for disqualification. If the applicant for the CDL position is a current employee, a copy of the completed [Notice of Disqualification Form](#) will be provided to the subject employee and the employee's Department Director. If the applicant is not a current employee and their driving record exhibits criteria for disqualification, HRRMD will complete the [Notice of Disqualification Form](#) and provide it to the hiring authority and file with the job application. A CDL job applicant shall be dismissed from consideration if their license has been disqualified, suspended, revoked or otherwise made invalid.

**4-3.4 Probationary Period for Obtaining a CDL** - Applicants will be required to complete the CDL State application process which includes a physical, pre-employment alcohol/drug screening and completion of ELDT. Employees hired with the intent of getting a CDL must do so within the probationary time period specified by the hiring department director. Failure to obtain the CDL within the probationary time period can result in disqualification or dismissal from employment.

**4-3.5 Entry Level Driver Training** – Employees seeking to obtain a CDL after February 7, 2022 are required to complete FMCSA ELDT. Course curricula for ELDT is predetermined by FMCSA and administered in both theory based and behind the wheel (BTW) instruction. FMCSA requires that the training be performed by an entity listed on the FMCSA Training Provider Registry. The City of Bowling Green has been approved as a training provider and is listed as an ELDT provider. Prior to allowing a City employee to operate a CMV, the employee must successfully complete the ELDT course. The completion of ELDT shall be recorded on the FMCSA registry within 48-hours of successful completion. Once the employee has successfully completed ELDT, they may register to take the State of Kentucky road test. The road test is the final step toward obtaining a CDL.

## 4-4 Driver Disqualifications and Penalties

**4-4.1 Violation Information Request** - The City shall require those employees utilizing a CDL for purposes of conducting City related business, to provide the information specified in KRS 281A.070 (identified below).

- a. The employee shall within 30 days notify the HRRMD in writing, of any conviction of a state law or local ordinance, relating to motor vehicle traffic control, other than a parking violation, committed in any state or jurisdiction; and
- b. If the violation takes place in a state or jurisdiction other than Kentucky, the employee must notify the Transportation Cabinet of the Commonwealth of Kentucky within 30 days.
- c. An employee with a CDL and whose license is suspended, revoked, or canceled by a state or jurisdiction, or who loses the right to operate a commercial motor vehicle in a state or jurisdiction for any period, who is disqualified from operating a commercial motor vehicle for any period, or who is subject to an out of service order, shall notify the City of such suspension, revocation, cancellation, lost privilege, or

disqualification. The notification must be made before the end of the business day following the day the employee received said notice.

The reporting of any information as required (above) shall be performed using the [Traffic Violation Incident Report](#).

In Addition, any employee who is found to have a driving record considered unacceptable in accordance with the Risk Management Manual as stipulated in the "General Driving Rules and Regulation" section, will not be allowed to drive a City vehicle while in the employ of the City until such time that his/her record is again deemed acceptable.

## 4-5 Controlled Substance & Alcohol Abuse Testing Program

**4-5.1 General Statement** - The City will administer a controlled substances and alcohol abuse testing program according to Parts 382 - Controlled Substances and Alcohol Use and Testing and 40 - Procedures for Transportation Workplace Drug and Alcohol Testing Programs of the Federal Motor Carrier Safety Regulations. The City will designate a collection site and a medical review officer(s) for this testing.

**Note:** (For additional information, see [Chapter IV - CDL Alcohol and Drug Testing](#))

## 4-6 Physical Qualifications and Examinations

**4-6.1 General Statement** - A person shall not drive a CMV unless physically qualified to do so and has either the original or a photographic copy of a medical examiner's issued certificate. A person is physically qualified to drive if that person meets those requirements stated in Part 391 of the FMCSR. The copy of the medical examiner's issued certificate shall be kept in the employee's DOT file, maintained by the HRRMD. If the health care professional indicates that the CDL applicant has not passed his/her physical or drug/alcohol screening, the HRRMD will complete and forward a Notice of Disqualification form to the applicant, and retain a copy in the applicant's personnel file.

**4-6.2 Physical Examinations** - ~~The City will designate a qualified health care professional to perform all initial physical examinations. The qualified health care professional will follow the standards, rules, regulations and instructions of Subpart E - Physical Qualifications and Examinations of Part 391 - Qualifications of Drivers of Federal Motor Carrier Safety Regulations when conducting examinations. Examinations performed for purposes of pre-employment and/or for obtaining the initial CDL medical examination certification shall be conducted by a physician listed on the FMCSA National Registry of Certified Medical Examiners. will be scheduled by HRRMD.~~

**4-6.2.1 Examination Timeline and Scheduling** - Employees who already have a CDL must be physically examined not less than once every 24 months. It will be the CDL holder's responsibility to obtain the needed physical prior to their medical exam certificate expiration. Employees needing to renew their CDL medical examination certification must do so in one of two ways:

- 1) The employee may call to request HRRMD schedule and arrange the CDL medical examination. In this case, the physical will be performed at the City designated health care facility and the physical will be paid for by the City.

~~**Note:** If the City designated health care professional determines a City employee to be medically unqualified to operate a CMV, the employee may obtain a physical examination and opinion from a physician of their choice however the physician must be listed on the FMCSA National Registry of Certified Medical Examiners. The City will accept a CDL medical certificate from a non-City designated health professional, provided they follow the standards, rules, regulations and instructions of Subpart E - Physical Qualifications and Examination of Part 391 - Qualifications of Drivers of Federal Motor Carrier Safety Regulations when conducting examinations. Examinations and/or medical opinions provided by non-designated City health care professionals shall be at the expense of the employee.~~

- 2) The employee may obtain a physical examination and opinion from a physician of their choice however the physician must be listed on the FMCSA National CFRegistry of Certified Medical Examiners. ~~The City will accept a CDL medical certificate from a non-City designated health professional, provided they follow the standards, rules, regulations and instructions of Subpart E -~~

~~Physical Qualifications and Examination of Part 391—Qualifications of Drivers of Federal Motor Carrier Safety Regulations when conducting examinations.~~ Employees may select and schedule a physical with a physician of their choice. As long as the non-City designated physician is listed on the FMCSA National Registry, the City shall reimburse the employee for the cost of the CDL physical. Examinations and/or medical opinions provided by non-designated City health care professionals shall be at the expense of the employee.

**Note:** ~~Medical opinions obtained and provided by non-designated City health care professionals shall be at the employee's expense.~~

**Note:** Medical procedures and related expense outside that which falls under the CDL examination requirements (49 CFR 391.43) shall be the responsibility of the employee.

## 4-7 Employer Responsibilities

**4-7.1 Unauthorized Driving** – Department Managers shall not knowingly allow, permit, or authorize a driver to drive a commercial vehicle during any period in which the driver:

- a. Does not have a valid Commercial Driver's License;
- b. Has his commercial driver's license suspended, revoked, or canceled by any state;
- c. Is currently disqualified from driving a commercial vehicle;
- d. Is subject to an out of service order in any state;
- e. Has more than one driver's license.

**4-7.2 Hours of Service** – City employee CDL holders operate within a 150 air-mile radius of their normal work reporting location and do not exceed a maximum duty period of 14 hours in any single work day, therefore exempt from hours of service requirements set forth in 49 CFR §395.8 and §395.11.

**4-7.2.1 Hours of Service During Adverse Weather or Emergencies** - Due to emergency or adverse weather conditions when it may be required to extend a CDL operator's on-duty or driving time, Department Managers will to the best of their ability, keep hours of service to a maximum on-duty period of 14-hours.

## 4-8 Program Monitoring & Recordkeeping

**4-8.1 Annual Review of Driving Record** - Each year, those departments having CDL employees will complete the [Certificate of Violations/Annual Review of Driving Record](#) for each CDL driver and submit the completed form to the HRRMD. Completed forms will be reviewed by HRRMD and compared to MVR records for accuracy. Department Directors will be informed of any driver whose record is unacceptable or inadequate and a [Notice of Disqualification Form](#) will be provided to both the Department Director and the CDL holder. Drivers with unacceptable records will not be permitted to drive for the time period noted on the [Notice of Disqualification Form](#).

**4-8.2 CDL Driver List** - A list of CDL employees and their driving class type, endorsements, restrictions, medical certification expiration dates and other CDL related data will be maintained by the Compliance Team Member for each affected department. The HRRMD will review the data at least twice each year for accuracy compliance with this program.

**4-8.3 Recording Keeping** - A central CDL file will be maintained by the HRRMD and will contain a driver qualification file for each CDL driver employed by the City as required by Section 391.51(a) of the FMCSR. The file will contain at minimum:

- a. Copies of all Class D licenses
- b. Copies of all CDL Medical Certification Cards
- c. The completed CDL Supplemental Applications
- d. Completed Requests for Information From Previous Employer Forms
- e. Limited Query Consent Form
- f. A signed CDL Policies Certificate of Acknowledgment

J **Note:** *A copy of this policy shall be provided to all employees whose position requires a CDL. An [Acknowledgment of the CDL Policies Certificate](#) shall be signed by the employee and made part of his/her CDL file.*

- g. Copies of all Notices of Disqualification
- h. Any signed Traffic Violation Incident Reports
- i. All completed Physical Examination Forms
- j. All City copies of the drug/alcohol screening results
- k. Copies of the Medical Certificates
- l. ELDT Training Records

## 4-9 Program Costs

**4-9.1 City Paid Program Costs** - At the option of the Director of HRRM, the City will pay the following costs associated with this program:

- a. The cost to take the written test. If the employee does not pass on the first attempt, the City will also pay for a second attempt. Any subsequent attempts will be at the employee's expense
- b. The initial medical certification CDL physical and pre-employment CDL drug screen
- c. The cost of the initial CDL license
- d. When the employee's license is up for renewal, the difference in cost above the normal chauffeur license expense
- e. Subsequent physicals, drug tests and other State mandated tests that are required for an employee to satisfactorily maintain the CDL when these are performed by a City designated physician.

The City will not pay for expenses related toward the regaining of a CDL license that has been disqualified, revoked or canceled.

**4-9.2 Employee Paid Program Costs** - If an employee voluntarily terminates employment within 6-months following receipt of CDL license, the employee shall reimburse the City for all costs associated with obtaining the CDL (skills tests, physical, pre-employment drug/alcohol testing, and the CDL license).

# CDL SUPPLEMENTAL APPLICATION

(Reference Section 4-3)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application: \_\_\_\_\_

NAME: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_, \_\_\_\_\_  
Street City  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
State Zip Code Phone How Long?

Previous Address: \_\_\_\_\_, \_\_\_\_\_  
Street City  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
State Zip Code Phone How Long?

Previous Address: \_\_\_\_\_, \_\_\_\_\_  
Street City  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
State Zip Code Phone How Long?

Please provide the information requested below on all prior employers for whom you have driven a commercial motor vehicle\* in the last ten (10) years, excluding the City of Bowling Green, KY (Note: List employers in reverse order starting with the most recent). If needed, attached another separate sheet of paper.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (____) _____
Dates Employed: From: (Mo./Yr.) _____ To: (Mo./Yr.) _____
Position Held: _____
Reason For Leaving: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (____) _____
Dates Employed: From: (Mo./Yr.) _____ To: (Mo./Yr.) _____
Position Held: _____
Reason For Leaving: _____

\* Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**CDL SUPPLEMENTAL APPLICATION**  
(continued)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
Dates Employed: From: (Mo./Yr.) \_\_\_\_\_ To: (Mo./Yr.) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Reason For  
Leaving: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
Dates Employed: From: (Mo./Yr.) \_\_\_\_\_ To: (Mo./Yr.) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Reason For  
Leaving: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
Dates Employed: From: (Mo./Yr.) \_\_\_\_\_ To: (Mo./Yr.) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Reason For  
Leaving: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_  
Dates Employed: From: (Mo./Yr.) \_\_\_\_\_ To: (Mo./Yr.) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Reason For  
Leaving: \_\_\_\_\_

**CDL SUPPLEMENTAL APPLICATION (continued)**

**PRIOR COMMERCIAL MOTOR VEHICLE DRIVING EXPERIENCE**

List Classes of Equipment driven (Per Federal Motor Carrier Safety Regulations Section 383 or KRS 281A):

---

List Endorsements obtained on any prior CDL'S (Per Federal Motor Carrier Safety Regulations Section 383 or KRS 281A):

---

List All States driven in while holding a CDL: \_\_\_\_\_

Describe any special courses or training that you have had: \_\_\_\_\_

List any Safety Awards that you hold and indicate whom they are from: \_\_\_\_\_

Provide all previous CDL license numbers, issuing States, Type and Expiration Dates (Use a separate sheet of paper if necessary):

License Number: \_\_\_\_\_  
 Issuing State: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_  
 Issuing State: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed) If none, write "NONE"**

DATES		NATURE OF ACCIDENT (Head-On, Rear-End, Etc.)	FATALITIES Yes/No	INJURIES Yes/No
Last Accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

**TRAFFIC CONVICTIONS AND FORFEITURES - PAST 3-Years (Exclude Parking Violations) If none, write "NONE"**

LOCATION	DATE	CHARGE	PENALTY

**A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? (Circle One) YES / NO**

If Yes, Explain: \_\_\_\_\_

**B. Has any license, permit or privilege ever been suspended or revoked? (Circle One) YES / NO**

If Yes, Explain: \_\_\_\_\_

## CDL SUPPLEMENTAL APPLICATION (continued)

Please indicate below if you have had any non-negative (positive, adulterated, substituted, or other problems) urine/alcohol tests in a DOT regulated program, or have violated any DOT regulations associated with testing. If you have not had any non-negative urine/alcohol tests in a DOT regulated program, or have not violated any DOT regulation associated with testing, please indicate below that you have not.

---

---

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### TO BE READ AND SIGNED BY APPLICANT:

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquires in connection with my application.

In the event of employment, I understand that false or misleading information given in my application may result in discharge. I understand, also, that I am required to abide by all Commercial Driver License Policies and procedures, as permitted by law.

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

CITY OF BOWLING GREEN, KY  
 Human Resources Department  
 P.O. Box 430  
 Bowling Green, Kentucky 42102-0430

**PREVIOUS EMPLOYER INFORMATION REQUEST/CONSENT FORM**  
 (Reference Section 4-3.2)

I hereby authorize you to release the following information to the City of Bowling Green, KY purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulation. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_ (Date)                      \_\_\_\_\_ (Applicant's Signature)

MAIL/FAXED TO: \_\_\_\_\_ (Previous Employer)                      FAX #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAX SENT: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gentlemen:

The below named individual has made application to this company for a position as \_\_\_\_\_ (position applied for) and states that he was employed by you as \_\_\_\_\_ (position held) from \_\_\_\_\_ to \_\_\_\_\_. We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage or salary of \$ \_\_\_\_\_
2. Did he drive motor vehicle for you? YES / NO If "Yes", which class type: \_\_\_\_\_ (A,B,C)
3. Was he a safe and efficient driver? \_\_\_\_\_
4. Reason for leaving your employ: Discharged \_\_\_\_\_; Resignation; \_\_\_\_\_; Lay Off \_\_\_\_\_  
 Military Duty \_\_\_\_\_; Other: \_\_\_\_\_
5. Was his general conduct satisfactory? \_\_\_\_\_
6. Please advise history of past driving record if available for past three years. Indicate answers with an "x".

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

# PREVIOUS EMPLOYER INFORMATION REQUEST/CONSENT FORM

## THIS SECTION TO BE COMPLETED BY THE PROSPECTIVE EMPLOYEE

I, (Print Name) \_\_\_\_\_  
Last
M.I.
First
Social Security #

hereby authorize that:

Previous Employer: \_\_\_\_\_  
 Street: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ FAX #: \_\_\_\_\_

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to the prospective employer: City of Bowling Green, KY, Human Resources Department, P.O. Box 430, Bowling Green, KY 42102-0430, attention: Human Resources Specialist, FAX# (502) 393-3298.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Applicant's Signature)

**This is in compliance with  382.405(f) and (h), which state:**

**(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the items of the driver's request.**

**(h) An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent**

**§382.413 Inquiries for alcohol and controlled substances information from previous employers.**

**(a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under §382.401(b)(1)(i) through (iii) of this subpart:**

- (i) Alcohol tests with a result of 0.04 alcohol concentration or greater;**
- (ii) Verified positive controlled substances test results; and**
- (iii) Refusals to be tested.**

**(2) The information obtained from a previous employer may contain any alcohol and drug information the**

**previous employer obtained from other previous employers under paragraph (a)(1) of this section.**

**(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs safety sensitive functions for the employer. An employer may not permit a driver to perform safety sensitive functions after 14 days without having made a good faith effort to obtain the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information.**

**(d) The prospective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information in paragraph (a) of this section.**

**(e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.**

**(f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures itself that the information is true and accurate.**

**(h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to the starting dates in §382.115 of this part.**

## PREVIOUS EMPLOYER INFORMATION REQUEST/CONSENT FORM

### THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements while employed by this employer, check here , sign below, and return.

1. Has this person ever tested positive for a controlled substance in the last two years?: .....  Yes  No
  2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?\*: .....  Yes  No
  3. Has this person ever refused a required test for drugs or alcohol in the last two years?\*: .....  Yes  No
- \* Please include information received from other previous employers.

If YES to any of the above questions, please give the SAP (Substance Abuse Professional) name, address and phone number for further reference.

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

Street: \_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

This Section Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one)  Faxed to previous employer.  Mailed Date: \_\_\_\_\_

Complete when information is obtained:

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Phone  
 Personal Interview

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



**ACKNOWLEDGMENT OF THE COMMERCIAL DRIVER'S LICENSE  
POLICIES CERTIFICATE**

(Reference Section 4-8.3)

I, the undersigned, acknowledge that I have been presented with and read a copy of the City of Bowling Green's policy on commercial driver's license. I understand these policies and accept that following them is a condition of my continued employment with the City of Bowling Green. I've also been provided a copy of the Federal Motor Carrier Safety Regulations (FMCSR) booklet for which I shall read and become familiar.

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

Name (Please Print): \_\_\_\_\_

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

# NOTICE OF DISQUALIFICATION

(Reference Section 4-8)

In accordance with regulations as prescribed by the United States Department of Transportation, 49 CFR and Chapter 281A of the Kentucky Revised Statutes (KRS) and in accordance with the City's Commercial Driver's License policy and procedures, the Safety & Risk Manager has examined the record of the driver named below and determined that said driver is not qualified for driving a commercial motor vehicle.

This notice is issued to: \_\_\_\_\_

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

Type of Disqualification:

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

Time of Mandatory Minimum Disqualification:

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

Resulting Action to be Taken (Check One):

\_\_\_\_\_ Suspension of Driving Privileges    \_\_\_\_\_ Suspension of Employment for \_\_\_ days.

\_\_\_\_\_ Termination of Employment                      \_\_\_\_\_ Transfer to Non-CDL position

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

ISSUED BY: \_\_\_\_\_

## CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

(Reference Section 4-8)

Each employee possessing a commercial driver's license and uses the license for City purposes shall at least once every 12-months, prepare and furnish a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which they have been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12-months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

**Driver Requirements:** Each driver shall furnish the list as required by the City. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATE OF VIOLATIONS																			
Name of Driver:	Social Security #:	Date of Employment:																	
Home Terminal <small>(City and State)</small> City of Bowling Green, Kentucky	Driver's License Number & State:	Expiration Date:																	
<p>I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: center;">DATE</th> <th style="width: 35%; text-align: center;">OFFENSE</th> <th style="width: 30%; text-align: center;">LOCATION</th> <th style="width: 20%; text-align: center;">TYPE OF VEHICLE OPERATED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED												
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED																
<p>If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.</p>																			
<p>Date of Certification: _____ Driver's Signature: _____</p>																			

**CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD**

**COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD**

**INSTRUCTIONS:** Review the driving record of the employee in accordance with City policy on Commercial Driver's License and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. In reviewing the policy, take into consideration any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Kentucky Revised Statutes. Consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles. Weight must be given to violations such as speeding, reckless driving and operating while under the influence of alcohol or drugs that indicates that the driver has exhibited a disregard for the safety of the public.

**CERTIFICATE OF REVIEW**

I have hereby reviewed the driving record of the above named driver in accordance with the City's Commercial Driver's License policy, and Section 391.25 of the Federal Motor Carrier Safety Regulations and the Kentucky Revised Statutes and find that he/she (Check One):

- Meets the minimum requirements for safe driving.
- Is disqualified to drive a motor vehicle pursuant to Section 391.15.
- Does not adequately meet satisfactory safe driving performance.

Action Taken With Driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**CITY OF BOWLING GREEN, KY**  
Human Resources Department  
P.O. Box 430  
Bowling Green, Kentucky 42102-0430

# TRAFFIC VIOLATION INCIDENT REPORT

(Reference Section 4-4)

## **Directions:**

Drivers who are convicted of violating, in any type of vehicle, a State or local law relating to motor vehicle traffic control (other than parking tickets), will complete this Traffic Violation Incident report within 30 days after the conviction. This completed form will be presented to the employee's supervisor who in turn will forward it to the Safety & Risk Manager. The original signed form will be placed in the employee's personnel file. This same form will be used to inform the City that the driver has had his license suspended, revoked, or canceled by the State or Jurisdiction. With respect to a license that has been suspended, revoked or canceled, this form must be completed by the end of the business day following the date the driver received such notice.

Driver's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Description of Offense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Citations Issued: \_\_\_\_\_

\_\_\_\_\_

Location of Offense: \_\_\_\_\_

\_\_\_\_\_

Did the Offense Occur in A Commercial Motor Vehicle? (Circle One)      YES      NO

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

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

**CITY OF BOWLING GREEN**  
**COMMERCIAL DRIVERS' LICENSE LIMITED QUERY CONSENT**  
(Reference Section 4-3)

*I, \_\_\_\_\_(CDL Holder), hereby provide consent to the City of Bowling Green the authority to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse annually to determine whether drug or alcohol violation information about me exists in the Clearinghouse.*

*I understand that if the limited query conducted by the City of Bowling Green indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will NOT disclose that information to City of Bowling Green without first obtaining additional (specific) consent from me.*

*I also understand that if I refuse to provide consent for City of Bowling Green to conduct a limited query of the Clearinghouse, City of Bowling Green MUST prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.*

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

\_\_\_\_\_  
Date

# CHAPTER V

## CONFINED SPACE PROGRAM

### 5-1 Confined Space Program

**5-1.1 General Overview** - The City of Bowling Green recognizes the potential danger to its employees in the performance of their duties in confined spaces. To minimize the risk, the City has implemented a confined space permit program in accordance with the Department of Labor, Occupational Safety and Health Administration 29 CFR Part 1910.146.

The purpose of this program is to create a working environment in confined spaces that is as safe as possible and protects workers from toxic, explosive or asphyxiating atmospheres and from possible engulfment. It focuses on areas with immediate health or safety risks, denoting these as “permit-required confined spaces”. Employees will be informed of all permit-required spaces and prevent unauthorized entry that could result in exposure to harmful conditions.

The Bowling Green Fire and Public Works Environmental Compliance Division shall utilize the Confined Space Program found within their department’s Standard Operating Procedures Manual.

#### 5-1.2 Definitions

**5-1.2.1 Authorized Entrant or “Entrant”** – Means an employee who is authorized by the City to enter a permit space.

**5-1.2.2 Attendant** - An employee stationed outside one or more permit-required confined spaces and monitors the employees who have entered those spaces and is responsible for handling emergency situations that may arise.

**5-1.2.3 Confined Space** - Is a space with limited means for exit and entry. Ventilation of the space is absent or inadequate, allowing for potential accumulation of toxic, flammable or explosive agents and/or depletion of oxygen. It is not designed for continuous employee occupancy.

**5-1.2.4 Permit-Required Confined Space** - Is a confined space that has one or more of the following characteristics:

1. Contains or has the potential to contain a hazardous atmosphere.
2. Contains a material that has the potential for engulfing someone entering the confined space.
3. Has an internal configuration such that the person entering could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section.
4. Contains any other recognized serious safety and health hazard.

**5-1.2.5 Non-Permit Required Confined Space** - Is a confined space that does not contain, or with respect to atmospheric hazards, has the potential to contain any hazard capable of causing death or serious injury. These non-permit required spaces include those where the only hazard posed is the actual or potential hazardous atmosphere and it can be demonstrated through inspection data that forced air ventilation alone is sufficient to maintain acceptable non-hazardous atmospheric conditions within the space.

**5-1.2.6 Employee** – For purposes of this program, an employee includes those employed by the City of Bowling Green with the exception of Bowling Green Fire personnel.

**5-1.2.7 Entry** – The action by which a person passes through an opening into a permit-required confined space. Entry includes ensuing work activities in that space and is considered to have occurred as soon as any part of the entrant’s body breaks the plane of an opening into the space.

**5-1.2.8 Entry Permit** - The written or printed document that is used to control entry into a permit-required confined space.

**5-1.2.9 Entry Supervisor** - The person responsible for determining if acceptable entry conditions are present at a permit-required confined space where entry is planned, for authorizing the entry and overseeing the entry operations and for terminating entry.

**5-1.2.10 Emergency Entry** - Entry into a confined space necessitated by a sudden and unexpected condition requiring immediate action.

**5-1.2.11 Emergency** - Means any occurrence (including any failure of hazard control or monitoring equipment) or event internal or external to the permit space that could endanger entrants.

**5-1.2.12 Hazardous Atmosphere** - Is an atmosphere which, because of one of the following reasons, may expose employees to the risk of death, incapacitation, injury, illness and/or impair their ability to escape from the space unaided:

1. Flammable gas, vapor, or mist in excess of 10 percent of its lower flammable limit (LFL).
2. Airborne combustible dust at a concentration that meets or exceeds its LFL.

**NOTE:** *This concentration may be approximated as a condition in which the dust obscures vision at a distance of 5 feet.*

3. Atmospheric oxygen concentration below 19.5 percent or above 23.5 percent.
4. Hydrogen Sulfide in excess of 10 parts per million (PPM).
5. Carbon Monoxide in excess of 35 PPM.
6. Fresh airflow of less than 200 cfm/employee.
7. Any other atmospheric condition that is immediately dangerous to life and health.

## 5-2 Confined Space General Policies and Procedures

**5-2.1 Confined Space Identification** - The City will identify those spaces under its care, custody or control that are to be classified as “confined spaces” and will require the prescribed permit system (as written within this program) prior to allowing entry. All identified confined spaces will be documented and listed in the [Confined Space Identification Document](#). Unless otherwise specified, all caves shall be classified as “confined spaces”.

**5-2.2 Confined Space Posting** - Due to the large number of drainage structures (natural and manmade) located throughout the City limits, only those confined spaces that are under the City’s care, custody or control and immediately adjacent to City structures and/or have the possibility of requiring entry shall be posted with a sign reading “DANGER – PERMIT-REQUIRED CONFINED SPACE, DO NOT ENTER” or some other similar language.

## 5-3 Entry Procedures

**5-3.1 General Statement** - The City of Bowling Green is located in a karst region. Because of the City’s karstic geological nature, the performance of baseline air monitoring of structures that drain surface water (including caves) shall be performed immediately prior to any entry event. All drainage structures and caves shall be assumed permit-required until a confined space hazard evaluation is performed.

**5-3.2 Confined Space Hazard Evaluation** - Prior to entry, all spaces will be evaluated using the [Permit-Required Confined Space Determination Worksheet](#). A [Permit-Required Confined Space Determination Worksheet](#) will be completed for any new space or for an existing space whose conditions may have changed since the last determination was completed. The determination worksheet shall serve to provide an overview of the space being entered. Each permit required confined space to be entered shall be entered using the [Permit-to-Enter Confined Space Worksheet](#); all associated responsibilities identified on the worksheet must be completed prior to entry. The permit shall be completed in its entirety and signed by the entry supervisor.

**5-3.3 Acceptable Pre-Entry Conditions** - Any condition making it unsafe to remove an entrance cover shall be eliminated before the cover is removed (i.e. adjacent rocks or other surface debris). Once the entrance into the confined space is opened, it must be promptly guarded by a railing, temporary cover, or other temporary barrier that will prevent an accidental fall through the opening. Protective barriers shall be used to protect entrants from external hazards.

**5-3.3.1 Atmosphere Testing** - Entry into the confined space may begin only if pre-entry testing indicates an acceptable condition for entry. Initial gas monitoring of the confined space will consist of taking samples at the entry point and at a distance of approximately 4 feet in the direction of entrant travel and to each side. If necessary, the entrant's progress into the confined space shall be slowed to accommodate the sampling speed and detector response. Entry conditions shall be continuously monitored in the areas where authorized entrants are working. If the entrant will enter an area in which monitoring from outside the space cannot be obtained, the entrant shall wear a personal gas monitoring instrument. The entry supervisor shall conduct atmospheric testing of the confined space.

The City shall utilize a 4-gas monitoring device which simultaneously monitors O<sub>2</sub>, LEL, CO and H<sub>2</sub>S. If a different gas is expected to be present, the Safety and Risk Manager (SRM) shall obtain (if necessary) any additional instrumentation necessary for adequately monitoring the confined space.

**5-3.3.1.1 Notification of Test Results** - The authorized entrant and their authorized representative shall be provided the opportunity to observe the pre-entry and any subsequent testing or monitoring of permit spaces. Should the entrant or their authorized representative request a reevaluation of the permit space, the entry supervisor shall reevaluate the space while the authorized entrant or their representative observe.

All testing results obtained during entry shall be provided upon request to the authorized entrant and their representative.

**5-3.3.2 Ventilation** - An employee may not enter the space until the forced air ventilation has eliminated any hazardous atmosphere. When forced air ventilation is necessary, it shall be directed to ventilate the immediate areas where an employee is or will be present within the space and shall continue until all employees have left the space. Prior to entering a confined space containing a hazardous atmosphere, the space shall be evacuated w/ air in amounts sufficient to evacuate the space at least 10 times. The [Ventilation and Purging Chart](#) may be utilized to assist in determining the length of time ventilation shall take place prior to entry. The ventilation blower should be located at least 5 feet from the opening to prevent re-entry of air. Ventilation devices shall be placed so as to collect only clean air from outside the space (away from vehicle exhaust, dust, etc.). The effectiveness of the ventilation procedure shall be demonstrated by the collection of monitoring data. Any confined space whose atmosphere is determined hazardous and cannot be maintained in a safe condition through continuous forced air ventilation only, shall not be entered by City employee(s). Air monitoring shall be performed following any pre-entry ventilation activities to assure all atmospheric hazards have been removed.

**5-3.4 Cave Entry Procedures** - All Cave entry will be directed and supervised by the Environmental Manager and cave entry will be performed by a team of not less than three persons, one of whom will be designated as the Attendant and another as the Entry Supervisor. Prior to cave entry the Authorized Entrant or Entrant Team Leader (if more than 1 entrant will be entering the cave) will develop a time line of work that is to be performed and report an exit time to the Entry Supervisor and Attendant. Entry and exit times will be monitored by the Attendant. Immediately upon the team exiting the cave, the Attendant will notify the Entry Supervisor of exit. In the case of an entry team failing to exit the cave by the defined exit time, the Entry Supervisor will be immediately notified by the Attendant and the Attendant will immediate contact emergency/rescue services.

## 5-4 Safety Equipment

**5-4.1 Gas Monitor** - While performing work in a permit-required confined space, the employee shall be equipped with an appropriately calibrated gas monitor that will audibly sound if non-acceptable limits of O<sub>2</sub>, CO, H<sub>2</sub>S or LEL are encountered. Air monitoring equipment shall be kept and maintained by the Public Works Department.

**5-4.2 Communication Equipment** - If necessary, the attendant, entry supervisor and the entrant shall be equipped with communication device so that constant contact with the attendant is maintained.

**5-4.3 Ventilation** - Forced air ventilation shall be utilized to eliminate all atmospheric hazards prior to entry and shall be continuously utilized when operations inside the space have the potential to generate a hazardous atmosphere.

**5-4.4 Body Harness, Lifeline and Retrieval System** - Employees entering a confined space will wear a full body harness attached via a lifeline from appropriately anchored retrieval equipment. Retrieval equipment shall include means for non-entry rescue and are required whenever an authorized entrant enters a permit space, unless the retrieval equipment would increase the overall risk of entry or would not contribute to the rescue of the entrant. Retrieval equipment shall be maintained in good repair and inside a protective carrying case. When necessary, a ladder shall be utilized to allow for safe ingress and egress by authorized entrants.

**5-4.5 Lighting** – Illumination of confined spaces shall be performed only after gas monitoring has been completed and the atmosphere shown to not contain an explosion hazard. Employees shall not illuminate or enter a confined space that has an explosive atmosphere. Contractors entering confined spaces having an explosion hazard will use the type lighting classified as explosion proof (Class I, Division I, and Group D).

**5-4.6 General Personal Protective Equipment** - During permit-required entry, all appropriate personal protective equipment will be worn by those employees designated as entrants, attendants and entry supervisors (e.g. hard hats, safety glasses, safety shoes, gloves, etc.).

**5-4.7 Cave Entry Equipment** - Each entrant will be equipped with at minimum; a helmet, three sources of light (two helmet mountable), spare batteries for each source of light, and gloves. One entrant will also carry a calibrated Gas Monitor.

## 5-5 Entry Permit System

**5-5.1 Entry Authorization** - Before entry into a confined space that has been determined as “permit required”, the entry supervisor identified on the [Confined Space Entry Permit](#) shall sign the entry permit to authorize entry. The entry supervisor shall have responsibility for determination of authorized entry. The completed permit shall be made available at the time of entry to all authorized entrants or their authorized representatives, by posting it at the entry portal or by any other equally effective means so that the entrants can confirm that pre-entry preparations have been completed.

The duration of the permit shall not exceed the time required to complete the assigned task or job identified on the permit. In any case, the permit shall not exceed a total of 8-hours before another permit is to be issued. The entry supervisor shall terminate entry and cancel the entry permit when the entry operations covered by the entry permit have been completed or if a condition that is not allowed under the entry permit arises in or near the permit space.

**Note:** *All cave entry permits shall be issued by the Environmental Manager.*

**5-5.2 Roles of Confined Space Personnel** - Listed below are the positions involved in confined space entry, their definition and responsibilities. Prior to confined space entry, these positions will be designated to personnel who have received training in the particular area of designation.

Position	Definition	Responsibilities
Attendant	An employee stationed outside a confined space who monitors the authorized entrants and who performs all attendants' duties assigned by the employer's permit space program.	<ul style="list-style-type: none"> <li>• Know the hazards of confined spaces;</li> <li>• Be aware of behavioral effects of potential exposures;</li> <li>• Maintain continuous count and identification of authorized entrants;</li> <li>• Remain outside the space until relieved;</li> <li>• Communicate with entrants as necessary to monitor entrant status;</li> <li>• Monitor activities inside and outside the permit space;</li> <li>• Order exit if required;</li> <li>• Summon rescuers if necessary;</li> <li>• Prevent unauthorized entry into the confined space;</li> <li>• Perform non-entry rescues if required; and</li> <li>• Not perform other duties that interfere with the duty to monitor and protect the safety of authorized entrants.</li> </ul>
Authorized Entrant	An employee authorized by the employer to enter a permit space.	<ul style="list-style-type: none"> <li>• Know the hazards he or she may face;</li> <li>• Be able to recognize signs or symptoms of exposure;</li> <li>• Understand the consequences of exposure to hazards;</li> <li>• Know how to use any needed equipment;</li> <li>• Communicate with attendants as necessary;</li> <li>• Alert attendants to the warning signs or the existence of a hazardous condition; and</li> <li>• Exit as quickly as possible whenever ordered to do so.</li> </ul>
Entry Supervisor	An employee responsible for determining if acceptable entry conditions are present at a permit space where entry is planned, for authorizing entry and over-seeing entry operations, and for terminating entry.	<ul style="list-style-type: none"> <li>• Issue confined space permits;</li> <li>• Know the hazards of confined spaces;</li> <li>• Verify that all tests have been conducted and all procedures and equipment are in place before signing the permit</li> <li>• Terminate entry if necessary;</li> <li>• Cancel the permit;</li> <li>• Verify that rescue services are available and the means for summoning them are operable;</li> <li>• Remove unauthorized individuals who enter the confined space; and</li> <li>• Determine, at least when shifts and entry supervisors change, that acceptable conditions, as specified in the permit, continue.</li> </ul>

5-5.2 Roles of Confined Space Personnel Continued

Position	Definition	Responsibilities
Rescue Services	Personnel designated to rescue employees from permit spaces. The personnel may either be on-site employees or an off-site service.	<p><u>On-Site Team Responsibilities:</u></p> <ul style="list-style-type: none"> <li>• Be properly equipped;</li> <li>• Receive the same training as authorized entrants, plus training in the use of personal protection and rescue equipment and in first aid, including cardiopulmonary resuscitation (CPR); and</li> <li>• Practice simulated rescues at least once every 12 months.</li> </ul> <p><u>Outside Rescue Services Responsibilities:</u></p> <ul style="list-style-type: none"> <li>• Be made aware of the hazards of the confined spaces;</li> <li>• Have access to comparable permit space to develop rescue plans; and</li> <li>• Practice rescues.</li> </ul>
Contractors	-----	<ul style="list-style-type: none"> <li>• Be provided, by the City, with information on permit space, the permit space program and procedures, and likely hazards that the contractor might encounter;</li> <li>• Coordinate with the host employer any joint entries; and</li> <li>• Get debriefed at the conclusion of entry operations.</li> </ul>

## 5-6 Rescue & Emergency Services

**5-6.1 Emergency Services Notification** - Before City employee entry into a permit-required confined space can be undertaken, the entry supervisor shall contact the Bowling Green Fire Department and notify them of what space is being entered, what work is being performed and what hazardous conditions are present or likely to be present. The City of Bowling Green Fire department shall be designated as the emergency service for entry rescue and shall be on-call during any permit-required confined space entry not requiring a SCBA.

**5-6.2 Required Rescue Training** - Firefighters designated to perform permit required confined space entry rescue services shall be trained and outfitted with the appropriate personal protective equipment in accordance with the Bowling Green Fire Department's Standard Operating Procedures Manual.

Only employees who have participated in Bowling Green Fire Department sponsored rescue and emergency service training that includes basic first aid and CPR can function as attendants and/or entry supervisors during an entry in which a SCBA is required. City employees (other than Fire Department employees) shall not enter permit-required spaces requiring a SCBA.

**5-6.3 Emergency Evacuation of Space** - Whenever an emergency presents itself, the entrant shall be removed from the permit required confined space immediately. Should an emergency present itself during a permit required confined space entry, the Bowling Green Fire Department shall be notified immediately and City employees shall perform non-entry rescue utilizing rescue retrieval equipment. Under no circumstances shall a City employee enter the confined space in order to perform a rescue. The Bowling Green Fire Department shall act as the emergency entry rescue team. The permit to enter shall be presented to the firefighter in charge of rescue operations prior to BGFDF initial entry.

## 5-7 Training

**5-7.1 Mandatory Awareness Training** - Employees who may encounter a confined space during their normal performance of job duties shall be provided at minimum, general awareness training regarding such spaces. During the general training session, all such employees will be provided with information that would be sufficient to prohibit their entry into a confined space. When deemed necessary, general awareness training shall be performed upon the initial hire of the affected employee.

**5-7.2 Mandatory Entry Training** - Employees designated as part of an entry team (entrant, entry supervisor, attendant, etc.) shall be provided training prior to their participation in any of the roles outlined within this plan. Employees involved with permit-required confined space entry activities shall be trained annually, whenever hazards in a confined space change, when an employee's job duties change, or if an evaluation of the confined space entry program identifies inadequacies in the employee's knowledge.

**5-7.3 Training Documentation** - A record of those employees successfully attending confined space entry or awareness training shall be maintained. In addition to those training activities performed by the Safety and Risk Manager (SRM), participation in a Bowling Green Fire Department sponsored training activity (excluding any SCBA training) may also be attended by individuals who may be involved in any permit-required confined space entry role. All training shall be documented using the [Confined Space Training Documentation](#) form or similar. The SRM or authorized designee shall conduct all necessary training.

Firefighters who perform confined space rescues will follow the training policies and procedures contained within the Bowling Green Fire Department's Standard Operating Procedures Manual.

## 5-8 Entry Operations & Program Review

**5-8.1 Entry Operation Review** - Following each entry, the entry team shall review the entry operation and if necessary, request the SRM review of any observed deficiency. The SRM will perform a review of any entry permit where a deficiency was noted.

**5-8.2 Written Program Annual Review** - The SRM shall annually review and revise the written program as necessary in order to address any identified hazards found during entry operations.

## 5-9 Entry Authorization for Contractors

**5-9.1 General Statement** - All contractors who wish to enter a permit-required confined space that is under the City's care, custody or control will need to complete a [Contractor – Authorization to Enter a Permit Required Confined Space Form](#). The form will need to be presented to the appropriate Department Director who will then notify and forward such request to the SRM. This request will contain the date and the time that the entry will take place and description of the precautions that the contractor will take during entry.

The City will advise contractors who are planning to enter a permit-required confined space of any hazards associated with the confined space that is to be entered. Contractors shall comply with the permit space requirements that apply to all employers (in accordance with the Department of Labor, Occupational Safety and Health Administration 29 CFR Part 1910.146). The City will apprise the contractor of any cautions and procedures the City uses when entering the particular confined space and will debrief the contractor at the end of entry operations. The debriefing session will include a review of the permit program and any hazards confronted and/or created during the actual entry.

## 5-10 Recordkeeping

**5-10.1 Confined Space List** – The SRM shall maintain a list of all identified confined spaces as indicated in Section 5-2.1. The list will be updated annually using input from all City Compliance Team Members. The SRM shall provide the confined space list to the City of Bowling Green Fire department.

**5-10.2 Entry Permits** - The Compliance Team Member shall maintain copies of all permits to enter confined spaces for at least 1-year.

**5-10.3 Training Record Documentation** - The SRM shall maintain all training records (except those of the Fire department) in a central file system for at least 4 years.

## CONFINED SPACE IDENTIFICATION DOCUMENT

(Reference Section 5-2)

Confined Space Identification	Location	Gas Monitoring Results O <sub>2</sub> / LEL / CO / H <sub>2</sub> S	Depth	PRCS (Yes / No)
<b>Kummer/Little – Water Valve Box</b>	Kummer/Little Rec. Center		5'	Yes
<b>Lampkin – Pump Station</b>	Lampkin Park		8'	Yes
<b>Lovers Lane – Sink Hole</b>	Lovers Lane		15'	Yes
<b>Lovers Lane – Sink</b>	Lovers Lane		30'	Yes
<b>Aquatics – Wet Wells (2)</b>	Russell Sims Aquatic		12'	Yes
<b>Pump House Well Opening</b>	Crosswinds Golf Course		10'	Yes
<b>Pump #1 – Ewing Ford</b>	Crosswinds Golf Course		35'	Yes
<b>Pump #2 – Ewing Ford</b>	Crosswinds Golf Course		10'	Yes
<b>Pond Pill Box – Hole #9</b>	Crosswinds Golf Course		11'	Yes
<b>Circus Square Sump</b>	Circus Square		8'	No*
<b>Training Tunnel</b>	Northside Fire Station		8'	No*
<b>CrossWinds – Pro Shop Sump</b>	CrossWinds Pro Shop		8'	Yes
<b>WKU Vortex</b>	Egypt Parking Lot		15'	Yes
<b>Glen Lily Landfill – North 10k Tank</b>	Glen Lily Landfill		10'	Yes
<b>Glen Lily Landfill – East 5k Tank</b>	Glen Lily Landfill		5'	Yes
<b>Glen Lily Landfill – West 5k Tank</b>	Glen Lily Landfill		5'	Yes

<b>Butler County Landfill – Tank Farm</b>	Butler County Landfill		11'	Yes
<b>Butler County Landfill – Tank 1</b>	Butler County Landfill		15'	Yes
<b>Butler County Landfill – Tank 2</b>	Butler County Landfill		15'	Yes
<b>Butler County Landfill – Tank 3</b>	Butler County Landfill		25'	Yes
<b>Butler County Landfill – Tank 4</b>	Butler County Landfill		15'	Yes
<b>Butler County Landfill – Tank 5</b>	Butler County Landfill		18'	Yes
<b>Butler County Landfill – Tank 6</b>	Butler County Landfill		15'	Yes

\* Reclassified as a “Non-Permit Required Confined Space” after verification that all physical hazards were eliminated and monitoring indicated an atmosphere safe for entry.

**SIGN POSTING, “DANGER, PERMIT REQUIRED CONFINED SPACE” REQUIRED.**

# PERMIT-REQUIRED CONFINED SPACE DETERMINATION WORKSHEET

(Reference Section 5-3.2)

Space Being Evaluated: \_\_\_\_\_

Work To Be Performed: \_\_\_\_\_

Step I. Is the space:	Yes	No
1) Large enough for a body to enter <span style="float: right;"><b>AND</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
2) Limited or restricted means for entry or exit <span style="float: right;"><b>AND</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
3) <b>NOT</b> designed for continuous occupancy	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to ALL three questions above is "YES," it is a Confined Space- Go to Step II. If the answer to any of the questions is "no", it is not a confined space - Proceed To Step III, Sign, Date, and Keep on File.

Step II. Does the confined space have one or more of the following:	Yes	No
1) Contains or has potential to contain hazardous atmosphere <span style="float: right;"><b>OR</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
a. 10% LEL (Lower Explosive Limit) b. Dust Concentration > LEL c. O <sub>2</sub> < 19.5 > 23.5% d. PEL (Permissible Exposure Limit) Exceeded e. IDLH (Immediately-Dangerous-to-Life-or-Health) Atmosphere	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2) Engulfment (completely surrounded by: e.g., cave-ins, drowning, buried) <span style="float: right;"><b>OR</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
3) Trapped or asphyxiated by inwardly converging walls <span style="float: right;"><b>OR</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
4) Is there a serious safety or health hazard that cannot be completely eliminated through lockout/tagout? Attach Lockout/Tagout Procedure to this document.	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to ANY of the above questions in Step II is "YES," the space is considered to be a "Permit-Required Confined Space." Contact your Department or Safety Manager to discuss requirements for entry into the space. If the answer to ALL of the questions is "no," the space is considered to be a "Confined Space." Refer to the Confined Space Program for requirements to enter space. Proceed to Step III of the worksheet, Sign, Date, and Keep on File.



# CONFINED SPACE ENTRY PERMIT

(Reference Section 5-5)

Permit Valid for 8 Hours Only. Permit to remain at job site until job is completed

Space Name / Identification: \_\_\_\_\_ Location: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

Time of Entry: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Duration of Entry: \_\_\_\_\_

Name of Entry Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Entrant's Name(s) \*: \_\_\_\_\_

\*Entry supervisor is to place an open circle ( o ) adjacent to those who are inside the permit space. When an entrant is no longer inside the space, the circle is to be filled.

Attendant's Name(s): \_\_\_\_\_

Hazards Identified: \_\_\_\_\_

**MINIMUM ENTRY EQUIPMENT and CONDITIONS CHECK LIST**

A (√) indicates equipment present and functioning and/or Conditions Reviewed ("N/A" When Particular Items Do Not Apply)

<u>Measures used to isolate &amp; eliminate or control hazards:</u>	<u>Acceptable Entry Conditions:</u>	<u>Equipment:</u>
1. Lockout/Tagout Procedures _____	1. Initial & Periodic Testing _____ (see results below)	1. Emergency Escape Retrieval (Hoisting) Equipment: _____
2. Purging, Flushing & Ventilating _____	2. Above ground conditions are such that all hazards have been removed (i.e. rocks) _____	2. Ventilation Device: _____
3. Broken Lines Capped/Blanked _____	3. A ladder or other means for ease of entry established _____	3. Body Harness _____
4. Ventilation of Space _____	4. Testing results are shared _____	4. PPE (i.e. Hard Hat) _____
5. Area is Made Secure w/ Posting, Flagging, Railing: _____	w/ all employees involved _____	5. Gas Monitors are Calibrated _____
		6. Entry Person Gas Monitor: _____
		7. Explosion Proof Lighting: _____
		8. Fire Extinguishers: _____
		9. Burning and Welding Permit: _____

**GAS MONITORING**

(Initial Readings to be obtained at Entry Level and Every Four Feet to Work Area)

TIMES MEASUREMENTS TAKEN										
TYPE	Tester's Initial	1st	2nd	3rd	4th	5th	6th	7th	8th	COMMENTS
O <sub>2</sub>										
LEL										
CO										
H <sub>2</sub> S										

**Rescue Notification:** The Fire Department was notified prior to entry of the space being entered, what work is being performed and what hazardous conditions are present or likely to be present \_\_\_\_\_ (initial).

List equipment to be used to notify BGFED in the event of an emergency (radio, cell phone, etc.): \_\_\_\_\_

List Rescuer Telephone Number: \_\_\_\_\_

**Note:** All entry communication shall be performed orally. If oral communication is proven inadequate for maintaining good communication between the entrant and the attendant, the space shall not be entered by City employees.

Review of entry operation performed under this permit was completed immediately following entry? Yes \_\_\_\_\_ Initial \_\_\_\_\_

**NOTE:** Any problems encountered during an entry operation shall be noted on the back of this form.





# CONTRACTOR - AUTHORIZATION TO ENTER A PERMIT-REQUIRED CONFINED SPACE

(Reference Section 5-9)

The person whose name and signature appear below is given permission to enter what the City of Bowling Green has determined according to the Department of Labor, Occupational Safety and Health Administration 29 CFR Part 1910.146 to be a PERMIT-REQUIRED CONFINED SPACE. The undersigned acknowledges that this permission is being given because the undersigned has informed the City of Bowling Green that the undersigned has a permit space program in place that meets all Department of Labor, Occupational Safety and Health Administration 29 CFR Part 1910.146 requirements and that this program will be followed when those under the care, custody and control of the undersigned enter the confined space.

This permission is only given for the confined space indicated below during the dates and times indicated.

Attached to this authorization are copies of the results of any gas monitoring conducted in and around the confined space and all completed City of Bowling Green Permits to Enter Confined Space forms that may have been completed in the past.

The undersigned agrees to hold harmless, indemnify and defend the City of Bowling Green, its officers, employees and volunteers for all liability arising out of entry into the indicated confined space, including liability claim by contractors, employees, subcontractors or agents, except that arising out of the sole negligence of the City of Bowling Green.

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Space to be entered: \_\_\_\_\_

Work to be conducted:

---

---

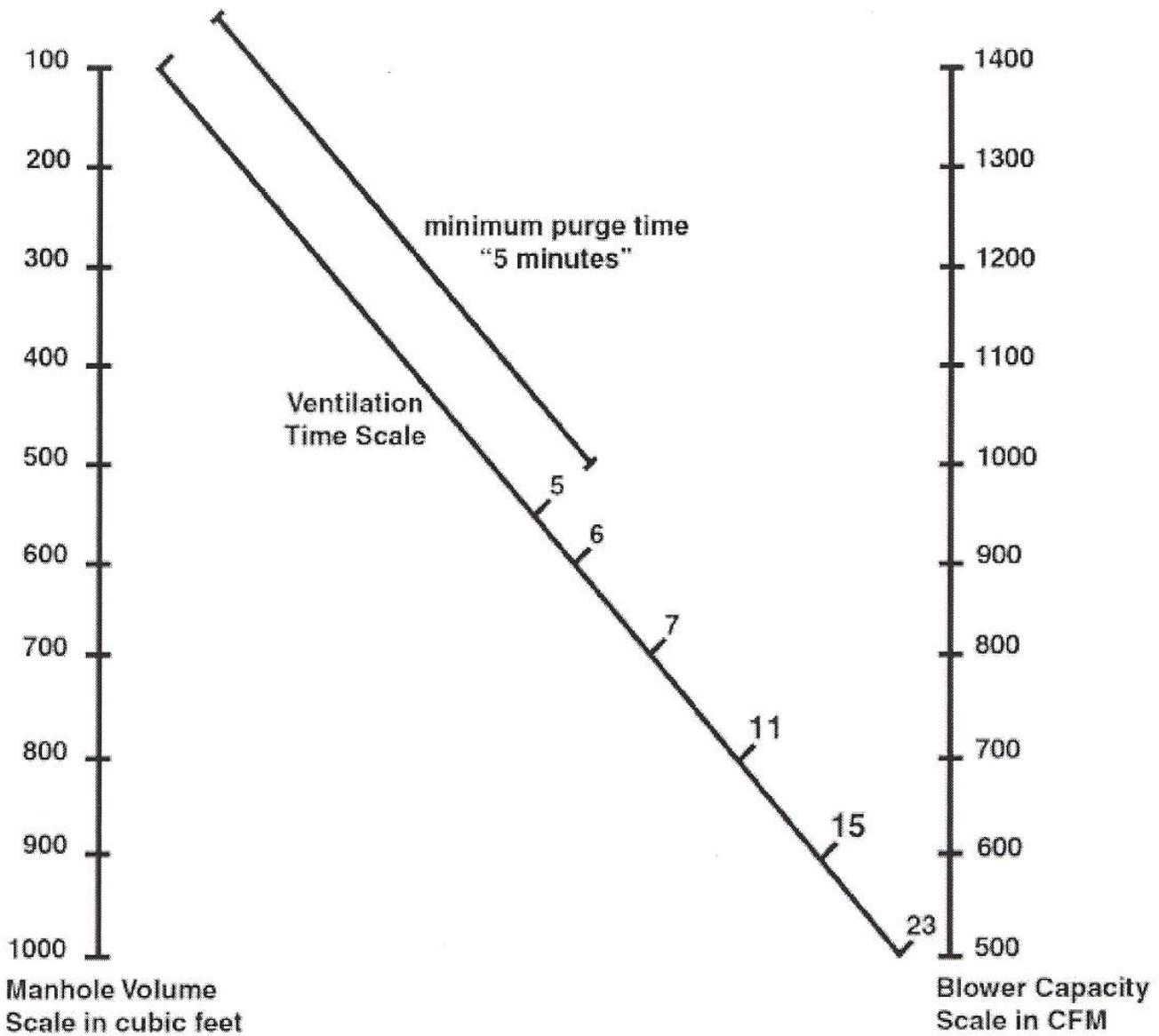
---

Date Entry is to Take Place: \_\_\_\_\_ Time Entry is to Take Place: \_\_\_\_\_

Expected Duration of Entry: \_\_\_\_\_

# VENTILATION AND PURGE CHART

(Reference Section 5-3)



## DIRECTIONS

1. Locate manhole volume level on left scale.
2. Read the corresponding blower capacity on the right scale.
3. Locate the required purge time (minimum 5 minutes) from the diagonal scale.



# CHAPTER VI

## DRIVING RULES AND REGULATIONS

### 6-1 Driving Rules & Regulations

**6-1.1 General Statement** - As a municipal employee, you are constantly in the public eye. Every time you drive a vehicle or piece of equipment in the performance of your duties, you are representing the City of Bowling Green. You are not only responsible for your safety and security but the safety and security of Bowling Green citizens and visitors to the community. As a result, all City drivers are required to exercise utmost care and caution while operating a motor vehicle. Employees who regularly or occasionally operate a City vehicle or a personally owned vehicle while in the employ of the City of Bowling Green are required to abide by these rules and regulations as well as all applicable State motor vehicle laws. Police personnel with take home vehicles are also subject to those rules and regulations stipulated in the Police Department's Policy and Procedures Manual Section 4.3.12, Home Fleet Plan.

#### 6-1.2 Definitions

**6-1.2.1 Vehicle** - Unless otherwise specified, a vehicle is any automobile, truck or piece of equipment allowed to operate on the streets and highways of the State of Kentucky, whether licensed or not.

**6-1.2.2 Assigned Vehicle** - A vehicle that is provided to a particular employee for the performance of work related duties and that employee is considered the principal driver of the vehicle and may or may not use the vehicle to commute to and from work.

### 6-2 Driving Record Acceptability

**6-2.1 General Statement** - In determining driving record acceptability for the allowance of an employee to drive a City vehicle or their own vehicle for conducting City business, the City has adopted administrative regulations promulgated by the Transportation Cabinet for enforcement of motor vehicle laws and driver licensing. The administrative regulation utilizes a point system to establish if a person is a habitually reckless or negligent driver. In addition, the regulations also establish those offenses for which a license shall be suspended rather than points accumulated.

**6-2.2 Applicant** - Only applicants 18 years of age or older may operate a City vehicle or conduct City business using a private owned vehicle. The Human Resources & Risk Management Department (HRRMD) shall obtain motor vehicle record information on all applicants and will inform the respective Department if the applicant's driving record is such that they are deemed unacceptable to operate a vehicle to conduct City business. To be considered a viable applicant for City positions requiring the operation of a motor vehicle, the applicant's driving record must:

- a. Be current and valid, and
- b. Have less than 7 accumulated points
- c. Must not have had a DUI offense within the past 2-years.

**6-2.3 Full or Part Time Employee** – HRRMD shall have sole responsibility for adding newly hired employees to the City driving roster and the removal of an employee from the roster if their driving record or other reason warrants such action. HRRMD will utilize the updated driving roster information to conduct ~~biannual~~ annual motor vehicle record (MVR) checks on all City employee drivers. Any employee whose position requires the operation of a City vehicle or personal vehicle for conducting City business must be listed on the City driving roster. The HRRMD shall review each employee driver's MVR and collision history record to determine driving record acceptability. Those who are found to have an unacceptable driving record as defined in this Section will be notified in writing by the SRM using the [Notice of an Unacceptable Driving Record](#) or similar correspondence. The respective Department Director will receive a copy of any driving record acceptability notification and a copy will be placed in the employee's personnel file.

**6-2.4 Volunteer or Temporary Employee** - The use of City vehicles by temporary employees and volunteers shall be limited where practical. If it is deemed appropriate and necessary by the respective Department Director that a volunteer operate a City vehicle, the HRRMD will be notified and a copy of the volunteer's driver's license provided. HRRMD will obtain a motor vehicle record check and will notify the respective department regarding approval for placement onto the City driving roster. To be considered acceptable to operate a licensed vehicle for purposes of conducting City business, the volunteer must have a record meeting the requirements listed in this Section.

**6-2.5 Unacceptable Driving Record** - For all intents and purposes, the City shall deem an employee unacceptable to drive a City vehicle or their personal vehicle for City business if that employee's driving privileges have been denied, withdrawn, suspended or revoked under the Transportation Cabinet's administrative regulations, or by a court order. The length of time which the City will deem an employee unacceptable to drive shall be not less than that issued by the Cabinet or court system.

**6-2.6 Driving Record Point System Review** – The HRRMD will utilize the MVR to review the number of points accumulated on an employee's driving record. As stated in Sections 6-2.6.1 and 6-2.6.2, points accumulated on a driving record over the past 2-year period will determine the employee's ability to operate a vehicle for purposes of conducting City business. Accumulation of points may require a HRRMD review, described further in this Section.

**6-2.6.1 Accumulation of 7 Points** - The City will require employees who accumulate 7 or more points within the last two-year period to attend a City approved driver improvement clinic or other related training.

**6-2.6.2 Accumulation of 9 Points** - An employee accumulating 9 or more points within the last two-year period will be subject to review by the Human Resources & Risk Management Department (HRRMD) and the employee's respective Manager or Supervisor.

**6-2.7 Additional Actions Requiring Possible HRRMD Review** - Moving violations obtained while operating a City vehicle or personal vehicle while performing City business, the habitual involvement in vehicle collisions or exhibiting gross negligence during the operation of a vehicle while performing City business will subject the employee driving record to immediate review by the HRRMD and the employee's respective Manager or Supervisor.

## 6-3 HRRMD Driving Record Review

**6-3.1 Driving Record Review** - The HRRMD and the respective Department Manager review of an employee's driving record and/or collision history may include discussion regarding additional training, recommendation for a video capturing device be placed in the vehicle for which the employee is assigned and/or disciplinary action up to and including dismissal from employment. The respective Department Director will be responsible for determining the appropriate corrective/disciplinary action for any employee whose driving privileges have been denied, withdrawn, suspended, or revoked under the Transportation Cabinet's administrative regulations or through City administrative decision. The City reserves the right to withdraw driving privileges under circumstances not clearly or explicitly addressed under these policies and procedures.

## 6-4 Safety Committee Collision Review

**6-4.1 Determination of "Avoidable"** - Each vehicle collision shall be reviewed by the respective Department's Safety Committee. The Safety Committee shall determine whether the collision was "avoidable". An "Avoidable" collision is one in which the employee failed to do everything within reason to avoid the collision. All Safety Committee decisions regarding the decision of "avoidable" will be final. Employee driving record history and any associated Safety Committee decision(s) regarding "avoidable" collisions may be considered during any employee performance review.

When the driving record review reveals the need for additional training, the employee's respective Manager or Supervisor will be responsible for ensuring that training is received within a reasonable time frame, training is documented and documentation forwarded to the HRRMD.

## 6-5 General Driving Rules

**6-5.1 General Statement** – The rules provided within this section apply to all employees and volunteers who operate licensed vehicles to conduct City business. Violation of one or more of these general driving rules may result in disciplinary action up to and including dismissal from employment. Police personnel with take home vehicles are also subject to those rules identified in the Police Department Policy and Procedure Manual, Section 4.3.12, Home Fleet Plan.

**6-5.1.1 Valid Operators' License** - Vehicle operators must possess a current valid operators' license appropriate to the vehicle being driven.

**6-5.1.2 Reporting License Suspension or Revocation** - Any employee who operates a City vehicle or their own vehicle for purposes of conducting City business is required to report to his Supervisor, any license suspension or revocation, including those that result from the operation of personal vehicles. Once notified, the Supervisor shall immediately communicate any license suspension or revocation to the SRM.

**6-5.1.3 Reporting of Moving Violation or Collision in City Vehicle** - Any employee who is involved in a collision or moving violation during the operation of a City owned vehicle, must immediately report such collision or violation to their Supervisor. All correspondence regarding collision or receipt of a moving violation shall be forwarded to the SRM.

**6-5.1.4 Drug and Alcohol Prohibition** - Employees shall not operate a City vehicle while under the influence of alcohol or drugs, including prescription and over-the-counter medication when that medication may affect the safe operation of the vehicle. Employees taking over-the counter or prescription medication shall be responsible to follow up with their physician to make sure the drugs they are taking will not impair or alter their ability to safely operate a vehicle. Further instruction regarding Drug & Alcohol policy specifics may be found within this document.

**6-5.1.5 Courtesy** - Drivers shall be courteous to all drivers and utilize proper signals when stopping, turning, or slowing down.

**6-5.1.6 Use of Flasher Lights** - Flasher lights on trucks, cars and other motorized equipment are to be used as instructed and as emergency work conditions require. Flasher lights are not to be used as an excuse to gain the right of way or to break traffic rules (except as used on an emergency vehicle).

**6-5.1.7 Traffic Laws** - All traffic laws of the State of Kentucky, including signs and speed limits shall be obeyed.

**6-5.1.8 Non-Employee Passengers** - Except as noted within Section 6-9, employees shall not transport non-City employee passengers in City vehicles, except for those who are conducting business with or on behalf of the City. For reasons other than those stated in Section 6-9.2, employees may transport non-City employee passengers in a City vehicle only after permission is obtained from their Department Director.

**6-5.1.9 Outside Riders** - Employees are not permitted to ride outside the passenger compartment when a vehicle is in motion.

**6-5.1.10 Personal Auto Insurance** - Employees who routinely drive personal vehicles to conduct City business shall maintain primary automobile liability insurance coverage on the vehicle being driven. The employee shall maintain State required minimum bodily injury/physical damage insurance coverage limits.

**6-5.1.11 Hauling Trailers** - Personal Hauling - Personal vehicles will not be used to pull trailers or haul equipment while being used for City related business. Likewise, City vehicles shall not be used to pull, trailer or haul personal property.

**6-5.1.12 Bumper Stickers/Signs** – Bumper stickers, signs or other such items shall not be placed on City owned vehicles without Public Works Fleet Management prior approval.

**6-5.1.13 Seat Belts** - Employees (both drivers and passengers) shall use their seat belt (including shoulder straps) in all City vehicles.

**6-5.1.14 Parking** - City vehicles or personal vehicles driven by City employees during the course of employment shall not park in those areas identified as “NO PARKING” zones except during emergency situations. If a vehicle must be parked in a “NO PARKING” zone, emergency flashers shall be activated. Keys are not to be left in the ignition when the vehicle is unattended. All vehicles will be locked when parked and unoccupied.

## **6-6 Personal Communication Wireless Device**

**6-6.1 General Policy Statement** - The use of ~~wireless~~ a **personal** communication device while operating a City vehicle or other vehicle for purposes of conducting City related business shall be in accordance with the [Wireless Personal Communication Device Usage While Driving Policy](#).

## **6-7 Backing Policy**

**6-7.1 General Policy Statement** - Backing collisions account for a large percentage of all avoidable collisions. When at all possible, backing should be avoided, however when backing is necessary, the operator shall utilize those procedures listed in the [Backing Policies and Procedures](#) document.

## **6-8 Vehicle Maintenance**

**6-8.1 General Statement** – All City vehicles will be maintained in accordance with the Public Works - Fleet Division maintenance schedule. The Public Works – Fleet Division will schedule all vehicle maintenance activity and retain maintenance records on all vehicles they service. If a City employee is utilizing their personal vehicle to conduct City related business, the employee shall maintain their vehicle in a manner that promotes safe travel.

## **6-9 Use of City Vehicles**

**6-9.1 Personal Use of City Vehicle at Work** - When it becomes necessary to conduct personal errands (i.e. going to the bank, dentist or to lunch) during the work day, employees must use their personal vehicle. Only employees with assigned take-home vehicles or those utilizing a City vehicle and working at a location that is away from their personal vehicle may (within reason) use a City vehicle to conduct necessary personal errands during normal work hours. Except as stipulated in the Police Policy and Procedures Manual, personal use of City vehicles must be kept to a minimum and shall only include those stops that are not significantly out of the way of normal work travel.

**6-9.2 Personal Use of Take Home Vehicle Away from Work** - Except for incidental purposes and those purposes identified in the Police Department’s Policy and Procedures Manual, Section 4.3.12, Home Fleet Plan, City take-home vehicles are not to be used during non-work hours for purposes of conducting personal business. Incidental purposes may include a brief stop on the way to or from work (i.e. to pick up or drop off a family member from school or work, attend a doctor’s appointment, pick up a prescription). Personal use of City take-home vehicles must be kept to a minimum and shall only include those stops that are not significantly out of the way of normal work/home travel. The Department Director shall monitor all personal use of City vehicles to assure their use is within the guides of this policy.

**6-9.3 Take Home Vehicles** - Only those employees on 24-hour call status and/or have work responsibilities involving after normal business hour duties may be allowed to take City owned vehicles home. The City Manager shall approve all take-home vehicles. A list of employees or specific positions assigned take home vehicles will be retained by the HRRMD. The Police Department Policies and Procedures Manual, Section 4.3.12, Home Fleet Plan provides specific criteria regarding take home vehicles assigned to Police Department employees.

Take-home vehicle privileges will be suspended when an employee is on extended absence from work (i.e. injury leave, vacation, restricted or modified duty). Take-home privileges will be reinstated after the employee once again becomes available to be on 24-hour call and/or is available to perform after normal business hour work duties.

Department Directors shall monitor the use of City take home vehicles within their department to assure their use is within the guides of this policy.

**6-9.4 Proof of Insurance** - The SRM shall be responsible to see that each City-owned vehicle is provided with an insurance card. Insurance cards will be stored in a familiar location within the vehicle (i.e. glove compartment or attached to the sun visor). The driver of any City vehicle shall report missing insurance cards to the SRM. Any employee using their personal vehicle during the course of employment shall carry proof of insurance.

## 6-10 Vehicle Inspections

**6-10.1 Vehicle Inspection Policy Statement** - The documents identified below provide examples of self-inspection forms that are to be used by various City drivers. Departments may want to augment them so to capture more specific information on particular pieces of equipment. Completed inspection forms are to be retained by the respective department for a period not less than 12 months.

**6-10.1.1 Non-Emergency & Non-CDL Vehicles** - Vehicles used in a non-emergency role shall be inspected by the operator during fueling activities and shall include items listed on this inspection form.

**6-10.1.2 Daily/Pre-Trip/Post Trip Vehicle/Equipment Inspections** - This form or similar shall be completed prior to and immediately following the use of a commercial motor vehicle. The inspection must be performed by a qualified CDL holder.

**6-10.1.3 Apparatus Inspection Report** - This form or similar shall be completed daily, for fire apparatus and other emergency response fire department vehicles that are not assigned to one particular individual.

**6-10.1.4 Police Department Patrol Vehicle Self-Inspection Checklist** - Vehicles used for emergency response shall be inspected by the operator during fueling activities and shall include items listed on this inspection form.

**6-10.2 Inspection Deficiencies** - Inspection deficiencies shall be documented on the inspection form and promptly reported to the Public Works Fleet Division and/or the employee's immediate Supervisor. If reported to an immediate Supervisor, it is that Supervisor's responsibility to ensure appropriate action is taken to correct any problems noted. The Public Works Fleet Division shall promptly remove from service any vehicle identified as having a potential operational safety hazard.

## 6-11 Vehicle Training

**6-11.1 New Driver Training** – New employees who will be operating a City vehicle or their own vehicle to conduct City business will be provided a copy of the Driving Rules and Regulations Policy and Procedures document during new employee safety orientation training. Existing employees who will be performing a new assignment that includes the operation of a City vehicle or personal vehicle to conduct City business will also be provided a copy of the Driving Rules and Regulations Policy and Procedures document. After reading the document, the Compliance Team Member or designee will require the employee to sign the [Driving Rules and Regulations Record of Receipt](#) or electronically attest that the document was received via the City LMS. Additionally, employees will be required to attend a City sponsored certified driver training course within their first 6-months of employment. To assist in meeting the required training timeline, the HRRMD will coordinate and perform training on at least a quarterly basis. Due to the varying degree of driving situations involving the Public Safety Departments, these departments may choose a more specific driver training course than that offered by HRRMD.

**6-11.2 Special Motorized Equipment Training** - Formal training and instruction will be required of those employees whose job responsibilities will include the operation of a non-passenger type vehicle or equipment (i.e. tractors, bobcats) or other equipment requiring special knowledge or skills. Department Managers and Supervisors will assure all special vehicle/equipment instruction and training includes:

1. An explanation and demonstration of all control devices and the general operation
2. An explanation and demonstration of all safety equipment
3. Instruction on how to properly perform necessary equipment inspections

4. A supervised hands-on operation of the vehicle/equipment in duration sufficient enough to provide the Supervisor with the ability to make a determination of operator readiness.
  - Written documentation of all special training will be retained by the respective department. The [Equipment/Vehicle Operator Training Document](#) or similar shall be used to document special motorized vehicle/equipment training. Training will comply with all appropriate OSHA, NFPA and DOT Standards and include those items specifically identified within the equipment operation/owner's manual.

**6-11.3 Remedial Training** - Employees receiving a moving violation while operating a City vehicle and/or more than one "avoidable" vehicle collision within a 36-month period shall be required to attend at least that portion of the certified driver training program for which they were in violation or other additional training as deemed necessary by the SRM or appropriate Department Director.

## 6-12 Record Keeping

**6-12.1 General Statement** – Documentation and filing of those items listed within this section are required as part of the Driving Rules and Regulations Policy and Procedures. Questions regarding proper documentation or retention of documents shall be directed to the SRM.

- 6-12.1.1 [Notice of An Unacceptable Driving Record](#)** - This document shall be placed in the respective employee's personnel file.
- 6-12.1.2 [Auto Liability/Auto Physical Damage Loss Occurrence Form](#)** - This document and any associated report(s) will be maintained by the SRM and retained for a period of not less than 3-years.
- 6-12.1.3 [City Driving Roster](#)** – This document shall be electronically maintained by the HRRMD.
- 6-12.1.4 [Inspection Reports](#)** - Vehicle inspection reports as required in Section 6-11, will be maintained by the respective department/division. All inspection records must be maintained for at least one year.
- 6-12.1.5 [Vehicle Maintenance Records](#)** - Maintenance records including work orders shall be kept on file for at least one year by the Public Works - Fleet Division.
- 6-12.1.6 [Driving Rules and Regulations Documentation of Receipt](#)** - Documentation of employee receipt of the driving rules and regulations will be signed and placed in the employee's personnel file or recorded electronically utilizing the City's LMS.



# NON-EMERGENCY - VEHICLE INSPECTION

(Reference Section 6-10)



## Weekly Vehicle Inspection - Non-Emergency Vehicles



Initial those items that are observed to be in safe operating order.

Date													
New Body Damage													
Tires: Check Air & Wear													
Head / Tail Lights													
Emergency Lights													
Horn													
Windshield Wipers													
Turn Signals													
Check Oil Level During Fueling													

Comments: \_\_\_\_\_

Vehicle #: \_\_\_\_\_

Any observation of mechanical malfunction must immediately be reported to the Fleet Service Center (example: steering or braking problems).

**TRUSTWORTHINESS - RESPECT - RESPONSIBILITY - FAIRNESS - CARING - CITIZENSHIP**

Doc. # 120421  
Rev. Date 01/26/05



# COMMERCIAL MOTOR VEHICLE DAILY/PRE-TRIP/POST TRIP VEHICLE INSPECTION

(Reference Section 6-10)

COMPLETE

THOSE SECTIONS THAT APPLY TO THE VEHICLE/EQUIPMENT BEING USED

DATES OF INSPECTIONS

√ = OK      X = Needs Attention

--	--	--	--	--	--	--	--

<i>Wheels</i> - Look for rust around lug nuts, cracks, mismatched lock rings and broken or missing lug nuts.							
<i>Tires</i> - Properly inflated; Valve stem not touching wheel, rim or brake drum; valve caps in place; no bulges or deep cuts; adequate tread depth; no uneven wear.							
<i>Suspension</i> - Condition of springs, spring holders, shackles, U-bolts (No signs of broken, cracked or missing parts)							
<i>Brakes</i> - Drums or rotors - no breaks or cracks, Hoses - not chaffed or worn, Brake Chambers - properly mounted, no loose or missing parts, Hydraulics - no leaks. Check parking brake.							
<i>Steering</i> - No loose, worn, damaged or missing parts; no leakage of power steering fluid.							
<i>Windshield</i> - No damage and clean. Wiper blades properly mounted with rubber in good condition.							
<i>Lights/Reflectors</i> - Clean of dirt. Headlights, clearance/indication lights, flasher lights and turn signals functioning and displaying proper color.							
<i>Fuel Tanks</i> - Securely mounted; No leaks or major damage; Crossover line protected; Sufficient fuel supply; Tank securely capped; No fuel leaks in lines or fittings.							
<i>Crew Cab(s)</i> - No loose items, all tools properly secured.							
<i>Engine/Transmission</i> - Fluid levels checked and are adequate. No leaks noted. No unusual noises noted.							
<i>Drive shaft</i> - No obvious defects.							
<i>Exhaust</i> - Secured; No leaks; No contact with oil lines, fuel lines, wiring or other combustible material.							
<i>Hook-Up To Trailer</i> - Safety chains and cables are connected. Brake lines and/or electrical cords properly connected from truck/equipment to trailer. No visible wear in trailer hitch. Trailer lights are functioning. Trailer wheels and tires are in acceptable condition.							
<i>Gauges/Instruments</i> - All gauges, turn signals, dials and instruments inside and outside the cab functioning properly.							
<i>Seat Belts, Including Shoulder Straps</i> - All are in good conditioning and function adequately.							
<i>Mirrors</i> - All are properly mounted and are properly adjusted to provide adequate viewing.							
<i>Special Equipment/Attachments</i> - No leaks in hydraulic lines. Controls function properly. Attachments function properly.							

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

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

Supervisor's Signature: \_\_\_\_\_

# FIRE APPARATUS INSPECTION REPORT

(Reference Section 6-10)

Date: \_\_\_/\_\_\_/\_\_\_ Mileage: \_\_\_\_\_ Unit# \_\_\_\_\_  
 CHECK (✓) = OK X = NEEDS ATTENTION (Explain Problem in Remarks Section)

1. Engine Oil Level Amount Added: _____ Date: _____	15. Battery Condition
2. Oil Leaks	16. Brakes
3. Tire Condition	17. Clutch
4. Lights	18. Pump Control and Gauges
5. Doors & Windows	19. Air Packs 1. _____ 2. _____ 3. _____ 4. _____
6. Windshield	20. Power Unit Oils - Fuel Level
7. Windshield Wipers	21. Power Tools Oil - Fuel Level
8. Oil Pressure	22. Horns and Sirens
9. Brake Pressure Before Starting Engine Pressure: _____ lbs. Time: _____	23. Radios
10. Ammeter	24. Missing Equipment
11. Fuel Gauge	25. Emergency Box Key
12. Speedometer	26. Other Equipment Problems
13. Tachometer	
14. Engine Temperature Gauge	

### Weekly Inspection

1. Radiator Level	10. Bleed Air Tanks on Brake System
2. Power Steering Fluid	11. Aerial Ladder Operation
3. Brake Fluid Level	12. Clutch Fluid Level
4. Clean Battery and Connections	13. Inflate to Maximum Pressure Indicated on Tire.
5. Battery Liquid Level	If Under 50 psi, Contact Shift Com.
6. Primer Oil Level	List psi Before Inflation
7. Hydraulic Oil Level	LF _____ RF _____
8. Windshield Washer Liquid Level	LRI _____ LRO _____ RRI _____ RRO _____
9. Flush Pre-Piped Foam Systems	Tandem: LI _____ LO _____ RI _____ TO _____
	Trailer: Left _____ Right _____

# POLICE DEPARTMENT PATROL VEHICLE SELF-INSPECTION CHECKLIST

(Reference Section 6-10)



## BOWLING GREEN POLICE DEPARTMENT

### Police Vehicle Inspection



Initial those items that are observed to be in safe operating order.

Date														
New Body Damage														
Tires: Check Air & Wear														
Head / Tail Lights														
Emergency Lights														
Siren / Horn														
Windshield Wipers														
Turn Signals														
Backseat Area Check														
Check Oil Level During Fueling														

Comments: \_\_\_\_\_

Vehicle # \_\_\_\_\_

Any observation of mechanical malfunction must immediately be reported to the Fleet Service Center (example: steering or braking problems).

**TRUSTWORTHINESS - RESPECT - RESPONSIBILITY - FAIRNESS - CARING - CITIZENSHIP**

Doc. # 120421  
Rev. Date 01/26/05



**NOTICE OF AN UNACCEPTABLE DRIVING RECORD**  
(Reference Section 6-2.3)

TO: \_\_\_\_\_

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

After reviewing your Motor Vehicle Record (MVR) as supplied by the State of Kentucky, as well as your “on-the-job” collision record for the last three years, it was determined that your driving record does not meet the standards of acceptability as set down in the City’s Risk Management Manual – Driving Rules and Regulations. As a result, your driving privileges have been suspended until your record once again is deemed acceptable.

A copy of this form is being forwarded to the head of your department. A copy will be placed in your personnel file. Your Department Director or designee will notify you when/if your City driving privileges become reinstated.

If you have any questions concerning the suspension of driving privileges, please do not hesitate to contact me.

\_\_\_\_\_

Safety & Risk Manager

cc: Human Resources & Risk Management Director  
Employee’s Department Director  
Employee’s Personnel File

**DRIVING RULES AND REGULATIONS  
RECORD OF RECEIPT**  
(Reference Section 6-11.1)

I, \_\_\_\_\_ have received a copy of the City of Bowling Green's Policy on Driving Rules and Regulations. As an employee of the City of Bowling Green and having the responsibility of driving a City vehicle or my own vehicle for purposes of conducting City business, I understand that it is my responsibility to abide by the rules and regulations set forth within this document.

If I have any questions regarding the content of this document, I understand that I am to follow up with my Supervisor for clarification.

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

A copy of this document will be placed in the employee's personnel file.

# EQUIPMENT/VEHICLE OPERATOR TRAINING

(Reference Section 6-11.2)

The following was reviewed and discussed on \_\_\_\_\_ (date), with the \_\_\_\_\_ Department/Division.

Person Performing Training: \_\_\_\_\_

**Equipment/Vehicle Type (be specific):** \_\_\_\_\_

- 1) The manufacturer's operation manual was reviewed and discussed with the personnel listed below.
- 2) Proper operation of the equipment/vehicle type was discussed, reviewed, and demonstrated.
- 3) The safe operation and all safety devices were reviewed and discussed as outlined in the owner's manual.
- 4) Proper personal protective equipment required when operating the equipment/vehicle was reviewed.
- 5) Procedures for reporting damaged or problematic equipment/vehicles.
- 6) Disciplinary action to be taken for misuse/abuse of the equipment and/or for the disregard of safety to one's self or others (improper operation of equipment/vehicle, improper or non-use of safety equipment, etc.).

**Large equipment and vehicles only:**

- 1) Maintaining three points of contact when climbing into and out of the equipment/vehicle was stressed. An explanation of this procedure was given.
- 2) Proper backing procedures and the backing policy guidelines were reviewed (use of mirrors, spotters/helpers, knowing what is behind before backing, etc.).
- 3) Requirements for completing pre and post-trip paperwork or inspections.

**To the Employee:**

*Please notify your immediate Supervisor if you are not fully confident of your ability to safely operate the particular equipment/vehicle for which you have just completed training. Admission of such will allow your Manager or Supervisor to provide you with the additional training necessary to raise your confidence and operator skills to a safe level.*

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (PRINT)

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

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# BACKING POLICIES AND PROCEDURES

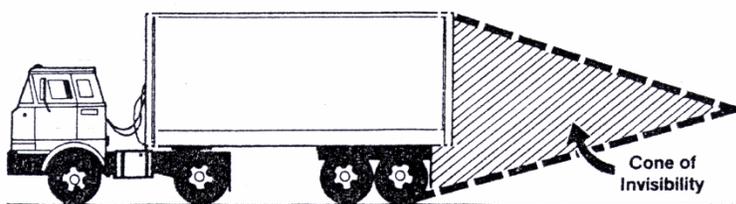
(Reference Section 6-7.1)

Each employee listed on the City's driving roster will receive a copy of the Driving Rules and Regulations Policy which will include a copy of this Section. Employees whose responsibilities include the operation of a City licensed vehicle are required to attend a training course that will include a section on backing policies and procedures and a review of this section. Training will include at a minimum, the following information:

## A Review of the Four Major Areas of Concern when Backing

1. Visibility
2. Objects
3. Backing Skills (the drivers' ability to back the truck safely)
4. Terrain

**Visibility** - Cars and trucks are designed primarily for forward visibility and therefore backing situations create visibility problems for the driver. Even with the mirrors properly adjusted, there is an invisible area behind the car/truck called the "cone of invisibility" (see photo below).



The larger the vehicle, the larger this cone of invisibility becomes. The driver must become familiar with the cone of invisibility so that precautions can be taken to avoid backing accidents. City employees will be trained to recognize and become familiar with the cone of invisibility for those pieces of equipment they are trained to operate. A back up alarm collision avoidance device may be installed on those City vehicles having an increased risk for potential backing accidents (i.e. vehicles with poor rear visibility, excessive blind spots, etc.).

**Objects** - There are two kinds of objects that can cause problems:

1. **Stationary Objects** - The driver sees these objects in the rear view or side mirrors before backing. However, as the vehicle backs, the objects may suddenly disappear as the driver turns, or as these objects enter into the cone of invisibility.
2. **Moving Objects** - No matter how careful a driver may be by checking mirrors and looking behind before backing, a moving object such as a child, car, animal, or crew member can move into the cone of invisibility unnoticed by the driver.

**Backing Skills** - Backing is a special skill and the driver must develop this skill by practicing safe driving habits. The rear view and side mirrors are the most important aids in backing but the driver needs to be aware that mirrors can sometimes distort heights, widths and distances. A skilled driver knows how to judge such distorted measurements accurately and adjust properly while backing. City employees will be trained and encouraged to utilize their mirrors while performing backing maneuvers.

Backing is a risky business and requires the full attention and skill of the driver. If a driver is unsure of the location of fellow employees or objects believed to be behind the vehicle, the employee must STOP and get out of the vehicle and physically check the area. Fellow employees should stay completely clear of any backing vehicle.

**Terrain** - When terrain is uneven, wet, and/or soft, the task of backing is made more hazardous (especially for larger/heavier vehicles). Backing over soft or uneven ground can cause damage to the vehicle and/or property and can be dangerous. Employees should be aware of the surrounding terrain and plan accordingly.

## Safe Backing Tips

The following tips are to be used when operating a City vehicle:

- Stay alert and concentrate 100% of the time while backing any vehicle.
- Always plan ahead to avoid backing situations whenever possible. Think about your departure upon your arrival at a location.
- The driver of a large vehicle or those vehicles with limited visibility should walk around the vehicle to check the clearances and search for hidden obstacles before beginning to back. The driver must also be aware of objects that might be above the vehicle.
- If in doubt of safe clearances, the vehicle must be stopped
- Assign a helper (if available) to serve as a signal person to guide and signal in backing situations. Always keep the signal person in view while backing.
- Honk the horn 2 times before backing. This signal will alert fellow workers to stay clear of your vehicle.
- Stop the vehicle immediately if the signal person or other known to be present person(s) cannot be seen or their whereabouts are unknown.
- Always attempt to arrange cargo in the truck bed so that it does not block the view through the rear window.
- Always keep mirrors, rear window and windshield clean for good visibility.
- Use all mirrors while backing, continuously glance and alternate looking at mirrors while backing.
- Don't rely solely on safety cameras or other warning device for assurance of object avoidance. These safety devices should be viewed simply as an additional tool to be used for collision avoidance.
- Exercise caution when backing a vehicle that has restricted rear visibility (i.e. rear lift gate, large load, etc.).
- Always back slowly, no more than 1mph so that the vehicle can be stopped immediately, if necessary. Slow speed backing will minimize damage if a backing collision does occur.
- Avoid backing into traffic and around corners that block the view of oncoming traffic.
- When it is necessary to park in a space that will require backing upon departure, the driver is encouraged to back into that spot upon arrival. Backing into a parking spot upon arrival is almost always safer than backing out upon departure

## Standards for Safe Backing

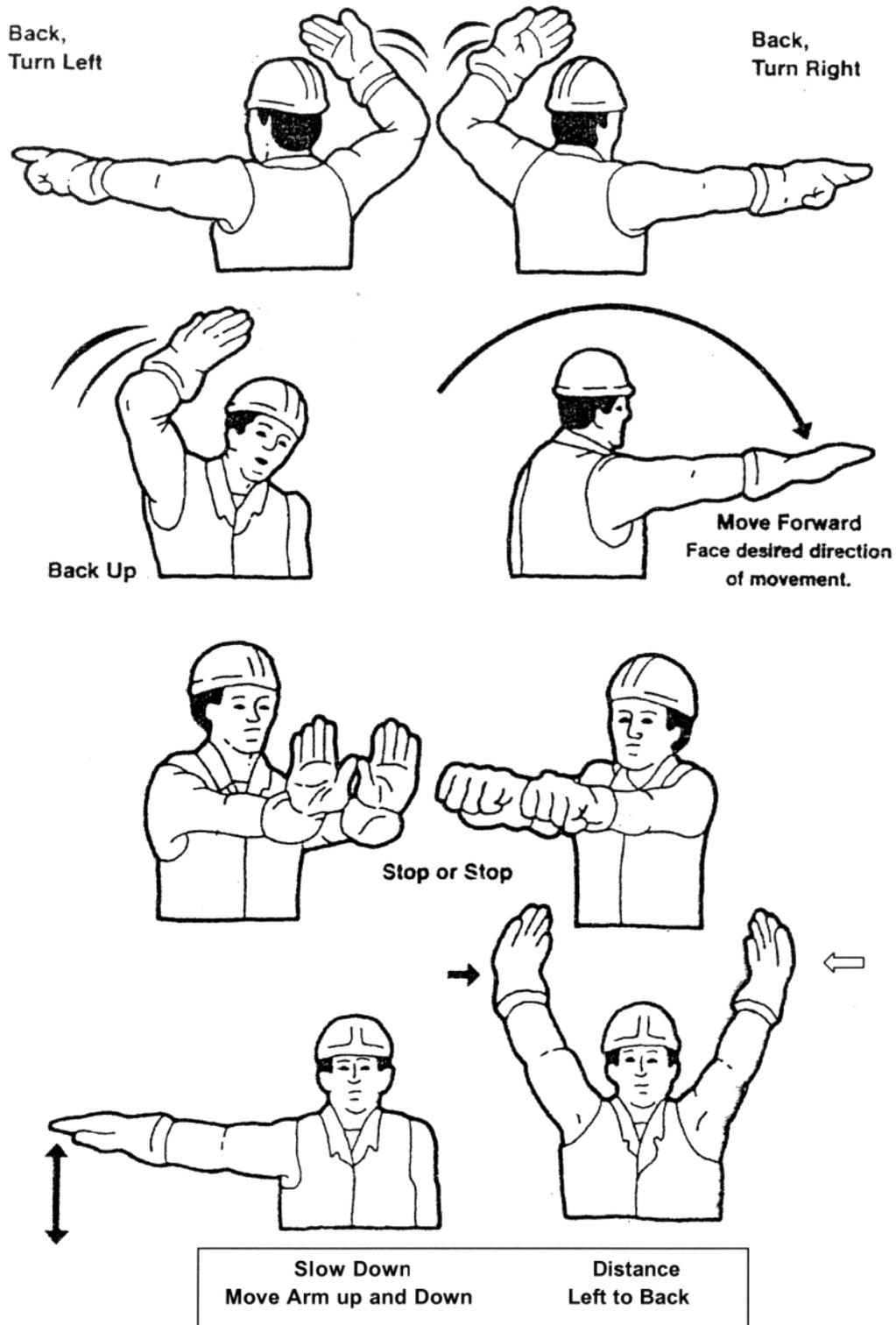
The following standards will be used and practiced by all City employees while backing vehicles:

- 1) The driver has the final responsibility for safe backing. If the driver is not sure whether the area behind the vehicle is clear, the driver shall STOP and get out to physically check the area.
- 2) A fellow employee (if available) shall be designated as signal person to guide the driver back safely. The signal person shall conduct a "circle of safety", surveying the intended backing area for hazards. The signal person shall survey all sides and also look for hazards above and below the backing area.
- 3) One or more signal person may also be used when the driver must negotiate forward turns with restrictive side clearances and where height clearances are uncertain. The purpose of using multiple signal persons is to expand the drivers' sense of space cushion on all sides of the vehicle.
- 4) Only those employees trained on this policy and knowledgeable of the standardized hand signals shall be used as signal persons.
- 5) The signal person shall take a position of 10' to 15' to the left rear of the unit being backed and be in eye-to-eye contact with the left mirror (driver) at all times.
- 6) The driver will rely on hand signals given by the signal person but must be able to hear voice commands from the signal person. The driver must turn the radio off and roll the vehicle window down when using a signal person to back a vehicle.
- 7) The driver and signal person shall learn and use the standard hand signals provided within this policy.

## **Standards for Safe Backing** (continued)

- 8) When appropriate, backing is to be performed at speeds of no greater than 1 mph. If it becomes necessary, the vehicle must be able to be stopped immediately.
- 9) If the driver is unsure of safe clearance while backing or cannot account for all persons knowingly in the area, the driver shall STOP the vehicle immediately. The driver shall ALWAYS KEEP THE SIGNAL PERSON IN VIEW WHILE BACKING.
- 10) If the signal person observes any hazards or is uncertain of the driver's intentions, the driver shall be signaled to stop immediately.
- 11) The signal person shall never be permitted to ride the tailboard or running boards while the vehicle is in motion.

# STANDARD HAND SIGNALS



# **WIRELESS PERSONAL COMMUNICATION DEVICE USAGE WHILE DRIVING POLICY**

(Reference Section 6-6)

(1) **Definitions**

**Emergency Vehicle** - means any vehicle designated as such by KRS 189.910(1);

**Official Duties** - means the performance of work related duties to accomplish associated work related objectives.

**Operation of a ~~Wireless~~ Personal Communication Device** - means the manual or verbal manipulation of such device for the purpose of sending or receiving information (verbal or text), engaging in communication, or for any other business or non-business related purpose;

**Public Highway** - means a main road or thoroughfare, such as a street, boulevard, or parkway, available to the public for use for travel or transportation.

**Public Safety Vehicle** - means any vehicle designated as such by KRS 189.910(2);

**Safe Area** - includes but is not limited to the shoulder of a public highway, a rest area located off a public highway, or any public or private parking lot located off a public highway; and

**Wireless Personal Communication Device** - means a device capable of two (2) way audio or text communication that emits an audible signal, vibrates, displays a message, or otherwise summons or delivers communication to the possessor, including but not limited to a paging device and a cellular telephone. ~~cellular mobile radio telephone, a telephone used in personal communication service, or any other communication device not requiring an access line of service.~~

- (2) ~~No employee shall, while operating a motor vehicle that is in motion on the traveled portion of a roadway, write, send, or read text-based communication using a personal communication device to manually communicate with any person using text-based communication, including but not limited to communications referred to as a text message, instant message, or electronic mail.~~

Exclusions:

- a. The use of a global positioning system feature of a personal communication device (only if 18 years of age or greater).
- b. The use of a global positioning or navigation system that is physically or electronically integrated into the motor vehicle;
- c. The reading, selecting, or entering of a telephone number or name in a personal communication device for the purpose of making a phone call (only if 18 or greater).
- d. An operator of an emergency or public safety vehicle, when the use of a personal communication device is an essential function of the operator's official duties.
- e. The operator of a motor vehicle who manually communicates (i.e. text message) on a personal communication device to report illegal activity; summon medical help; summon law enforcement or public safety agency; or prevent injury to a person or property.

- (3) Except as provided in section (4) of this section, the operator of a City owned motor vehicle or other vehicle being used for City business shall not operate a ~~personal wireless~~ communication device while the car is on a public highway, unless the operator of the motor vehicle first safely moves the vehicle out of the flow of traffic, exits to a safe area, and comes to a complete stop. The operator of a motor vehicle shall exercise utmost caution in exiting the flow of traffic for the purpose of operating a ~~wireless personal~~ communication device and shall give consideration to atmospheric conditions, contours of the road, traffic volume, parked vehicles, and pedestrians when choosing a location to stop the vehicle. In any such case the operator of the motor vehicle shall first move to a safe area before engaging in the operation of a ~~wireless personal communication~~ device.

- (4) Except as provided in section (2) "exclusions" regarding the use of a personal communication device and manual communication, the following individuals may use ~~operate a wireless~~ a personal communication device while operating a motor vehicle:
- (a) The operator of an emergency vehicle.
  - (b) The operator of a motor vehicle who is involved in an emergency, observes an emergency situation, or observes the operator of another motor vehicle who is driving in a reckless, negligent, or dangerous manner, when the use of a ~~wireless~~ personal communication device is necessary to report the emergency to appropriate authorities; or
  - (c) The operator of any motor vehicle in which the respective Department Director has authorized the use of and/or purchased an apparatus that allows the driver to talk and listen, or send and receive information without holding the device or its handset or receiver, whether the operator's phone is City issued or personal. Department Director authorized usage shall be specified in writing and communicated with appropriate department personnel. Documentation of such authorization shall be provided to the Human Resources and Risk Management Department.
  - (d) The operator of any City vehicle or mobile equipment when utilizing the 800 MHz radio system.
- (5) Violation of this policy may result in disciplinary action as described in the City Personnel Policy Manual.



## CHAPTER VII

### DRUG & ALCOHOL-FREE WORKPLACE

#### 7-1 Drug & Alcohol Free Workplace Policy

**7-1.1 General Policy Statement** - The City of Bowling Green recognizes that the influence of drugs and alcohol while on the job impairs employee judgment, which may result in increased safety risks, hazards to the public, employee injuries, faulty decision making, and reduced productivity. The City of Bowling Green furthermore recognizes its responsibility to protect public health and safety and has therefore established this policy in an effort to maintain a work environment free from the use, possession, and effect of drugs and alcohol. This policy clearly prohibits the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled or illicit substance in the workplace. The City of Bowling Green expects all employees to be in a mental and physical condition fit to complete their assigned duties safely and competently. It is with these goals in mind that the City of Bowling Green issues this policy, declaring itself a *Drug and Alcohol Free Workplace* and hereby issues these accompanying rules regarding drug and alcohol use in the work place.

#### 7-1.2 Definitions

**7-1.2.1 Accident** – Means an unexpected and undesirable event resulting in damage or harm. For purposes of this policy, the resulting damage or harm may constitute an injury, vehicle or other property loss.

**7-1.2.2 Alcohol** - Means any intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol. This includes over-the-counter and prescribed medications which contain more than one-half (1/2) of one percent (1%) of alcohol by volume.

**7-1.2.3 Alcoholic Beverage** - "Alcoholic beverage" includes alcohol, spirits, liquor, wine, beer, and every liquid or solid containing alcohol, spirits, wine, or beer, and which contains one-half of 1 percent or more of alcohol by volume and which is fit for beverage purposes either alone or when diluted, mixed, or combined with other substances.

**7-1.2.4 Alcohol Testing** - The testing for alcohol content by an evidential breath-testing device (EBT) or other Department of Transportation (DOT) approved device. DOT approved devices and procedures will also be used for non-DOT alcohol tests.

**7-1.2.5 Commercial Motor Vehicle (CMV)** - Means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property (as defined 49 CFR Part 40).

**7-1.2.6 Drug** – Means a controlled substance as defined in KRS 218A.010(6) and as established in 902 KAR Chapter 55, including: Amphetamines; Cannabinoids/THC; Cocaine; Opiates; Phencyclidine (PCP); Benzodiazepines; Propoxyphene; Methaqualone; Methadone; Barbiturates; Synthetic narcotics; Illicit substances; and Volatile substances as defined in KRS 217.900(1).

**7-1.2.7 Drug or Alcohol Rehabilitation Program** - Means a service provider that provides confidential, timely, and expert identification, assessment, treatment, and resolution of employee drug or alcohol abuse.

**7-1.2.8 Drug Test or "Test"** - Means a chemical, biological, or physical instrumental analysis administered by a qualified laboratory, for the purpose of determining the presence or absence of a drug or its metabolites or alcohol pursuant to standards, procedures, and protocols established by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).

**7-1.2.9 Disciplinary Action** - Action taken in accordance with Section 7 of the Personnel Policy Manual.

**7-1.2.10 Employee Assistance Program** - Means an established program providing: a) Professional assessment of employee personal concerns; b) Confidential and timely services to identify employee alcohol

or substance abuse; c) Referrals of employees with alcohol or substance abuse for appropriate diagnosis, treatment, and assistance; and d) Follow-up services for employees who participate in a drug or alcohol rehabilitation program and are recommended for monitoring after returning to work.

**7-1.2.11 Heavy Equipment** – Refers to off road and construction equipment that has a GVW of >10,000 pounds (i.e. loaders, backhoes, bulldozers, pavers, rollers).

**7-1.2.12 Heightened Safety Awareness Level (HSAL)** - Those job responsibilities that involve dangerous and/or skilled activities and those that would involve exceptional duty to community citizens in the area of public safety.

**7-1.2.13 Illicit Substance** - Means those prescription drugs used illegally or in excess of therapeutic levels as well as illegal drugs.

**7-1.2.14 Light Equipment** - Motorized off-road vehicles/equipment having a GVW of < 10,000 pounds (i.e. mowers, carts, tractors, trucksters, etc.), excluding vehicles/equipment designed for recreational use (i.e. golf carts).

**7-1.2.15 Medical Review Officer or “MRO”** - Means a licensed physician with knowledge of substance abuse disorders, laboratory testing, and chain of custody, collection procedures, and the ability to verify positive, confirmed test results. The MRO shall possess the necessary medical training to interpret and evaluate a positive test result in relation to the person’s medical history or any other relevant biomedical information.

**7-1.2.16 Medical Treatment** - The management and care of a patient to combat disease or disorder.

**7-1.2.17 Qualified Laboratory** - Means a laboratory certified in accordance with the National Laboratory Certification Program (NLCP) by the United States Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA).

**7-1.2.18 Reasonable Suspicion Testing** - Means drug or alcohol testing that meets the requirements identified in Section 4.21 of this policy.

**7-1.2.19 Refusal to Submit** - Means the failure to provide adequate breath for testing without a valid medical explanation after the employee has received notice of the requirement for breath testing; or, the failure to provide adequate urine for controlled substances testing without a valid medical explanation after the employee receives notice of the requirement of urine testing; and/or engaging in conduct that clearly obstructs the testing process.

**7-1.2.20 Substance Abuse Professional (SAP)** - A licensed or certified psychologist, social worker, or employee assistance professional or addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substance-related disorders. The City hereby designates the EAP to serve as the SAP.

## **7-2 Program Applicability**

**7-2.1 General Statement** - This policy is intended to apply whenever anyone is representing or conducting business for the City of Bowling Green. Accordingly, this policy applies during all working hours, while on call or paid standby and while performing work on behalf of the City while on or off City property. This policy applies to all City employees with special provisions designated to those employees identified as having responsibilities requiring a heightened safety awareness level (HSAL).

**7-2.2 HSAL Positions** - Those positions identified as requiring heightened safety awareness level duties include:

- Police sworn officers
- Police property custodians
- Emergency dispatchers & dispatch supervisors

- Firefighters
- Heavy equipment operators
- Personnel driving CDL regulated vehicles
- Mechanics designated to work on Heavy and or Light Equipment
- Operators of non-CDL vehicles who transport senior citizens, the handicapped and children
- Swimming pool lifeguards
- Employees who supervise children and children related activities
- Electrical inspectors and employees whose responsibilities include electrical work
- Building inspectors
- Light equipment operators
- Park rangers
- Police cadets
- Crossing guards

**Note:** *Positions identified above as having a heightened level of safety awareness include those regulated under 49 CFR Part 40. While this program includes those federally mandated employees, this program shall be separate from that policy the City adopted in 1996 ([Chapter III - CDL Drug & Alcohol Testing Policy](#)) which includes only federally regulated employees.*

## 7-3 Testing Procedures

**7-3.1 General Statement** - The City shall administer eight (8) different test types when necessary. An explanation of each test and the required testing frequency is listed below.

**7-3.1.1 Reasonable Suspicion Testing** – A reasonable suspicion test shall be based on a belief that an employee is using or has used drugs or alcohol in violation of this policy, drawn from specific objective facts and reasonable inferences drawn from those facts in light of experience, training, or education. The reasonable suspicion testing shall be based upon:

- a. While at work, direct observation of drug or alcohol use or of the physical symptoms or manifestations of being under the influence of a drug or alcohol;
- b. While at work, abnormal conduct, erratic behavior, or a significant deterioration in work performance;
- c. A report of drug or alcohol use provided by a reliable and credible source;
- d. Evidence that an individual has tampered with a drug or alcohol test during employment with the current covered employer;
- e. Information that an employee has caused, contributed to, or been involved in an accident while at work; or
- f. Evidence that an employee has used, possessed, sold, solicited, or transferred illegal or illicit drugs or used alcohol while on the covered employer's premises or while operating the covered employer's vehicle, machinery, or equipment.

The Human Resources & Risk Management Department (HRRMD) shall be notified immediately upon any indication of reasonable suspicion. Both the observing Department Supervisor and the HRRMD representative shall complete the [Reasonable Suspicion Observation Form](#). Both the observing Supervisor and HRRMD representative (if available) will review the policies and procedures herein and if necessary, make arrangements with a testing facility to conduct reasonable suspicion drug and/or alcohol testing as soon as possible. If a representative from HRRMD is not available, the observing supervisor should obtain the assistance of another City Supervisor and together they shall complete the [Reasonable Suspicion Observation Form](#) and forwarded it to HRRMD. If after completing the form it is determined that there is reasonable suspicion that the employee is under the influence of drugs and/or alcohol, the observing Supervisor or his/her designee will notify the employee and accompany him/her to the testing site.

When a reasonable suspicion test is ordered, the employee must submit to testing immediately. The observing Supervisor and/or designee shall remain at the testing site with him/her that is being tested, until testing is completed. Any employee who is tested shall be placed on leave with pay until the results of the test are known. After submitting to the drug/alcohol test, the employee may not return to work until the

results of the test are known and only then if the result is negative. Only a representative from the HRRMD may order a reasonable suspicion test.

**7-3.1.2 Pre-Employment** – Breath alcohol and urine drug testing shall be required of all new hire applicants after their receipt of a conditional offer of employment. After providing a conditional offer of employment, the HRRMD will make every effort to test applicants within a 48-hour timeframe. The City of Bowling Green requires that every newly hired employee test free of controlled substances and alcohol to be considered for hire. Each offer of employment shall be conditional upon the passing of controlled substance and breath alcohol tests. The City of Bowling Green will not hire any applicant who refuses to take the pre-employment controlled substance test. All testing shall be conducted in accordance with the testing protocol provided within this program.

- An applicant with a confirmed positive test for controlled substance(s) and/or alcohol in a concentration of 0.001 or greater, which is not legitimately explained to and accepted by the Medical Review Officer (MRO), will not be considered for employment.
- Any applicant who fails a controlled substance test, produces a breath alcohol concentration of 0.001 or greater, or refuses to submit to a controlled substance test or breath alcohol test, may not be considered for employment for a period of no less than 2-years. The time period shall start on the date of actual test or date of the scheduled (and refused) test date.
- Any applicant who tampers with, or attempts to tamper with a urine specimen in any manner shall be disqualified from current and future consideration of employment with the City of Bowling Green.
- An applicant whose positive test is upheld by the Medical Review Officer may request that the same sample be retested at his own expense at a City approved laboratory.

Individuals undergoing pre-employment testing shall not begin official employment with the City until after all test results are received and shown to be negative. Upon receipt of test results, HRRMD will inform the appropriate department director or designee of employment eligibility status.

**7-3.1.2.1 Pre-Employment Requirement for Minors (Less than 18 years of age)** – Minors must provide a signed [Drug Testing Parental Consent and Consent to Share with Parent\(s\) or Guardian\(s\)](#) form prior to being provided a [Drug & Alcohol Free Test Notification Form](#). HRRMD will provide this form with the application for employment. Applicants less than 18 years old must have this form signed by their parent or guardian and must submit this form along with their employment application in order to be considered for hire.

**7-3.1.2.2 Pre-Employment Requirement for Returning Employees** – Employees who are returning within 30-days of being terminated may be rehired without requiring a pre-employment drug/alcohol screen. Notwithstanding, if upon return the employee will be transferring into a higher safety awareness level (HSAL) position from a non-HSAL position, section 7-3.1.3 will still apply, regardless of the period of time the employee was terminated from employment.

**Note:** *Section 7-3.1.2.2 will not apply to positions requiring pre-employment testing per statute (i.e. Fire and Police).*

**7-3.1.3 Transfer to High Safety Awareness Level (HSAL) Position** – An employee transferring to an HSAL position from a non-HSAL position, will immediately become subject to Random Testing.

**7-3.1.4 Random Testing** – Employees in a HSAL position will be required to participate in a statistically valid, unannounced random selection process which would subject them to mandatory drug and/or alcohol testing. This program will conduct random tests for alcohol at a rate of not less than 10% and for drug use at a rate of not less than 20% of those employees whose positions require random testing. The HRRMD shall utilize a third party to conduct the random selection of those employees whose positions require placement into the random selection pool. Because of the random nature of the selection process, any employee may be tested more than once, or not at all. Random selection shall take place throughout the calendar year. Once an employee is notified that he or she has been selected for testing, the employee will be immediately escorted to the testing site by his/her supervisor or designee.

**7-3.1.5 Post-Accident Testing** – Drug and alcohol testing may be conducted following any accident occurring during the course of employment (whether on or off City property). Accidents requiring off-site medical treatment or a property loss in the amount of one thousand dollars (\$1,000) or greater shall be deemed a “qualifying event” for requiring post-accident testing. Drug and alcohol testing may also be required of those employee(s) who were “actively involved” in the “qualifying event”.

**7-3.1.5.1 Qualifying Event – Exception** - Due to varying types of accidents all accidents categorized as a “qualifying event” may not require post-accident testing. Exceptions to the “qualifying event” requirement for post-accident drug and alcohol testing will include the following types of accidents:

- a. Injuries whose onset is cumulative or gradual – such as carpal tunnel syndrome, progressive hearing loss, mental disorders, dermatitis, respiratory diseases, skin disorders, etc.
- b. Injuries or collisions where the employee can be completely discounted as a contributing factor (i.e. injuries caused by a third party or some other uncontrollable force or event, weather, insect bites, employee driver is parked legally and struck by other driver, etc.).
- c. Those injuries occurring during physical fitness or training event, in which the employee did everything within reason to avoid the injury accident (i.e. was performing training or fitness related activity as instructed).

**7-3.1.5.2 Qualifying Event Reporting Requirements** - In each case, any qualifying event shall be immediately reported to the Safety & Risk Manager (SRM) or HRRMD designee. The SRM or HRRMD designee shall determine the necessity of drug and alcohol testing and shall communicate such testing with the involved employee and the employee’s respective Department Director. The SRM or HRRMD designee shall coordinate all required tests with the appropriate medical facilities and arrange for testing to be performed as soon as possible. The involved employee’s supervisor or his/her designee shall escort the involved employee to the testing facility.

An employee involved in an accident while on an out-of-town assignment, shall notify their Department Director or designee as soon as possible but no later than two (2) hours after the accident occurred. The Department Director shall notify the SRM or HRRMD designee to discuss possible drug/alcohol testing requirements.

**7-3.1.5.3 Other Qualifying Event** - The SRM or HRRMD designee may request controlled substance/alcohol testing when an employee causes or cannot be completely discounted from causing a vehicular or any other type of accident in which a safety violation or other unsafe act occurs and death, serious bodily injury or major property damage could have resulted. The SRM or HRRMD designee along with the employee's supervisor will be responsible for determining whether a safety violation or other unsafe act has occurred. In each case, the SRM or HRRMD designee shall determine the necessity of drug and alcohol testing and shall communicate such testing with the involved employee and the employee’s respective department head.

**7-3.1.5.4 Returning to HSAL Duties** - If a post-accident controlled substance/alcohol test is required, the employee(s) involved in the accident or those who are considered a contributing factor may be returned to a non-high safety level awareness position, if available, or placed on administrative leave with pay pending controlled substance test results.

**NOTE:** *Public Safety and or other City personnel performing public safety or other emergency response type work who is involved in an accident that is deemed a qualifying event, may return to HSAL activities prior to being sent for post-accident testing and/or prior to receipt of drug testing results, but only if it is deemed necessary and appropriate by their respective Department Director or designee and there is no indication of reasonable suspicion as defined in Section 7-3.1.1.*

**NOTE:** *If an employee is scheduled to work HSAL duties and it is deemed necessary and appropriate by their respective Manager that the employee returns immediately to HSAL duties, a rapid drug test may be requested. Upon confirmation of a negative result on the rapid test, the employee may return to HSAL duties.*

**7-3.1.6 Follow-up Testing** – Any employee returning to work from successful completion of a rehabilitation or Employee Assistance Program (EAP) for drug and/or alcohol-related problems shall be required to undergo one (1) year of quarterly drug and/or alcohol testing. The frequency of follow-up testing shall consider the recommendations of any involved Substance Abuse Professional (SAP) but shall be not less than once per quarter (every three months) for one (1) year. All Follow-up testing may be requested at any time and shall be unannounced.

**7-3.1.7 Return-to-Duty Testing** – An employee undergoing controlled substance/alcohol rehabilitation and/or counseling and is able to return to work as recommended by an SAP, may do so under the following conditions:

- a. The employee must provide a release to return to work from an appropriate SAP and (if applicable), confirmation of continued and on-going participation or certified completion of a City recognized substance abuse assistance program.
- b. For employees required to see an SAP for reason of producing a BrAC test measuring .001 - .039 and upon the SAP's release of said employee to return to work, the employee shall undergo Return-to-Duty testing and produce a result of 0.000.
- c. The employee must test negative for an alcohol and/or controlled substance test administered by a City-approved laboratory, not more than forty-five (45) days from receipt of the SAP'S return to work release statement.

Any repeat occurrence of substance abuse or violation of any other aspect of the City's Drug Free Workplace Policy will result in immediate termination.

**NOTE:** *Employees who possess and utilize a CDL to perform City work and are required to undergo Follow-up and/or Return-to-Duty testing because they engaged in prohibited conduct regarding the CDL drug/alcohol testing program shall be subject to the Return-to-Duty policies provided within this Chapter.*

**7-3.1.8 Position Specific Mandatory Annual Testing** – Some City positions by simple definition are known to increase an employee's exposure and access to drugs, drug paraphernalia and/or alcohol. Due to this position related increase in exposure and the recognized higher opportunity for employee engagement in related prohibited conduct, the City shall require mandatory annual drug and alcohol testing for employees assigned to certain named positions. Positions specifically identified for mandatory annual drug and alcohol testing shall include:

- Police – Drug Task Force (Police Officer)
- Police – K-9 Handlers (Police Officer)
- Police – Property Custodian

Employees placed in these positions shall be subject to mandatory annual testing and shall submit to such testing as directed by the Police Professional Standards Commander or the Chief of Police. The timeline of the annual request for testing shall be selected by the Police Investigations Commander or the Chief of Police. All positions requiring this type of test are also considered HSAL and are also subject to random testing. In order to maintain a level of uncertainty related to the annual mandatory testing timeline, this test type shall be identified on the [Drug & Alcohol Free Test Notification Form](#) as a random test.

## 7-4 Testing Protocol

**7-4.1 General Statement** - The collection of samples and administration of drug and alcohol tests shall follow all standards, procedures and protocols set forth by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Administration (SAMHSA). Test results will be obtained by a qualified laboratory as defined elsewhere in this policy and results shall undergo a medical review as noted in the following section.

**7-4.3 Results Reporting** – The testing facility shall report breath alcohol and rapid drug test results immediately to the employee being tested and shall then communicate same results to designated personnel within the HRRMD. The testing facility shall immediately communicate positive test result from either breath alcohol or rapid drug test to the SRM or designated personnel within the HRRMD.

The testing facility or contracted drug and alcohol testing company shall make available all drug, alcohol and/or anabolic steroid test results as soon as practical to designated personnel within the HRRMD via e-mail or private website. The testing facility or contracted drug and alcohol testing company shall initially report all positive test results to the SRM or other designated personnel within the HRRMD via telephone. After obtaining test results, HRRMD shall as soon as practical, notify the employee's department to report return to work and HSAL duty status.

**7-4.3 Results Reviewed by Medical Review Officer (MRO)** - All test results shall be submitted for review by a medical review officer (MRO). The MRO will consider the medical history of the employee or applicant, as well as to any relevant biomedical information. If there is a positive test result, the employee or applicant will be given an opportunity to report to the MRO the use of any prescription or over-the-counter medication. If the MRO determines that there is a legitimate medical explanation for a positive test result, the MRO may certify that the test results do not indicate the unauthorized use of alcohol or a controlled substance. If the MRO determines, after appropriate review, that there is not a medical explanation for the positive test result other than the unauthorized use of alcohol or a prohibited drug, the MRO shall refer the individual tested to the HRRMD for further proceedings in accordance with the City's Drug Free Workplace program.

**Note:** *MRO determinations concerning the use of alcohol or a controlled or illicit substance shall comply with all procedures outlined in the U.S. Department of Health and Human Services (SAMHSA) "Medical Review Officer Manual for Federal Agency Workplace Drug Testing Programs".*

**7-4.4 Inconclusive Tests** – There are several reasons for why a test may be considered "inconclusive". When a test is deemed "inconclusive", the retesting of the donor and any special requirements (i.e. need for direct observation) will vary depending on the type of inconclusive test reported by the MRO. If retesting is determined to be required, a HRRMD representative shall arrange for the donor to be retested as soon as practical. In all cases except for those involving pre-employment testing, the donor shall be escorted to the testing site immediately upon notification of the need to retest. When notifying a job applicant doner of the need to retest, HRRMD shall provide a reasonable timeframe in which the donor must adhere to in order to be considered for employment.

#### **7-4.5.1 Types of Inconclusive Tests and Required Response**

- **Lab Reject** - If the donor's information is found to be incorrect or the sample gets damaged before or during testing, it will be deemed a "lab reject."
  - For a "Lab Reject" result, HRRMD will order a retest be performed.
- **Cancelled** - A cancelled test, within the context of drug and alcohol testing, is a test or specimen that cannot be used or reported due to some error or other circumstance. A cancelled drug or alcohol test cannot be considered or treated as either a positive or negative result.
  - For a "Test Cancelled" result, HRRMD will order a retest be performed and will follow MRO advisement on the need for "observed collection".
- **Substitution** - If animal urine or another chemical is substituted for the donor's urine, this is called a "substitution."
  - For a "Substitution" result, HRRMD will consider a substitution result as a "refusal to test".
- **Adulteration** - If the donor adds a chemical to the sample, this is considered "adulteration." There are many types of chemicals which can be added.
  - For an "Adulteration" result, HRRMD will consider an adulterated result as a "refusal to test".
- **Dilute** – A dilute specimen, by definition, is a urine specimen that has a creatinine of greater than 2 mg/dl or less than 20 g/dl and a specific gravity is greater than 1.0010 (but less than 1.003). These tests are routinely performed on every urine sample tested at the lab. A drug test reported by the MRO as positive–dilute, will be treated as a verified positive test and will require no additional testing. If the MRO reports that a negative test was dilute, the following actions shall be taken:

3. For a dilute specimen with a creatinine concentration equal to or greater than 2 mg/dL, but less than or equal to 5 mg/dL, the donor will be required to provide a second sample under direct observation. The second test shall only be performed following advisement by the MRO and shall be performed as soon as practical, with minimum advanced notice given to the donor. The results of the second test will be final, even if the results are again recorded as dilute.
4. For a dilute specimen with a creatinine concentration greater than 5 mg/dL, the donor will be required to provide a second sample but is not required to do so under direct observation unless there is identified another basis for use of direct observation. This second test shall only be performed following advisement by the MRO and shall be performed as soon as practical, with minimum advanced notice given to the donor. The results of the second test will be final, unless the MRO directs a recollection under direct observation due to creatinine levels.

**Note:** *When a second specimen is required due to an initial dilute result, the donor will be instructed to not drink as much water prior to providing their second sample.*

- **Temperature out of Range** - If the sample temperature is above what is normal for human urine. This usually means the donor will be asked to provide another sample.
  - For a “Temperature out of Range” result, HRRMD will order a retest be performed.
- **Invalid** - An invalid drug test is the outcome of a drug test for a urine sample that contains an endogenous substance at abnormal concentrations, has abnormal physical characteristics, contains an unknown interfering substance, or an unknown contaminant that prevents the laboratory from obtaining a suitable valid result on the test.
  - For an “Invalid” result, HRRMD will order a retest be performed and will follow MRO advisement on the need for “observed collection”.

**Note:** *The failure to follow the direction of HRRMD and/or the MRO regarding the need for retesting shall be deemed a “refusal to test” and subject the donor to consequences described within this Chapter.*

## 7-5 Testing Process

**7-5.1 General Statement** - Drug and alcohol analysis will be performed by a trained technician. All testing shall follow the prescribed standards, procedures and protocols set forth by the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Administration (SAMHSA). Drug testing will be conducted by urine sample while alcohol testing will be analyzed using a breath alcohol testing/screening device.

**7-5.2 Test Notification** - All requests to test shall be authorized and approved by HRRMD. Any employee who has been ordered to undergo testing for drugs and/or alcohol shall receive notice of test via the receipt of a [Drug & Alcohol Free Test Notification Form](#). After being presented with the notification to test, the employee shall report to the collection site of the City’s choosing immediately. In the case of reasonable suspicion, random, position specific annual mandatory and post-accident testing, a Supervisor or designee shall escort the employee to the collection site.

**7-5.2.1 Positive ID Required** – For the assurance that the test specimen is actually that of the donor, collection site staff will require positive identification of test subject.

**7-5.3 Alcohol Testing** - The City shall require all tests to be performed by a certified breath alcohol technician (BAT).

**7-5.4 Drug Testing** – An eleven (11) panel urine test will be conducted and shall include analysis of the following substances:

1. Amphetamines (AMP);
2. Cannabinoids (THC);
3. Cocaine (COC);
4. Expanded Opiate (OPI);
5. Phencyclidine (PCP);
6. Benzodiazepines (BZO);
7. Propoxyphene (PPX);
8. Methaqualone;
9. Methadone (MTD);
10. Barbiturates (BAR); and
11. Synthetic Narcotics

**7-5.4.1 Rapid Drug Test** – An eleven (11) panel expanded “rapid” drug test may be conducted for any employee whose Manager deems it necessary and appropriate for the employee to immediately return to HSAL duties. The eleven (11) panel analysis shall include the following substances:

1. Amphetamines (AMP);
2. Cannabinoids (THC);
3. Cocaine (COC);
4. Opiates (OPI);
5. Phencyclidine (PCP);
6. Benzodiazepines (BZO);
7. Methamphetamines (mAMP);
8. Oxycodone (OXY);
9. Methadone (MTD);
10. Barbiturates (BAR); and,
11. Ecstasy (MDMA)

**7-5.4.2 Anabolic Steroid Drug Test** – The City may request a steroid panel drug test be performed in addition to the 11 panel drug test (above) for any employee who is requested to submit for reasonable suspicion testing. Should a steroid panel be requested, the following substances will be analyzed:

1. Bolasterone
2. Boldenone
3. Clostebol 94-Chlorotestosterone
4. Danazol
5. Drostanolone
6. Fluoxymesterone
7. Mesterolone
8. Methandienone
9. Methandriol
10. Methenolone
11. Methyl testosterone
12. Nandrolone (19-Nortestosterone)
13. Norethandrolone
14. Oxandrolone
15. Ocymesterone
16. Oxymetholone
17. Stanozolol
18. Trenbolone
19. Probenecid
20. Clenbuterol
21. Specific Gravity – NR
22. Specific Gravity
23. T/E Ratio Interpretation
24. Testosterone
25. Epitestosterone
26. T/E Ratio

**Note:** *The City reserves the right to test for other controlled substances as deemed necessary.*

**7-5.5 After Hours & Out of Town Testing** - In the event of an occurrence which requires controlled substance testing of an employee after the normal business hours of the designated testing facility, the supervisor or designee shall notify the SRM or HRRMD designee for testing approval and instruction as to where the testing may take place. If reasonable suspicion or post-accident testing is necessary when the employee is on an out-of-town assignment, the employee's supervisor or other designee shall contact the SRM or HRRM designee to obtain testing approval and instructions.

## 7-6 Prohibited Conduct

**7-6.1 General Statement** - Notwithstanding the following, in all cases, the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled or elicit substance as defined in Kentucky Revised Statutes, including but not limited to KRS 218A.020 through KRS 218A.140 and KRS 351.010(1)(m), including, prescription drugs used illegally or in excess of therapeutic levels, illegal drugs and the intentional misuse of volatile substances as described in KRS 217.900(1) is strictly prohibited while at work, while on City property or while conducting City business while off City property. The City reserves the right to define and interpret prohibited activities that specifically include but may not be limited to that stated in Sections 7-6.1.2 and 7-6.1.3:

**7-6.1.1 Prohibited Conduct for Alcohol** - Prohibited conduct involving the possession and use of alcohol includes the following:

### For All Employees

- a. The performance of or being immediately available to perform work duties while having an alcohol concentration of greater than 0.000.
- b. **The operation of a City vehicle while having an alcohol concentration of greater than 0.000.**
- c. The possession or consumption of alcoholic beverages during the performance of work responsibilities, including those responsibilities involving the operation of a City owned vehicle or personal vehicle used to conduct City business.
- d. The transportation of alcoholic beverages (open or closed containers) within City owned vehicles or equipment
- e. The use of alcohol for eight hours immediately following an accident requiring a post-accident alcohol test or until a post-accident test is administered, whichever occurs first.
- f. Refusal to submit or cooperate with any of the requested testing types.

### For HSAL Employees Only

- a. The performance of or being immediately available to perform those responsibilities designated as requiring a heightened level of safety awareness within four hours after consuming alcohol.
- b. Having in possession, alcoholic beverages or products containing alcohol during the performance of or being immediately available to perform HSAL work responsibilities. This includes the possession of medicines containing alcohol (prescription or over-the-counter) unless the seal for such item is unbroken and/or the medication is prescribed by a licensed physician and said physician has confirmed the necessity of the HSAL employees' said possession of the prescribed substance containing alcohol and has confirmed that the use of such substance will not deter from the employees ability to safely perform assigned HSAL responsibilities. The HRRMD Director may request written medical authorization showing the employee may possess/use such medication, that it was used in the prescribed manner and showing the employee is fit to perform assigned duties.

**Note:** *Fire EMT and Police department personnel functioning within the scope of their assigned duties shall be considered exempt from this prohibition as deemed necessary by their respective Department Director.*

**Note:** *Alcohol includes any intoxicating agent in beverage alcohol, methyl, and isopropyl alcohol whether used for medicinal purposes or not. Many over-the-counter and prescription medications may contain high percentages of alcohol.*

**7-6.1.2 Prohibited Conduct for Drugs or Controlled Substances** - Prohibited conduct involving the use of drugs or controlled substances includes the following:

**For All Drug Free Workplace Participants**

- a. Testing positive for any of the prohibited substances during the performance of or upon being immediately available to perform work responsibilities.
- b. The performance of or being immediately available to perform work responsibilities while using any controlled substance, **except those prescribed by a physician and the** ~~when the use is under the instructions of a physician who~~ has advised that the use will not adversely affect the user's ability to perform responsibilities as assigned.
- c. Refusal to submit or cooperate with any of the requested testing types.
- d. Having in possession, illegal drugs or controlled substances during the performance of or being immediately available to perform work responsibilities (see note below).
- e. Tampering with or attempting to alter, or actual altering of a test specimen or having an adulterated or substituted test specimen.

**For HSAL Employees Only**

- a. Having in possession, drugs or controlled substances (except when the use is under the instructions of a physician who has advised that the use will not adversely affect the user's ability to perform responsibilities as assigned) during the performance of or being immediately available to perform work responsibilities. The HRRMD Director may request written medical authorization showing the employee may possess/use such medication, that it was used in the prescribed manner and showing the employee is fit to perform assigned duties.

**Note:** *Fire EMT and Police department personnel functioning within the scope of their assigned duties shall be considered exempt from this prohibition as deemed necessary by their respective Department Director.*

**7-6.1.3 Prohibited Conduct for Volatile Substances** - Prohibited conduct for volatile substances include the intentional misuse, manufacture, sale, distribution, dispensation, or possession of a volatile substance as defined in KRS 217.900 which includes any glue, cement, paint or other substance containing a solvent or chemical having the property of releasing toxic vapors or fumes which when intentionally inhaled may cause a condition of intoxication, inebriation, stupefaction, dulling of the brain or nervous system, or distortion or disturbance of auditory, visual, or mental processes while at work, while on City property, or while conducting City business while off City property, is strictly prohibited and is considered cause for immediate discipline, up to and including termination. Such misuse shall also be reported to law enforcement officials.

## **7-7 Medical Use of Alcohol or a Controlled Substance**

**7-7.1 General Statement** - Prescription and over-the-counter drugs are not prohibited when taken in standard dosage and/or according to a physician's prescription. However, employees are required to timely report to the HRRMD, any use of medically prescribed or non-prescribed drugs and medications containing alcohol, which may affect their ability to perform assigned duties.

**7-7.2 Request for Medical Authorization** - The HRRMD Director may request written medical authorization from an employee's physician, that an employee may possess/use a prescribed medication and is fit to perform assigned duties while using prescribed medication.

**7-7.3 City Designated Physician Review** - The City reserves the right to have a designated City physician determine if a prescription drug or medication produces effects that would be considered unacceptable in the performance of assigned work duties. The City's physician has final determination on whether the medication will have or is having an unacceptable effect on the employee's performance of duties. In such instances of temporary

impediment to safe performance of regular duties, the employee may be temporarily reassigned to duties requiring a lesser safety awareness level if such duties are available.

All doctors' statement(s) and related medical information shall be confidential and maintained in the employee's medical file in the HRRMD.

**7-7.4 Cannabidiol (CBD)** – CBD is a naturally occurring chemical compound from the cannabis plant used in products like oils and edibles. The FDA doesn't regulate CBD, so it is possible to buy a product that is more or less potent than advertised, or even one that contains small amounts of THC. Employees should be aware that CBD products could cause a positive THC result on a drug test and a positive test will subject one to consequences outlined in the City's Drug-Free Workplace Program. Until more is known about CBD products and until regulatory policy changes, employees must be aware that using any form of CBD could subject them to consequences outlined in this policy.

The City will respond the same for ANY test that shows positive for THC unless the positive test is the result of THC with a Marinol or similar prescription.

**7-7.5 Medical Cannabis** – Senate Bill 47 was signed in to law, legalizing medical cannabis for Kentuckians beginning January 1, 2025. Although this law makes it legal for one to obtain a certificate for using medical cannabis, this same law does not require the City of Bowling Green to permit or accommodate the use, consumption, possession, transfer, display, transportation, distribution or sale of medicinal cannabis in the workplace. Nor does the law prohibit the City from implementing policies promoting workplace health and safety by:

- Restricting the use of medicinal cannabis by employees; or
- Restricting or prohibiting the use of equipment, machinery, or power tools by an employee who is a registered qualified patient, if the employer believes that the use of such equipment, machinery, or power tools by an employee who is a registered qualified patient poses an unreasonable safety risk.

As such, the City has chosen to promote workplace health and safety by adhering to the Drug-Free workplace policy as written within this Chapter.

**Note:** A medical prescription A Marinol prescription is not the same as a medical marijuana prescription written certification for the use of medical cannabis. While prescribed marijuana medical cannabis is now authorized in Kentucky is authorized in some states, under the City's Drug-Free Workplace policy a positive THC test resulting from the medical use of marijuana cannabis is considered prohibited conduct and will subject an employee to consequences outlined within this Chapter.

## 7-8 Use of Alcohol at Work-Related Social Functions & Off Duty Usage

**7-8.1 Social Functions General Policy Statement** - Employees attending City funded training programs and/or conferences may participate in social functions associated with these type events. If alcoholic beverages are present at the social function and the employee chooses to engage in consumption of alcoholic said beverage(s), they shall do so at their own discretion. Employees who choose to engage in the consumption of alcoholic beverages as part of a work related social function shall do so in a responsible manner, maintaining a conduct that would not reflect adversely upon the City.

Any unbecoming conduct by an employee who has chosen to consume alcohol at a City funded such training/conference or training program that has an adverse effect upon the City will be subject to disciplinary action up to and including termination of employment.

The operation of a City owned vehicle following the drinking of alcoholic beverages shall be considered a violation of this policy and shall result in disciplinary action. Alcoholic beverages in open or closed containers are not permitted in City-owned vehicles.

**7-8.1 Off Duty Use** – All off duty usage of alcohol should be done in a responsible manner and in a manner not unbecoming of a City employee. Employees choosing to consume alcoholic beverages at a City owned facility that serves alcohol (i.e. City Golf Courses) must be off duty, not be in City uniform and shall not engage in work activities or perform activities that could be construed as work-related.

## 7-9 Searches

**7-9.1 Reasonable Cause Search** - When reasonable cause exists, the City of Bowling Green reserves the right to conduct unannounced searches for controlled substances or alcohol anywhere on City property, including, but not limited to:

- a. Lockers
- b. Desks
- c. File Cabinets
- d. City Vehicles and Equipment

All such searches must be authorized and conducted under the direction of the City's Police Department. Employees who refuse to cooperate during such unannounced searches shall be subject to disciplinary action, up to and including termination.

## 7-10 Consequences of Engaging in Prohibited Conduct

**7-10.1 Consequences for Prohibited Conduct Involving Alcohol** - The first time an employee as a result of post-accident, random or reasonable suspicion testing, is found to have an breath alcohol concentration (BrAC) of 0.001 - 0.039 (as part of this program or the CDL-Alcohol & Drug Testing Program), he or she will be placed on leave for at least 24-hours, required to be evaluated by a Substance Abuse Professional (SAP) and undergo Return-to-Duty testing prior to returning to work. The City shall require the employee comply with SAP's recommendation(s) regarding follow-up testing and/or counseling. Any employee found to have a BrAC of 0.001 – 0.039 may only be allowed to return to duty after return-to-duty testing indicates a BrAC of 0.000. Failure to obtain a BrAC result of 0.000 during a return-to-duty test will result in dismissal from employment. A second offense in which an employee's test for alcohol indicates a concentration of 0.000 or greater, will be subject to disciplinary action up to and including termination.

If an employee has a BrAC of 0.04 or greater or engages in other prohibited conduct relating to alcohol, the employee will be subject to disciplinary action up to and including termination from employment.

**7-10.2 Consequences for Prohibited Conduct Involving Drugs** - Any employee who engages in prohibited conduct involving drugs or controlled substances will be subject to disciplinary action up to and including termination from employment.

The City of Bowling Green will report information concerning possession, distribution, or use of any controlled substance to law enforcement officials.

**7-10.3 Consequences for Prohibited Conduct Involving Volatile Substances** - Any employee who engages in prohibited conduct involving volatile substances as described elsewhere in this policy will be subject to disciplinary action up to and including immediate termination of employment.

## 7-11 Refusal to Submit to an Alcohol or Controlled Substance Test

**7-11.1 Refusal to Submit** - An employee is considered to have refused to submit to testing when he or she:

- a. Fails to appear for any test within a reasonable time
- b. Engages in conduct that clearly obstructs the testing process
- c. Fails to remain at the testing site until the testing process is complete
- d. Fails to provide a urine specimen for drug testing or a saliva or breath specimen for alcohol testing
- e. Fails to provide enough urine for drug testing or an adequate amount of breath for alcohol testing

- and there is no medical explanation for the failure to produce
- f. In the case of directly observed or monitored drug test collection, the driver fails to permit the observation or monitoring of his or her provision of the specimen
- g. Fails or declines taking a second drug test when directed by an employer or collector
- h. Fails to undergo a medical examination or evaluation as directed by the MRO as part of the verification process
- i. Fails to cooperate with any part of the testing process.

A judgment of “refusal to submit” will not apply to pre-employment testing, unless the applicant has begun the testing process and leaves or engages in conduct that clearly obstructs the testing process.

**Note:** *If an employee or applicant has difficulty producing a sufficient amount of urine for testing, the testing process may be extended an additional 3 hours. While these circumstances are rare, the employee or applicant submitting to the testing process must remain at the testing facility until the process is complete. It is essential that the employee or applicant have a backup plan for any after-hour responsibilities (i.e. the need to pick up child at daycare) because once the testing process begins, it must be completed. If the employee or applicant leaves the testing site and does not finish the testing process as requested, it will be considered a “refusal to submit”.*

## 7-12 Off Duty Alcohol/Drug Use and Call Back

**7-12.1 General Policy Statement** - The drug and alcohol prohibitions apply to employees who are on call for any special operation exhibiting a likelihood of requiring an employee to report to work (i.e. snow and ice removal). An employee who is called back to work to perform duties involving a heightened safety awareness level must report any:

- a. Off duty use of alcohol in the prior four hours
- b. Medically prescribed use of a controlled substance

An employee who engages in the off duty use of alcohol or medically prescribed controlled substances when a call-back situation is imminent or reasonably expected will be subject to disciplinary action.

## 7-13 Records Retention, Release and Confidentiality

**7-13.1 General Statement** - Records of activities related to these policies and procedures will be maintained by HRRMD and all employee records regarding drug or alcohol testing are considered confidential and will be kept under controlled access. Employee records may not be released except upon written request or release by the employee, except:

- a. In the event of a lawsuit.
- b. In the event of a grievance or other proceeding initiated by or on behalf of the employee arising from the results of an alcohol or controlled substance test.
- c. In a proceeding relating to a benefit sought by the employee, such as worker’s compensation or unemployment insurance.

**7-13.2 Records Retention** - The City shall maintain records and documents of all alcohol and drug test results, schedules for follow-up tests and records relating to evaluation and referrals for a period of at least five years.

HRRMD will provide test result information to the employee applicants or an employee transferee upon their written request, and will do so within 60 calendar days of being notified of the disposition of the employment application. Positive test results obtained for employees under the age of 18 will be reported to the parent or legal guardian as designated on the completed [Drug Testing Parental Consent and Consent to Share With Parent\(s\) or Guardian\(s\)](#) form.

**7-13.3 Training Records Retention** - The City of Bowling Green HRRMD shall maintain the names and position titles of all employees and supervisory personnel trained under the program as described above, and will maintain

the names of all persons who presented alcohol and substance abuse awareness training. This information shall be available for review by the Office of Workers' Claims.

## 7-14 Reporting of Drug or Alcohol Related Offenses

**7-14.1 General Policy Statement** - All employees shall report a citation, arrest, and/or conviction received on any criminal, drug or controlled substance statute, or DUI to his supervisor within three days of such an arrest and/or conviction. Supervisors are then required to notify the HRRMD Director or designee as soon as practical.

**7-14.2 Special Agency Reporting Requirements** - The Department of Housing and Urban Development (HUD) shall be notified in writing, within ten calendar days after an employee has notified the City in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace. Notice of conviction shall be provided to every HUD grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices.

## 7-15 Employee Assistance Program

**7-15.1 General Statement** - Alcoholism and controlled substance addiction are recognized as diseases responsive to proper treatment. The City of Bowling Green's health insurance plan specifies the level of coverage available for substance abuse treatment. In addition, the City of Bowling Green Employee Assistance Program (EAP) outlines additional benefits available for help in dealing with alcohol or controlled substance abuse.

**7-15.2 EAP & Other Contact Information** - Employees are strongly encouraged to contact the EAP if they believe they might have a problem with drug or alcohol abuse.

**MaxWell Employee Assistance Program**  
**1-888-550-5535**

Other resources for information:

1-800-356-9996. . . . . A1-Alanon  
1-800-527-5344. . . . . American Council on Alcoholism  
1-800-662-4357. . . . . Center for Substance Abuse Treatment  
1-800-967-5752. . . . . Drug Free Workplace Helpline

**7-15.3 Voluntary Reporting** - Employees who voluntarily report a substance or alcohol abuse problem prior to being required to take a controlled substance or alcohol test as defined in this policy, will not be subject to disciplinary action if they voluntarily and conscientiously seek substance abuse assistance and agree to a treatment plan prescribed by the Substance Abuse Professional (SAP). The SAP shall be either a licensed physician, certified psychologist, social worker, employee assistance professional or addiction counselor.

**7-15.3.1 "Treatment Plan/Last Chance Agreement"** - Upon voluntarily reporting a substance or alcohol abuse problem, the employee shall be required to meet with a HRRMD representative to receive an explanation of the terms of continued employment and be provided a copy of the [Continued Substance or Alcohol Abuse Treatment Plan "Last Chance Agreement"](#). The employee will be asked to sign the agreement, thus agreeing to the terms and conditions therein. The treatment plan will require that the employee, at the City's request be required to submit to interviews and/or physical examinations by the authorized City physician and/or evaluation by the professional staff at an appropriate chemical dependency treatment facility approved by the City's EAP. The treatment plan will also stipulate that the employee be required to submit to unannounced controlled substance and/or alcohol testing up to 36 months after resuming duties. Employees must understand that if the problem is not corrected and satisfactory job performance is not maintained, he or she will be subject to disciplinary action up to and including termination. Failure to seek assistance as identified herein or failure to abide by the terms of the treatment plan, shall be grounds for termination.

## 7-16 City Financial Assistance

**7-16.1 Financial Responsibility** - The City will pay for all conducted tests except for the second controlled substance test (requested by the employee) when that test confirms the initial test to be positive. Employees may utilize all service and benefits available through the City's Employee Assistance Program (EAP) as described in the Employee Benefit Booklet.

## 7-17 Training

**7-17.1 Required Training** - The City of Bowling Green shall conduct Drug-Free Workplace training with each employee. Training will consist of the following minimum requirements:

Upon initial hire, each employee shall be provided a copy of the City's Drug & Alcohol-Free Workplace and will be asked to sign the [Drug & Alcohol-Free Workplace Policies and Procedures Certificate of Acknowledgement](#). Annually, all existing employees will be provided a copy of the policy and requested to sign the [Drug & Alcohol-Free Workplace Policies and Procedures Certificate of Acknowledgement](#) or will be provided the document using computer on-line technology in which policy review and training will be documented electronically.

**Note:** *Should the policy be amended, employees shall be provided with copies of any change or modification and given an opportunity to ask questions/obtain answers regarding any policy change.*

Initial training shall consist of at least 1-hour for all new employees.

Annual refresher training shall be conducted for all employees and shall consist of no less than 30-minutes each year.

All alcohol and substance abuse awareness training will include, at minimum, information concerning:

- a. Alcohol and drug testing policy and procedures;
- b. The effects of alcohol and drug use on an individual's health ([Drug and Alcohol Information Packet](#)), work, and personal life;
- c. The disease of alcohol or drug addiction;
- d. Signs and symptoms of an alcohol or drug problem;
- e. The role of coworkers and supervisors in addressing alcohol or substance abuse; and
- f. Referrals to an employee assistance program.

Supervisory personnel, in addition to all of the above training shall receive an additional thirty (30) minutes each year of alcohol and substance abuse education and awareness training. This additional supervisory training will be documented using the [Supervisor Training Certificate](#) or will be documented using computer on-line technology in which training will be documented electronically.

. The additional supervisory personnel training shall consist of at least the following:

1. Recognizing the signs of alcohol and substance abuse in the workplace;
2. How to document signs of employee alcohol or substance abuse;
3. How to refer employees to an employee assistance program or other alcohol and substance abuse treatment; and
4. Legal and practical aspects of reasonable suspicion testing for the presence of drugs and alcohol.

**The City of Bowling Green may change, modify, amend, revoke, or rescind all or part of this policy at any time. Proposed changes to this policy that circumvent or could conflict with any requirements associated with 803 KAR 25:280 must be approved by the Department of Workers' Claims prior to implementation.**

**DRUG & ALCOHOL-FREE WORKPLACE  
POLICIES AND PROCEDURES  
CERTIFICATION OF ACKNOWLEDGMENT**

(Reference Section 7-17)

I, the undersigned, acknowledge that I have been presented with and read a copy of the City of Bowling Green's policy and procedures on a DRUG & ALCOHOL-FREE WORKPLACE, and have obtained training and understand these policies and procedures as presented. I accept and understand that following these policies and procedures is a condition of my continued employment with the City of Bowling Green.

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

Name: \_\_\_\_\_  
(Please Print)

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

**ALCOHOL & SUBSTANCE ABUSE EDUCATION & AWARENESS  
TRAINING FOR SUPERVISORS  
CERTIFICATION OF ACKNOWLEDGMENT**

(Reference Section 7-17)

I, the undersigned, acknowledge that I have completed the referenced training. Furthermore, I understand that I may contact the Human Resources & Risk Management Department should I have any questions regarding my duty (as a supervisor) with regard to properly implementing the Drug & Alcohol Free Workplace Policy.

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

Name: \_\_\_\_\_  
(Please Print)

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

# **DRUG TESTING PARENTAL CONSENT & CONSENT TO SHARE WITH PARENT(S) OR GUARDIAN(S)**

**(To be provided with employment application to all minors)**

(Reference Section 7-3.1.2.1)

## **Parent/Legal Guardian Section**

I acknowledge that the minor child, named below, has applied for employment at the City of Bowling Green, Kentucky. I, \_\_\_\_\_ (parent or legal guardian), understand that the City of Bowling Green is a Drug Free Workplace and that my minor child will be subject to the City's Drug Free Workplace Policy. I hereby consent for my minor child to be tested by the City of Bowling Green pursuant to its Drug Free Workplace Policy. I have been provided a copy of the Policy and I hereby acknowledge that I have thoroughly read and understand its terms and provisions.

I also understand, consent and agree that my minor child will be subject to all provisions, conditions and procedures of the Policy, including, but not limited to, the pre-employment drug and alcohol testing provisions and the City's ability to obtain and review the results. I understand that test results, written or otherwise, received through the testing program shall be kept confidential, and, without consent, may only be released to those persons and in those instances provided in the Policy. Further, I understand that any and all test results shall be the property of the City of Bowling Green. I understand that I will be entitled to be informed, upon written request and confirmation of identity, of any test results by the City performed upon my minor child pursuant to the Policy.

I represent by my signature below that I have the authority to sign this consent form, and I understand that a failure to comply with the City's Drug Free Workplace Policy will subject the minor child listed below to the City's disciplinary policies.

## **Applicant Section**

I, \_\_\_\_\_ (applicant), acknowledge that the City of Bowling Green, Kentucky is a Drug Free Workplace and that if provided a conditional offer of employment, I will be subject to the City's Drug Free Workplace Policy. I may be required to submit to testing for the presence of drugs and alcohol, and my consent is hereby given for the release of such testing results to my parent(s) or legal guardian(s) in addition to those persons provided for by the Policy. I understand that my parent or legal guardian's consent for me to submit to testing is being sought, and is provided with his or her signature below. I have been provided a copy of the Policy and I hereby acknowledge that I have thoroughly read and understand its terms and provisions.

I also understand that I will be subject to all provisions, conditions, and procedures of the Policy, including, but not limited to, the pre-employment drug and alcohol testing provisions and the City's ability to obtain and review the results. I understand that test results, written or otherwise, received through the testing program shall be kept confidential, and, without consent, may only be released to those persons and in those instances provided in the Policy. Further, I understand that any and all test results shall be the property of the City.

I understand that my parent(s) or legal guardian(s) will be entitled to be informed, upon written request and confirmation of identity, of any test results by the City performed upon me pursuant to the Policy and I consent to such release of results. I also understand that my failure to comply with the City's Drug Free Workplace Policy will subject me to the City's disciplinary policies.

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**Parent/Legal Guardian Signature**

---

**Date**

---

**Applicant Signature**

---

**Date**



**CITY OF BOWLING GREEN  
DRUG & ALCOHOL – FREE WORKPLACE  
TEST NOTIFICATION FORM**  
(Reference 7-5.2)

Applicant/Employee Name: \_\_\_\_\_

1. You are hereby notified to appear at the testing site identified below, at the prescribed time and date. All testing will be administered in compliance with the City's Drug & Alcohol Free Workplace Program:

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

Location: \_\_\_\_\_

2. Type of test to be administered:

10-Panel Expanded Drug       11-Panel Rapid Drug Screen       Breath Alcohol Test

**Rapid Drug Performed at HR Request ONLY**

3. Reason Test is being ordered:

Pre-Employment       Post-Accident       Follow-up or Return-to-Duty  
 Reasonable Suspicion       Random       Transfer to HSAL Position  
 Other: \_\_\_\_\_

4. Appointment Instructions/Comments:

*You are required to present your driver's license or other photo identification upon arrival at the collection site. This form will be provided to the collection facility and a copy will be retained in your confidential file.*

By signing below, I understand as a condition of my employment with the City of Bowling Green, the above test is required.

Employee/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE TESTING FACILITY IS TO FAX COMPLETED SIGNED FORM TO:  
CITY OF BOWLING GREEN – HUMAN RESOURCES & RISK MANAGEMENT DEPARTMENT  
FAX#: 270-901-3162**



**OBSERVED BEHAVIOR  
REASONABLE SUSPICION RECORD**  
(Reference Section 7-3)

Observed Employee's Name:

**Time of Observation**

Date of Observation:

From:  To:

Address of Incident Location:

City:

State:

**Record the employee's observed behavior for reasonable suspicion:**

Reasonable suspicion determined for:  Alcohol  Drugs  Both

**1. WALKING/BALANCE:**

- Stumbling  Staggering  Falling  Unable to hold on  Swaying  Unsteady  
 Holding on  Rigid  Swagging at Knees  Feet wide apart

**2. SPEECH:**

- Shouting  Whispering  Slow  Rambling  Slurred  Slobbering  Incoherent  
 Resisting Communications  Insulting  Hostile  Profanity

**3. ACTIONS:**

- Fighting/Insubordinate  Drowsy  Threatening  Crying  Hyperactive  Indifferent  
 Erratic

**4. EYES:**

- Bloodshot  Watery  Glassy  Closed  Droopy  Dilated  Wearing Sun Glasses

**5. FACE:**

- Flushed  Pale  Sweaty

**6. APPEARANCE/CLOTHING:**

- Disheveled  Messy  Dirty  Partially dressed  Having Odor  Stains on clothing

**7. BREATH:**

- Alcohol Odor  Faint Alcohol Odor  No Alcohol Odor  Marijuana Odor

**8. MOVEMENTS:**

- Fumbling  Jerky  Slow  Nervous

**9. EATING/CHEWING:**

- Gum  Candy  Mints  Tobacco  Other

List any other observations:

Did the employee admit to using drugs or alcohol?  Yes\*  No

\*Date taken:  \*Time Taken:

\*Type Taken:

\*Amount taken:

\*List the location where taken:

**Witnessed by:**

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of HRRMD Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

*The observed employee shall be requested to submit to a controlled substance or alcohol test only if a supervisor or other City official that has been trained to recognize observed behavior, determines that reasonable suspicion exists.*

THE HUMAN RESOURCES & RISK MANAGEMENT DEPARTMENT SHALL RETAIN A COPY IN THE EMPLOYEES PERSONNEL FILE

## DRUG AND ALCOHOL INFORMATION PACKET

The following information is provided to help create an awareness of the physical and psychological effects of drugs and alcohol and aid employees in compliance with the drug and alcohol regulations.

### ALCOHOL CONTENT OF COMMON OVER-THE-COUNTER MEDICATIONS

Alcohol is often a major component of cough syrups and other over-the-counter medications and preparations. Following is an alphabetical list of many medicines with high alcohol content.

Medication	Percent Alcohol
Ambesol	70.0
Ambesol Gel	70.0
Contact Severe Cold	25.0
Contrex	20.0
Cotussis	20.0
Dalidyne	61.0
Dent's Toothache Drops	60.0
Dewitt Coldsore	90.0
Double Action Kit	60.0
Dristan Ultra	25.0
Formula 44D	20.0
Geritonic	20.0
Gerizyme	18.0
Gevrabon	18.0
Hall's	22.0
Jiffy	56.5
Night Relief	25.0
Nyquil	25.0
Pfeiffer Coldsore	85.0
Queldrine	25.0
Quiet Night	25.0
Romilar III	20.0
Romilar CF	20.0
Terpin Hydrate with DM	40.0

Not surprisingly, a major use of the very highest proof alcohol is medicinal.

It's important to be aware of how much alcohol medications contain. Laws against driving under the influence of alcohol (DUI) or driving while intoxicated (DWI) do not distinguish between blood alcohol content (BAC) that comes from drinking alcoholic beverages, from medications, or from that produced naturally in the body (endogenous ethanol production).

## What Are the Effects of Alcohol and Drugs on the Body?

### ALCOHOL

*Alcohol is a central nervous system depressant found in beer, wine, hard liquor and some over-the-counter medications (for example: some allergy and cold medications).*

Considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings, alcohol is widely abused primarily due to its social acceptance and availability. "Abuse" occurs when it is used primarily for its physical and mood-altering effects. *About half of all auto accident fatalities in the United States are related to alcohol abuse.*

#### Signs and Symptoms of Use:

- Dulled mental processes;
- Lack of coordination;
- Odor of alcohol on breath;
- Pupils may be constricted;
- Sleepy or stuporous condition;
- Slowed reactions; and
- Slurred speech.

NOTE: *With the Exception of the odor of alcohol, these are general signs and symptoms of any depressant substance.*

#### Other Effects:

- Greatly impaired driving ability;
- Reduced coordination and reflex actions;
- Impaired vision and judgment;
- Inability to divide attention;
- Lowered inhibitions; and
- Headaches, nausea, dehydration, unclear thinking, unsettled digestion and aching muscles are associated with overindulgence (hangover).

#### How Does it work on the Body?

Alcohol first acts on the parts of the brain that affect self-control and other learned behaviors. Diminishing self-control often leads to aggressive behavior. In large doses, alcohol dulls sensations and impairs muscular coordination, memory and judgment.

After ingestion, alcohol is absorbed through the stomach and intestine into the bloodstream. Here it passes through the liver, where it is metabolized in several steps. Metabolism helps prevent alcohol from accumulating in the body and destroying cells and organs. The liver can't metabolize alcohol as quickly as the body can absorb it. This is the point of intoxication. Any concentration of alcohol that remains non-metabolized can be detected and measured during a blood alcohol concentration test.

Many factors contribute to levels of alcohol absorption, rates of metabolism, and intoxication. Among them are: body size and weight, food ingested, gender, physical condition, and other drugs or medications in the body. Impairment begins with one drink.

### Health Effects:

While beer, wine, and hard liquor are considered recreational beverages when consumed in moderation, our bodies view alcohol as a poison that needs to be expelled. And when alcohol is abused, our bodies can't expel it fast enough, causing damage to critical organs.

Over time, chronic\* consumption of alcohol may result in the following health hazards:

- Liver damage;
- Inflammation of the esophagus;
- Aggravation of peptic ulcers;
- Acute and chronic pancreatitis;
- Malabsorption of food nutrient that may lead to malnutrition;
- Heart attack;
- Hypertension;
- Stroke;
- Immune system depression (makes body more susceptible to infections);
- Cancers of the liver, esophagus, nasopharynx or larynx; and
- Brain damage (dementia, blackouts, seizures, hallucinations, peripheral neuropathy).

NOTE: *On average, heavy drinkers shorten their life span by about 10 years.*

\*Chronic consumption of alcohol = Average of three servings per day of 12 ounces of beer, 1-1/2 ounces of whiskey or 5 ounces of wine.

### Alcohol's Trip Through the Body:

**Alcohol can do more physical damage than most people realize:**

**Mouth and Esophagus:** Alcohol is an irritant to the delicate linings of the throat and esophagus, making them vulnerable to disease.

**Stomach and Intestines:** Alcohol has an irritating effect on the stomach's protective lining, resulting in gastric or duodenal ulcers. If this condition becomes acute it can cause a perforation of the stomach wall (peritonitis). In the small intestine, alcohol blocks absorption of important substances, such as thiamine, folic acid, fat, vitamin B1, vitamin B12 and amino acids.

**Bloodstream:** 95% of the alcohol taken into the body is absorbed into the bloodstream through the lining of the stomach and duodenum. Once in the bloodstream, alcohol quickly goes to every cell and tissue in the body. Alcohol caused red blood cells to clump together, slowing circulation and depriving tissues of oxygen. It also causes anemia by reducing red blood cell production. Alcohol slows the ability of white cells to destroy bacteria and reduces the clotting ability of blood platelets.

**Pancreas:** Alcohol irritates the cells of the pancreas, causing them to swell and block the flow of digestive enzymes. Unable to enter the small intestine, the digestive juices begin to digest the pancreas, leading to acute hemorrhagic pancreatitis. One out of five people who develop this disease dies during the first attack. Pancreatitis can destroy the pancreas and cause a lack of insulin, resulting in diabetes.

**Liver:** Alcohol inflames the cells of the liver, causing them to swell and block the tiny canal to the small intestines. This prevents bile from being filtered properly through the liver. Jaundice develops, turning the whites of the eyes and skin yellow. Each drink of alcohol increases the number of live cells destroyed, eventually causing cirrhosis of the liver. About 30,000 people die of liver disease each year. This disease is eight times more frequent among alcoholics than among non-alcoholics.

**Heart:** Alcohol causes inflammation of the heart muscle. Fat collects around the heart, disrupting its normal metabolism.

**Urinary Bladder and Kidneys:** Alcohol inflames the lining of the urinary bladder making it unable to stretch properly. In the kidneys, alcohol causes increased loss of fluids.

**Sex Glands:** Swelling of the prostate gland caused by alcohol interferes with the ability of the male to perform sexually. It also interferes with the ability to climax during intercourse.

**Brain:** The most dramatic and noticed effect of alcohol is on the brain, reaching and affecting it within 15 minutes of consumption. Alcohol kills brain cells and brain damage is permanent. It depresses brain centers, producing progressive lack of coordination, confusion, disorientation, stupor, anesthesia, coma and even death. Drinking over a period of time causes loss of memory, judgment and learning ability. About 40,000 people die each year from brain disease.

#### *How Alcohol Impairs Functions Needed for Driving:*

Because it takes subtle and complex skills to operate a motor vehicle safely, people are susceptible to impairment from even low doses of alcohol. The evidence linking alcohol and transportation accidents is supported by experimental studies conducted by the National Institute on Alcohol Abuse and Alcoholism, relating the effect of alcohol on specific driving-related skills.

#### ***What is Impairment?***

Impairment is related to alcohol in terms of its concentration in the bloodstream. For example, a blood alcohol concentration (BAC) of 0.04 percent might be achieved by a 150-pound man consuming two drinks in one hour.

#### ***Impaired Attention Span***

Drivers must divide their attention among many skills in order to keep a vehicle in the proper lane while monitoring the environment for vital safety information, such as other vehicles, traffic signals and pedestrians. Results of numerous studies show that a deficit in the ability to divide attention may occur at 0.02 percent BAC.

### ***Impaired Visual Tracking/Perception***

In driving, the eyes must focus briefly on important objects in the visual field and track them as they move (along with the vehicle). Low to moderate BAC's (0.03 to 0.05 percent) interfere with voluntary eye movements, impairing the eye's ability to rapidly track a moving target

### ***Impaired Reaction Time***

Steering is a complex psychomotor task. A delay in the body's eye-to-hand reaction time is compounded by the visual effects described above, causing significant impairment in steering ability at about 0.035 percent BAC.

### ***Impaired Information Processing***

Alcohol impairs nearly every aspect of the brain's information processing. Alcohol-impaired drivers require more time to read street signs or respond to traffic than unimpaired drivers. As a result, impaired drivers tend to look at fewer sources of information. A narrowing of the field of attention begins at about 0.04 percent BAC.

### **Facts:**

- ✓ The majority of people convicted of driving under the influence--75 percent--are considered either heavy drinkers or alcoholics.
- ✓ About two in every five Americans will be involved in an alcohol-related vehicle accident in their lifetime.
- ✓ The risk of a traffic fatality per mile driven is at least eight times higher for a drunk driver than a sober one.
- ✓ A 12-ounce can of beer, a 5-ounce glass of wine and 1-1/2 ounce shot of hard liquor all contain the same amount of alcohol.
- ✓ Each 1-1/2 ounce of alcohol takes the average body about one hour to process and eliminate.
- ✓ Coffee, cold showers and exercise do not quicken sobriety.

### **MARIJUANA**

*Also known as grass, pot, weed, gold, joint, hemp, reefer: Active chemical –THC.*

Marijuana is one of the most misunderstood and underestimated drugs of abuse. It is used for its mildly tranquilizing, mood and perception altering effects. It alters the brain's interpretation of incoming messages but does not depress the reactions of the central nervous system. It alters a person's sense of time and reduces the ability to perform tasks requiring concentration, swift reflexes and coordination. The drug has a significant effect on a user's judgment, caution and sensory/motor abilities.

### Signs and Symptoms of Marijuana Use:

- Reddened eyes;
- Slowed speech;
- Distinctive, pungent odor on clothing (aroma of alfalfa combined with incense);
- Lackadaisical “I don’t care” attitude;
- Chronic fatigue and lack of motivation;
- Irritating cough; and
- Chronic sore throat.

### Other Effects:

- Restlessness;
- Inability to concentrate;
- Increased pulse rate and blood pressure;
- Rapidly changing emotions and erratic behavior;
- Impaired memory and attention;
- Fantasies and paranoia;
- Decrease in/temporary loss of fertility;
- Distorted perception of time;
- Apathy;
- Delayed decision making;
- Aggressive urges;
- Anxiety; and
- Confusion.

### Health Effects:

Over time, long-term inhalation of marijuana smoke may result in the following health hazards:

- Lung irritations;
- Emphysema-like conditions;
- Cancer;
- Heart conditions;
- Respiratory tract and sinus infections caused by the fungus *Aspergilla*, a common contaminate of marijuana;
- Lowered immune system response;
- Aggravation of ulcers; and
- Brain damage.

**NOTE:** Marijuana causes long term negative effects on mental function--also known as “acute brain syndrome,” characterized by disorders in memory, cognitive function, sleep patterns and physical condition.

### How Marijuana impairs functions needed for driving:

Next to alcohol, marijuana is the most frequently found substance in drivers involved in fatal crashes.

- Driving ability is impaired for at least 4-6 hours after smoking one “joint” (cigarette).
- Impaired signal detection (ability to detect a brief flash of light).
- Impaired tracking (ability to follow moving objects with the eyes).
- Impaired visual distance measurements.
- THC is stored in body fat and is slowly released over time, causing a long-term effect on overall performance.
- *Like the other drugs that appear in this handbook*, marijuana chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

### Facts:

- ✓ Marijuana remains in the body for 28 days. This is in contrast to alcohol which dissipates in a matter of hours.
- ✓ 500% to 800% increase in THC potency in the past several years makes smoking three to five joints (cigarettes) per week today the equivalent to 15 to 40 joints per week in 1978.
- ✓ Combining marijuana with alcohol or other depressant drugs can produce a multiplied effect, increasing the impairment caused by all substances.

## **COCAINE**

*A stimulant drug also known as blow, Charlie, coke, snow or zip when it is inhaled (snorted), ingested or injected. Free-base cocaine, known as base, crack or rock, is smoked.*

Cocaine is used medically as a local anesthetic. It is abused for its powerful physical and mental stimulant properties. The entire central nervous system is energized by cocaine. Heart rate and blood pressure are elevated. Muscles become more tense and the body burns more energy. The brain experiences an exhilaration caused by a large release of neurohormones associated with mood elevation.

Crack or rock cocaine gets its name from the popping sound heard when it is heated. The most dangerous effect of crack is that it can cause vomiting, rapid heartbeat, tremors and convulsive movements. All of this muscle activity increases the demand for oxygen, which can result in a cocaine-induced heart attack. Since the heat-regulating center in the brain is also disrupted, dangerously high body temperatures can occur. With high doses, brain functioning, breathing and heartbeat are depressed--leading to death.

### Signs and Symptoms of Cocaine Use:

- Fatigue;
- Anxiety and agitation;
- Runny or irritated nose;
- Difficulty in concentration;
- Dilated pupils and visual impairment;
- High blood pressure, heart palpitations and irregular heart rhythm;
- Insomnia; and
- Profuse sweating and dry mouth.

### Other Effects:

- Impaired driving ability;
- Hallucinations;
- Talkativeness;
- Restless, aggressive behavior;
- Wide mood swings;
- Increased physical activity;
- Heightened, but momentary, feeling of confidence, strength and endurance;
- Paranoia (which can trigger mental disorders in users prone to mental instability);
- Repeated sniffing/snorting causes irritation of the nostrils and nasal membrane, which may cause nosebleeds;
- Compulsive behavior such as teeth grinding or repeated hand washing; and
- Craving for more cocaine.

### Health Effects:

- Accelerated pulse, blood pressure and respiration. May cause spasms of blood vessels in the brain and heart, leading to ruptured vessels that lead to heart attack and stroke.
- Regular use may upset the chemical balance of the brain, which may speed up the aging process by causing irreparable damage to critical nerve cells.
- Mental dependency on crack cocaine occurs within days (within several months when coke is snorted).
- Cocaine is extremely dangerous when taken with depressant drugs. Death due to overdose is rapid and the fatal effects of an overdose are usually not reversible by medical intervention.

### How Cocaine Impairs Functions Needed for Driving:

Cocaine chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

### Facts:

- ✓ Cocaine is considered the primary drug threat in the U.S. because it is easy to get, has a high rate of overdose and has a strong correlation to violence.
- ✓ The number of cocaine overdose deaths has tripled.
- ✓ Treatment success rates are lower for cocaine than for other chemical dependencies.
- ✓ Cocaine causes the strongest mental dependency of any known drug. Strong psychological dependency can occur within one “hit” of crack.
- ✓ Many people think that because crack is smoked, it is safer than other forms of cocaine use. It is not. Crack cocaine is one of the most addictive substances known today. The crack “high” is reached in 4-6 seconds and lasts about 15 minutes.

## **AMPHETAMINES AND METHAMPHETAMINES**

### *Stimulant drugs.*

*Some common street names for amphetamines are speed, uppers, black Beauties, wake-ups and dexies.*

*Some common street names for methamphetamines are ice, crank, crystal meth, 64 glass, cristy, go fast, OZs and in smokable form “LA glass” (as in the city of Los Angeles).*

Amphetamines and methamphetamines are drugs that stimulate the central nervous system and promote a feeling of alertness and an increase in speech and general physical activity. While amphetamines are usually sold in tablet form, methamphetamines are available as powder, and may be swallowed, snorted or injected.

Although they were widely prescribed at one time for weight reduction and mood elevation, the legal use of amphetamines is now limited to a very narrow range of medical conditions. In action, methamphetamines are nearly identical to amphetamines. They are abused for the physical sense of energy at lower doses and the mental exhilaration of higher doses. Even small, infrequent doses can produce toxic effects in some people.

### Signs and Symptoms of Amphetamine/Methamphetamine Use:

- Hyperexcitability, restlessness, anxiety;
- Dilated pupils;
- Profuse sweating;
- Rapid respiration;
- Difficulty in focusing eyes; and
- Exaggerated reflexes, body tremors.

### Other Effects:

- Impaired driving ability;
- Loss of appetite;
- Headaches/dizziness;
- Confusion;
- Panic;
- Talkativeness;
- Inability to concentrate;
- Short-term insomnia;
- Paranoid thoughts; and
- Hallucinations.

### Health Effects:

- Heartbeat disturbances or heart damage caused by severe constriction of constriction of capillary blood vessels;
- Increased blood pressure;
- Convulsions
- Coma;
- Brain damage resulting in speech disturbances;
- High doses may cause toxic psychosis resembling schizophrenia; and
- Long-terms users often have acne resembling measles, trouble with their teeth, gums and nails, and dry, dull hair.

### How Amphetamines and Methamphetamines Impair Functions Needed for Driving:

They chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system or critical thinking skills and reflexes that allow people to drive safely and conscientiously.

### Fact:

- ✓ People with a history of sustained low-dose use quite often become dependent and believe they need to take the drug to “get by.” These users frequently keep taking amphetamines to avoid the “down” mood they experience when the “high” wears off.

## **OPIATES**

*Narcotics, including heroin, morphine, codeine and many synthetic drugs used to alleviate pain, depress body functions and reactions.*

*In large doses, opiates cause a strong euphoric feeling. Common street names are: horse, morpho, China, H, M, brown sugar, Harry and dope.*

Sometimes narcotics found in medicines are abused. This includes pain relievers containing opium and cough syrups containing codeine. Heroin is illegal and cannot even

be obtained with a physician's prescription. Most medical problems associated with the use of opiates are caused by uncertain dosages, use of non-sterile needles, contamination of the drug, or from combining a narcotic with other drugs.

Signs and Symptoms of Use:

- Mood changes;
- Impaired mental function and alertness;
- Impaired vision;
- Constricted pupils, and
- Impaired coordination.

Other Effects:

- Impaired driving ability;
- Drowsiness followed by sleep;
- Decreased physical activity;
- Sleeplessness and drug craving;
- Depression and apathy;
- Constipation; and
- Nausea and vomiting.

Health Effects:

- IV needle users have a high risk for contracting hepatitis and HIV due to the sharing of needles.
- Narcotics increase pain tolerance. As a result, people could more severely injure themselves and fail to seek medical attention due to a lack of pain sensitivity.
- The effects of narcotics are multiplied when used in combination with alcohol and other depressant drugs, causing an increased risk for overdose.

How Opiates Impair Functions Needed For Driving:

Opiates chemically alter the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously.

Fact:

- ✓ Heroin (also called: big H, Dr. Feel-good, fairy dust, horse, jack, junk or smack) accounts for 90% of the narcotic abuse in the United States.

**PHENCYCLIDINE (PCP)**

*PCP acts as both a depressant and a hallucinogen, and sometimes as a stimulant.*

*Also called angel dust, rocket fuel, embalming fluid and killer weed.*

PCP was developed as a surgical anesthetic in the late 1950s. Later, due to its unusual

side effects in humans, it was restricted to use as a veterinary anesthetic and tranquilizer. Today it has no lawful use and is no longer legally manufactured. It is abused largely for its variety of mood-altering effects.

PCP scrambles the brain's internal stimuli and alters how users see and deal with their environment. Routine activities like driving and walking become very difficult.

A low dose produces sedation and euphoric mood changes. The mood can change rapidly from sedation to excitation and agitation. Increased doses produce an excited, confused state including any of the following: muscle rigidity, loss of concentration and memory, visual disturbances, delirium, feelings of isolation, and convulsions.

#### Signs and Symptoms of Use:

- Impaired driving ability;
- Impaired coordination;
- Thick, slurred speech;
- Severe confusion and agitation;
- Muscle rigidity; and
- Profuse sweating.

#### Other Effects:

- Loss of concentration and memory;
- Extreme mood shift;
- Nystagmus (jerky, involuntary eye movements);
- Rapid heartbeat;
- Dizziness;
- Convulsions; and
- Memory loss

#### Health Effects of Using PCP:

- The potential for accidents and overdose emergencies is high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP becomes more potent in combination with other depressant drugs, including alcohol, increasing the likelihood of an overdose reaction.

#### How PCP Impairs Functions Needed for Driving:

PCP chemically alters the brain and gross motor functioning of the body, having a direct impact on the complex system of critical thinking skills and reflexes that allow people to drive safely and conscientiously. It also causes severe disorientation.

#### Facts:

- ✓ PCP abuse is less common today than in the past.
- ✓ There are four phases to PCP use: toxicity (which may be accompanied by convulsions, combativeness, catatonia and even coma), toxic psychosis (including visual delusion and paranoia), schizophrenia and depression.

## **ANABOLIC STEROIDS**

*Steroids are central nervous system stimulant. Steroids are known increasing muscles gain, recovery time, and decreasing fat. Often user will speak of their feeling of satisfaction. This satisfaction can quickly turn into feelings of hate, anger, and aggression.*

*Anabolic steroids are man-made substances related to male sex hormones. Medical uses of anabolic steroids include some hormone problems in men, late puberty and muscle loss from some diseases.*

*Bodybuilders and athletes often use anabolic steroids to build muscles and improve athletic performance. But using them this way is not legal or safe. Abuse of anabolic steroids has been linked with many health problems. They can range from unattractiveness to life threatening.*

### Signs and Symptoms of Anabolic Steroid Abuse:

- Acne and cysts
- Breast growth and shrinking of testicles in men
- Voice deepening and growth of body hair in women
- Aggressive behavior
- Red and Purple spots on the body
- Change in Skin Color
- Swelling
- Unusually Oily Skin
- Rapid weight gain

### Other Effects:

- Violent and Criminal Behavior
- Suicidal Behavior
- Mood Changes
- Hair Loss
- Skin Infections
- Persistent bad breath
- Disruptive sleep patterns
- Hallucinations
- Paranoia
- Depression (usually when steroids are discontinued)

### Health Effects

- Risk of Cardiovascular Disease
- Liver Disease, including Cancer
- Heart Attack, other Heart problems
- High Cholesterol levels
- High Blood Pressure
- Kidney Failure
- In men (permanent infertility and prostate cancer)

- In women (permanent infertility and irregular menstrual cycles)

#### How Anabolic Steroids affects driving performance

Although the effects of Anabolic Steroids does not have much affect the body's coordination while driving, the drug has been known to increase aggressive driving behaviors by testosterone administration. Studies show that large amount of doses can lead to dizziness, trembling, nausea, and vomiting, which can lead to poor driving performance.

Anabolic Steroids also cause disruptions in sleeping patterns which are known to cause a person to possibly fall asleep behind the wheel of a vehicle.

#### Facts:

- ✓ Steroid use among teens has declined in the last decade. In 2005, 4 percent of high school seniors admitted to trying steroids. However, only 1.8 percent had experimented with them in 2012.
- ✓ One way steroids are taken is through injection directly into the muscles. Because drug injection equipment is not always sterile, users are vulnerable to life-threatening diseases like HIV/AIDs or hepatitis.

Steroids are serious drugs and drugs are addictive. Discontinuing use often leads to withdrawal and depression, which creates a lack of physical drive or social interaction among users.

**CONTROLLED SUBSTANCE OR ALCOHOL ABUSE  
TREATMENT PLAN  
“LAST CHANCE AGREEMENT”  
(Reference Section 7-15.3)**

I, the undersigned, am aware of the Drug Free Work Place and Testing Policy of the City of Bowling Green arising out of the commitment of the City of Bowling Green to provide a safe work place for all of their employees and to protect the safety and welfare of all of its citizens. I understand and agree that this commitment is in the best interest of the City and that the best interest of the City, its employees, and citizens are to be served first.

I further understand that the City has an interest and investment in all of their employees, however, each employee is expected to perform safely and satisfactorily in his assigned position and this cannot be done if a person is under the influence or dependent upon controlled substances or alcohol. I understand that I must abide by all conditions of the treatment plan as determined by the City's EAP. **I understand any treatment costs are my responsibility.** I understand that failure to abide with any aspect of the treatment plan will result in my immediate termination. I understand that my return is conditioned upon the following:

- 1) I must, at all times, report and validate any prescription drug or over the counter drug which I am taking to my supervisor prior to starting work.
- 2) I will be subject to and required to submit to unannounced controlled substance and/or alcohol testing for a period of at least 12 months, but no longer than 36 months after resuming my duties. Any positive test will result in my immediate termination.
- 3) I must maintain satisfactory work performance, and my attendance must be satisfactory. (If performance or attendance is unsatisfactory I understand my supervisor will discuss the problem with me, but if the problem continues, I will be subject to disciplinary action up to and including termination.)
- 4) If my suspension from work was a result of an admitted or otherwise determined substance dependency, I understand, in addition to the above, I must bring weekly verification to the Human Resources & Risk Management Director that the treatment is on-going until such time that I am fully released from treatment and bring proof of such release to the Human Resources & Risk Management Director. After I am fully released from treatment, unless and until I bring a statement from a physician or other professional who was involved in my treatment that continuing participation in a support group is not needed, I must participate in a support group and bring weekly verification to the Human Resources & Risk Management Director of such participation. **FAILURE TO PROVIDE WEEKLY VERIFICATION OR A REPEAT OCCURRENCE OF SUBSTANCE ABUSE OR VIOLATION OF ANY OTHER ASPECT OF THE CITY'S DRUG AND ALCOHOL-FREE WORKPLACE POLICIES WILL RESULT IN IMMEDIATE DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.**

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Typed/Printed Name of Employee

\_\_\_\_\_  
Witness Signature/Date

\_\_\_\_\_  
Typed/Printed Name of Witness



## CHAPTER VIII

# EMERGENCY ACTION PLANS

### 8-1 Emergency Action Plan Policy

**8-1.1 General Overview** - In an effort to effectively achieve employee safety and health during an emergency and in accordance with OSHA 1910.38, action plans will be developed for each City occupied facility and shall address those workplace emergencies that can reasonably be expected. A facility emergency action plan shall be in writing and cover those designated actions that must be taken to ensure employee and public safety during an emergency. The following procedures provide a Department with general guidelines for developing and implementation an emergency action plan. These policies and procedures do not apply to operational emergencies (i.e. hazardous material spills, hostage negotiation, snow storms, etc.) that may require emergency response from the Fire, Police and Public Works Departments.

**8-1.2 Plan Responsibilities** - Each Department Head or their designee will develop and implement emergency action plans that are specific to their facilities and operations. Different departments that share space within a single building should coordinate their efforts and develop and implement a single plan for the entire building. The Compliance Team Member (CTM) shall maintain a copy of the plan and ensure that it is reviewed and updated annually as needed. The plan shall specify those personnel responsible for coordinating and implementing prescribed emergency response actions. The Department Director has the overall responsibility to see that an effective plan is written and implemented as designed.

### 8-2 Plan Preparation

**8-2.1 Plan Contents** - An emergency action plan will be prepared for all occupied City buildings and will include all associated outdoor events or activities.

Action plans for City buildings shall address at least the following emergency types:

1. Medical Emergencies
2. Fire/Explosion
3. Tornados/Severe Thunder Storms
4. Bomb Threats
5. Earthquake
6. Acts or potential acts of Violence

Action plans for covering outdoor activities shall address at least the following emergencies:

1. Medical Emergencies
2. Tornados/Severe Thunderstorms
3. Earthquake
4. Acts or potential acts of Violence

### 8-3 Emergency Response Procedures

**8-3.1 General Statement** – Emergency response will vary with the type and severity of the situation. The General Response guidelines provided below are to be considered during the development of a facility emergency action plan.

**8-3.2 Medical Emergencies** - Emergency Medical Services (EMS) personnel or those individuals who are trained and certified to administer First Aid and CPR will provide initial response to any medical emergency situation.

#### **8-3.2.1 General Response for a Medical Emergency**

1. Call 911 immediately if the injury is life threatening and be prepared to provide the following information:
  - a. Nature of medical emergency
  - b. Location of the emergency (address, building, room number)
  - c. Your name and phone number from which you are calling

2. Do Not Move the victim unless it is absolutely necessary
3. Know where the nearest first aid kit is located
4. If a chemical is involved in the injury/illness, consult the Material Safety Data Sheet (MSDS) when necessary and be prepared to provide information to medical personnel.

**8-3.3 Fire Emergencies** - During all times a building is occupied, an employee(s) should be assigned to coordinate a response to either a fire alarm or actual fire. The same employee(s) should be charged with notifying the Fire Department, even if a sprinkler or alarm system is activated. Particular employees throughout the building should be assigned as an "Emergency Action Warden" (EAW) and be responsible for making sure that all employees within a predetermined area follow the fire emergency action plan when activated. One EAW and an alternate should be assigned for approximately every 20 people present or for each floor level of a facility. All EAW'S should be made aware of individuals with a handicap or other special needs that would require assistance during an emergency.

**8-3.3.1 General Response for Fire Emergencies**

1. When a fire alarm is sounded, the EAW should coordinate building evacuation (employees and public) within their designated areas.
2. Department Managers and Supervisors are responsible for taking "head counts" to confirm that all employees have evacuated.
3. Once out of the building, all employees and members of the public will congregate at pre-selected areas that are at least 100 feet from the building.
4. In places where there is public assembly, floor plans shall be posted that clearly show the building emergency evacuation routes and the location of fire alarms and extinguishers.
5. At least once a year, the CTM should conduct and document a fire drill.

**8-3.4 Tornado/Severe Thunderstorm Emergencies** - An employee should be assigned to monitor local radio and/or radar during periods of potential inclement weather and during all times a City building is occupied, an outdoor event is conducted, or employees are performing work outdoors.

**8-3.4.1 General Response for Tornado/Severe Thunderstorm Emergencies**

1. All outside events and outside work activity should cease when lightning or thunder is observed.
2. Activities may resume following 30 consecutive minutes without thunder or lightning.
3. All outside events and outside work activity should cease when a tornado warning is issued for Warren County or a severe thunderstorm warning is issued for the City of Bowling Green. In such cases, City employees should immediately assist people to a designated storm gathering area or nearest shelter. Employees and members of the general public should move to the lowest innermost area of the building (an identified "safe area") and try to avoid areas surrounded by glass.
4. If a tornado warning is issued for Warren County or severe thunderstorm warning is issued for the City of Bowling Green, the employee who is monitoring local conditions shall immediately notify all Supervisors within the building.
5. A portable battery operated AM/FM radio and cell phone or 800Mz radio should be available and maintained by the EAW at each City facility. The AM/FM radio and at least one communication device shall be used to monitor local conditions and provide external communication when necessary.
6. Unless conditions dictate otherwise, all employees and members of the public shall remain in the safe area until the tornado or thunderstorm warning has expired.

**8-3.5 Bomb Threat Emergencies** – A written plan for bomb threat response shall be developed for all City employee occupied facilities. Bomb threats shall be immediately communicated to the Department Manager or Supervisor and Department Director.

### **8-3.5.1 General Response for a Bomb Threat**

1. If the bomb threat is received over the phone, the person receiving the bomb threat should question the caller and document as much information as possible. Questions might include:
  - a. When is the bomb going to explode?
  - b. Where is it?
  - c. What building is in it?
  - d. What floor?
  - e. What does it look like?
  - f. What kind of bomb is it?
  - g. What will cause it to explode?
  - h. Did you place the bomb? Why?
  - i. What is your address? Name?
  - j. Can we help you?
2. The Department Director or delegate will contact the Police Department.
3. If the bomb threat indicates that a bomb has been placed in a building, the Department Director or delegate will notify all Department Managers and Supervisors, who in turn will notify all employees and members of the public within the building and begin evacuation as quickly as possible.
4. Department Managers and Supervisors are responsible for taking "head counts" to confirm that all employees have evacuated.
5. Once out of the building, all employees and members of the public will congregate at pre-selected areas that are removed at least 200 feet from the building.
6. If the bomb threat indicates that the device has been placed at an outside location, all employees and members of the public will be directed to vacate the area.

**8-3.6 Acts or Potential Acts of Violence** – A written plan shall be developed for each City facility and be reviewed by the SRM. The plan shall be written with the purpose of minimizing the potential for an act of violence and may include some of the provisions listed below:

1. Limit access to buildings while keeping all defined and required emergency exits accessible from the building's interior.
2. Prohibit visitor access to restricted areas of any building unless escorted by a City employee.
3. Provide employees who staff reception areas with the capability to request and receive assistance from other nearby employees or from the Police Department.
4. Secure unoccupied buildings, regardless of the time span that they are left unoccupied.
5. Provide portable communication devices to those employees who work alone or outside.
6. Provide employees working outdoor events with the capability to quickly summoning emergency assistance.
7. As with other emergencies, employees are to be instructed to call 911 if they witness an act of violence.

**8-3.7 Earthquake Emergencies** - If in a building when an earthquake strikes, employees should seek immediately shelter under a desk or other sturdy object. Employees should not attempt to leave a building during an earthquake. Immediately following an earthquake, employees should assess the situation and evacuate the building if necessary. If evacuation is necessary, the EAW'S shall assist with the evacuation of other employees and the general public. Entry back into the building after evacuation shall be at the discretion of the EAW and shall only be allowed when there is no obvious visual damage to the structure.

## **8-4 Handling Suspect Packages or Envelopes**

**8-4.1 General Guidelines for Recognizing and Handling a Suspicious Package** – The following guidelines are provided to assist in the recognition and handling of suspicious packages and envelopes. Employees shall be instructed to take appropriate steps to protect themselves and others by following these guidelines for recognizing and handling suspicious packages.

**8-4.1.1 Recognizing Suspicious Packages and Envelopes** - Some characteristics of suspicious packages and envelopes include the following:

- a. Misspellings of common words
- b. Strange return address or no return address Inappropriate or unusual labeling
- c. Excessive postage
- d. Handwritten or poorly typed addresses
- e. Incorrect titles or title without a name
- f. Not addressed to a specific person
- g. Marked with restrictions, such as "Personal," "Confidential," or "Do not x-ray"
- h. Marked with any threatening language
- i. Postmarked from a city or state that does not match the return address
- j. Powdery substance felt through or appearing on the package or envelope
- k. Oily stains, discolorations, or odor
- l. Lopsided or uneven envelope
- m. Excessive packaging material such as masking tape, string, etc.
- n. Excessive weight
- o. Ticking sound
- p. Protruding wires or aluminum foil

**8-4.1.2 Handling Suspicious Packages or Envelopes** - If a package or envelope appears suspicious, it should not be opened. The following guidelines are provided for properly handling suspicious packages or envelopes:

- a. Do not carry the package or envelope, show it to others or allow others to examine it.
- b. Do not shake or empty the contents of any suspicious package or envelope.
- c. Put the package or envelope down on a stable surface; do not sniff, touch, taste, or look closely at it or at any contents which may have spilled.
- d. Alert others in the area about the suspicious package or envelope. Leave the area, close any doors, and take actions to prevent others from entering the area. If possible, shut off the ventilation system.
- e. WASH hands with soap and water to prevent spreading potentially infectious material to face or skin. Seek additional instructions for exposed or potentially exposed persons.
- f. If at work, notify a supervisor, a security officer, or a law enforcement official. If at home, contact the local law enforcement agency.
- g. If possible, create a list of persons who were in the room or area when this suspicious letter or package was recognized and a list of persons who also may have handled this package or letter. Give this list to both the local public health authorities and law enforcement officials

## **8-5 Development and Training**

**8-5.1 Emergency Action Plan Development** – The Department Director is responsible for seeing that an emergency action plan is developed for each occupied facility within the department's jurisdiction. The SRM shall review all emergency action plans and provide recommendations and guidance where deemed necessary and appropriate.

**8-5.2 Emergency Action Plan Training** – During new employee safety orientation, employees will be provided a copy of the appropriate emergency action plan(s) and explained their role in carrying out any portion for which they are responsible. CTM'S will on an annual basis or whenever the plan or employee responsibilities change, communicate those changes and disseminate the written emergency action plan to all affected employees. Unless assigned via the web-based training system, all training will be documented using the [Emergency Action Plan Training Documentation Form](#).

**8-5.2.1 Emergency Drills** - At least once each year, the **Warren County Emergency Management (WCEM) conducts a test on its outdoor warning system. Departments/Divisions are encouraged to communicate their own response during the WCEM test of the outdoor warning system. CTM shall**

~~coordinate and document a tornado and fire drill. The performance of any emergency drill shall be documented by the CTM and that documentation placed within the Compliance Workbook.~~

**8-5.3 Fire Extinguisher Training** - Fire extinguisher training will be provided to all employees at least annually. Unless assigned via the web-based training system, all training will be documented using [Fire Extinguisher Training Documentation Form](#). The CTM will be responsible for tracking and assigning training as needed. Because of the generality of applicability for this topic, training may be administered in various forms (i.e. Fire Department Staff, web-based training system, Supervisor Administered, CTM administered).

**8-5.4 First Aid & CPR Training** - Each City facility will have a sufficient number of employees trained in First Aid and CPR and designated as “first responders”. The CTM and SRM shall consider anticipated work activities and employee numbers when making a determination for what is a “sufficient” number of trained first responders. The SRM shall ensure that a sufficient number of First Aid and CPR courses are offered to adequately train a sufficient number of first responders for each area of business.

**8-5.5 Preventing Workplace Violence Training** – As stated in the City’s Administrative Personnel Policy and Procedures Manual, the City of Bowling Green maintains a zero tolerance policy toward workplace violence or the threat of violence by any of its employees, customers, the general public, and/or anyone who conducts business with the City. In an attempt to provide a workplace that is free from intimidation, threats, or violent acts, each employee shall as soon as practical after initial hire, attend the Risk Management Provided, “Preventing Workplace Violence Training” or other similar training as prescribed by their respective department. Training shall be developed and delivered in a manner that prepares employees to readily recognize internal and external workplace violence, how to properly respond and the methods for reporting acts of violence.







## CHAPTER IX

# HAZARD COMMUNICATION PROGRAM

## 9-1 Hazard Communication Standard Policy

**9-1.1 General Standard** - The purpose of this program is to insure that the hazards of all chemicals used by the City are evaluated and that the information concerning their hazards is transmitted to employees. This section will comply with the OSHA Hazard Communication Standard, Title 29 Code of Federal Regulations 1910.1200. This program applies to all work operations within the City of Bowling Green municipal government where exposure to chemicals is likely. The Safety & Risk Manager (SRM) shall be designated as the program coordinator and will have overall responsibility for the program.

Under this program, employees will be informed of the written standard, the hazardous properties of any chemical with which they work and safe handling procedures and protection measures for commonly used chemicals. When necessary, employees will be informed of chemical hazards associated with any non-routine tasks.

### 9-1.2 Definitions

**9-1.2.1 Safety Data Sheet (SDS)** – a document that contains information on the potential health effects of exposure to chemicals, or other potentially dangerous substances, and on safe working procedures when handling chemical products.

**9-1.2.2 Hazardous Chemical** – A chemical exhibiting some degree of physical and or health hazard.

**9-1.2.3 Health Hazard** – Includes chemicals that are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizers, hepatotoxins (liver toxins), nephrotoxins (kidney toxins), neurotoxins, agents that act on the hematopoietic (blood-forming) system, and agents that damage the lungs, skin, eyes, or mucous membranes.

**9-1.2.4 Physical Hazard** – Includes chemicals that have flammable, combustible, explosive, oxidizing, pyrophoric, or reactive properties, or if it is an organic peroxide or compressed gas.

## 9-2 Identification of Hazardous Chemicals

**9-2.1 Chemical Inventory** – The Compliance Team Member (CTM) shall maintain an updated inventory of all chemical products located within their facilities. A list of all such products will be maintained using the [Hazardous Chemical Inventory](#) or similar form. Each year, the (CTM) or designee will review the facility's inventory of chemicals and update the chemical inventory list. A new [Hazardous Chemical Inventory](#) shall be completed each year and all prior year inventories kept on file for a period of 30 years. The inventory of chemical products will be maintained with the facility SDS book and available for SRM review. The chemical inventory may also be stored and maintained in electronic data format.

**9-2.2 Safety Data Sheets (SDS)** - The CTM is responsible for ensuring that a SDS is obtained for each chemical product listed on the chemical inventory. A book or binder containing SDS' for each chemical used by the Department/Division will be placed in a location that is accessible to all employees during all times employees are present. An alternative option for storing and accessing SDS' may include the use of a third party provided website or software package. In either case, both the chemical inventory and SDS' will be accessible to all employees and updated at least annually. As with the chemical inventory, the SDS binder will be updated annually. Whenever new or revised SDS' are obtained for particular products, existing SDS' will be discarded and/or removed from the database.

**9-2.2.3 New Chemical Orders** - Employees responsible for ordering products containing chemicals will be trained to request a SDS upon order and make the vendor aware of the City's need to obtain the SDS with shipment. In the event that an SDS is not supplied with an initial product shipment, the SDS will be requested, received and analyzed before the product is used. If a SDS cannot be obtained, the product should be returned to the vendor.

**9-2.4 Labels and Other Forms of Warning** - Chemical products will be stored in vessels having labels or other forms of warning. During monthly facility self-inspections the CTM or designee will identify any chemical product that is not properly labeled. Labels or other forms of warning shall be legible and prominently displayed on the container and shall identify the following:

- Product Name or Identifier
- Pictograms (symbols)
- Signal words (“Danger” is more severe than “Warning”)
- Hazard statements describing physical, health and environmental hazards
- Supplemental information
- First aid statements
- Precautionary measures, and
- Name, address and telephone number of the supplier

Labels shall be easily identifiable and understandable to employees. The City will utilize the Global Harmonization System (GHS) for all labeling secondary containment vessels or those containers whose original manufacture label has been removed.

**Note:** *If one transfers chemicals from a labeled vessel to a portable container that is intended only for immediate use, no labels are required if the chemical is used up in its entirety and portable container is rendered empty.*

**9-2.5 Generated Chemicals** – Chemicals generated as a result of a particular work operation such as welding fumes, dusts and exhaust fumes shall be considered a potential hazard until such operation is assessed by the SRM or SRM designee. The Supervisor of an operation that generates a chemical in a manner that has never before been assessed shall discontinue the operation until a hazard assessment can be performed and protective measures taken or operation and generation of chemical deemed non-hazardous.

## 9-3 Training

**9-3.1 Hazard Communication Training** – Employees working with or potentially exposed to hazardous chemicals will receive initial training on the Hazard Communication Standard and the safe use of workplace products identified as containing hazardous chemicals. Whenever a new hazard is introduced, additional training will be provided. The training plan will emphasize these items:

- a. The summary of the standard and this written program
- b. Methods that can be used to detect the presence or release of chemicals (if applicable)
- c. The common physical hazards of chemicals (e.g., potential for fire, corrosive, explosion, etc.)
- d. The common health hazards, including signs and symptoms of exposure, associated with exposure to chemicals and any medical condition known to be aggravated by exposure to the chemical
- e. Procedures to protect against hazards (e.g., personal protective equipment, proper use and maintenance, work practices or methods to assure proper use of handling and procedures for emergency response)
- f. Work procedures to follow to when cleaning hazardous chemical spills and leaks
- g. Where SDS' are located and how to read and interpret a SDS and labels
- h. How to obtain additional hazard information on chemicals they use
- i. When employees are required to perform hazardous non-routine tasks (e.g. cleaning tanks, entering confined spaces, etc.), special training will be conducted to identify potential hazardous chemicals that employees may be exposed to and employees shall be given instruction to reduce or avoid exposure.

The SRM will coordinate hazard communication training for those employees working with hazardous chemicals. The CTM will be responsible for seeing that those employees using only household type chemicals in household use quantities receive the basic Hazard Communication training as prescribed in the New Employee Safety Orientation Manual. Other than the training performed during new employee safety orientation, all training will be documented using the [Hazard Communication Training Documentation Form](#).

**9-3.2 Training Frequency** – For employees whose position requires working with non-household type chemicals or household chemicals being used in quantities greater than normal household use, training will be repeated every 48 months. Additional training will be provided if there is a change in the type or quantity of chemicals being used in the workplace that would necessitate additional training, or if an employee indicates the need for refresher training. The CTM will monitor training records provided by the SRM and when necessary, schedule employees for training.

## 9-4 Inspection

**9-4.1 Annual Compliance Review** - The SRM shall annually conduct a compliance review of each Department/Division's Hazard Communication Program. The review will:

- a. Make sure the plan is up-to-date and operating according to current conditions of facility.
- b. Assure all aspects of the plan are being carried through by all responsible parties as written.
- c. Assure that the plan is changed or modified to comply with changing regulations.

The annual review will be documented using the form entitled, [Hazard Communication Program Annual Review](#).

## 9-5 Contractors & Chemicals

**9-5.1 Contractor's Acknowledgement of City Chemicals** - Using the [Contractor's Acknowledgement of City's Hazardous Chemicals Form](#), contractors will be advised of any chemical hazards they may encounter during the normal course of work on City premises. If necessary, the contractor will be advised of the City's chemical labeling system and any protective measures to be taken for the safe handling of those City chemical(s) to be encountered. Furthermore, the contractor will be notified of the SDS' binder location and provided copies of SDS' for any chemical(s) they may encounter.

**9-5.2 City Acknowledgement of Contractor Chemicals** - The City employee responsible for the purchase of contracted work involving the use of a chemical(s) on City property shall request the contractor to supply appropriate hazard information (SDS) on these substances, including the labels used and the precautionary measures to be taken in working with these chemicals. If the employee responsible for the purchase or oversight of work involving the use of chemicals is not familiar with the chemical hazards involved, the SRM shall be notified and provided with the SDS for the specific chemical product. The [Contractor's Notification of Products Containing Hazardous Chemicals Form](#) will be used to document activity involving a contractor's use of hazardous chemicals while on City property.

## 9-6 Recordkeeping Requirements

**9-6.1 General Statement** - The CTM for each Department/Division will maintain the following records within the Compliance Workbook or other file system.

**9-6.1.1 Hazardous Chemical Inventory** - The inventory shall be updated annually and old inventories kept on file for a period of 30 years.

**9-6.1.2 Contractor's Acknowledgment of City's Hazardous Chemicals Form** - Copies of forms provided to contractors shall be kept on file for a period of 1 year.

**9-6.1.3 Contractor's Notification of Products Containing Hazardous Chemicals Forms** - Forms and accompanying SDS and other information requested from contractors due to a chemical(s) to be used, shall be provided to the SRM and filed for a period of 2 years.

**9-6.1.4 Training Records** - Training records for those employees working with non-household type chemicals or household chemicals being used in quantities greater than normal household use, shall be maintained by the SRM for a period of at least 4-years. Training records obtained during new employee safety orientation for those employees who work only with household type chemical and in quantities not exceeding normal household use, will be maintained in the employee's personnel file.



**CONTRACTOR'S ACKNOWLEDGMENT OF  
CITY'S CHEMICAL HAZARDS**

(Reference Section 9-5)

I, the undersigned, acknowledge that I have received information concerning any chemical hazards that may be encountered in the normal course of my work on City premises, the labeling system in use, the protective measures to be taken, and the safe handling procedures to be used. I have either been notified of where Safety Sheets (SDS') are located or have been given copies of the SDS' of the products identified as containing hazardous chemicals.

Name of Contractor: \_\_\_\_\_

Name of Person Signing Acknowledgment: \_\_\_\_\_

Title of Person Signing Acknowledgment: \_\_\_\_\_

Date Contractor's Acknowledgment Signed: \_\_\_\_\_

Term of Contract:           FROM:\_\_\_\_\_ TO:\_\_\_\_\_

**FORWARD THE COMPLETED DOCUMENT TO THE SAFETY & RISK MANAGER**

**CONTRACTOR'S NOTIFICATION OF PRODUCTS CONTAINING HAZARDOUS  
CHEMICALS**

(Reference Section 9-5)

Per OSHA Hazard Communication Standard, 29 CFR 1910.1200, as adopted by 803 KRS 2:320, I hereby acknowledge that I have supplied the City of Bowling Green, Kentucky with appropriate hazard information on any substances containing hazardous chemicals including the Safety Data Sheets, the container labels used and a review of the precautionary measures to be taken in working with these chemicals.

Name of Contractor: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Title of Person: \_\_\_\_\_

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

-----

I, the undersigned, acknowledge that I have received the above information, including any applicable MSDS'.

Name of City Representative: \_\_\_\_\_

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

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

**FORWARD TO SAFETY & RISK MANAGER UPON COMPLETION AND NOTIFY ALL EMPLOYEES  
WHO MAY BE AFFECTED BY THIS WORK ACTIVITY.**



# HAZARD COMMUNICATION PROGRAM ANNUAL REVIEW

(Reference Section 9-4)

The hazard communication program for the \_\_\_\_\_ department/division was reviewed on \_\_\_\_\_ (date) by \_\_\_\_\_ (Risk Manager).

The plan was reviewed for the following:

- **Make sure the plan is up-to-date and operating according to current conditions of facility.**
- **Assure all aspects of the plan are being carried through by all responsible parties as written.**
- **Assure that the plan is changed or modified to comply with changing regulations.**

The hazard communication program for the referenced facility (named above) was reviewed for compliance with the Hazard Communication Standard found in OSHA 1910.1200.

\_\_\_\_\_  
**Signature of Person Doing Review**

\_\_\_\_\_  
**Date Reviewed**

# CHAPTER X

## HEALTH RELATED SERVICES ADMINISTRATION PROGRAM

### 10-1 Health Related Services Policy

**10-1.1 General Statement** - Many children and some adult Parks participants who take medication or need assisted health related care, require that medication or care during Parks department sponsored outings or events. Due to the increasing number of participants requiring health related services including the assistance with the administration of medication, it is reasonable for the Parks Department to assist (when practical) these individuals with their special health needs so that their participation is not discouraged or hampered.

**10-1.2 Program Objective** - To safely provide health related services to citizens participating in a Parks Department sponsored event(s), when it is necessary and practical for the participant to receive such services during the sponsored event.

#### 10-1.3 Definitions

**10-1.3.1 Health Related Services** – Means the dispensing of medication, operation, maintenance or use of medical equipment or the administration of approved clinical procedures.

**Note:** *Health related services are not meant to include first aid or emergency procedures performed by an employee designated as a “first responder”. Employees trained as a “first responder” will receive training separate to that described within this chapter.*

### 10-2 Health Related Services Training

**10-2.1 Training Requirements** - The administration of medication and performance of other health related services shall be provided by City employees who have been trained as described below and delegated the responsibility to perform such services. The performance of health related services that go beyond the scope and/or capability of City employees will be performed by a licensed or certified health professional and/or the accompanying parent/guardian.

**10-2.1.1 Administration of Medication Training** – The administration of medication shall only be performed by those employees who have been trained according to the policies and procedures within this Chapter. Training may be performed by a City employee knowledgeable in the procedures for administering medication, they themselves having been trained by the Safety and Risk Manager (SRM), Department Manager, or a Licensed or Certified Health Care Professional or EMT. Medication administration training shall be documented using the [Health Related Services Training Form](#). A copy of this form will be maintained by the SRM.

**10-2.1.2 Other Health Related Services Training** – For health related services over and above medication administration, the Parks and Recreation Department shall contract with a Licensed or Certified Health Care Professional or EMT to perform training sufficient to an extent that the health professional or EMT is comfortable in delegating authority to employees who demonstrate the required knowledge and skills to safely and effectively provide said health related services. The health professional or EMT shall delegate authority to perform such services in writing, using the [Health Related Services Training Form](#). For individualized health related services including but not limited to G-Tube feeding or assistance with catheterization, the parent/guardian or participant’s authorized physician shall provide training sufficient to an extent that they are comfortable in delegating authority to the City employee and the City employee is comfortable with performing said health related service.

**10-2.1.1 Minimum Compliment and Training Frequency** - There shall be no less than 2 delegated/trained City health service providers per each Parks Department sponsored event/activity. Training and delegation of health related services shall only be valid for 1-year or 1-park season.

## 10-3 Authorization to Administer Medication

**10-3.1 General Statement** – Parks Department employees shall only administer medication after all authorization forms have been completed and returned as required within this section.

**10-3.2 Prescribed Medication Administration Request/Authorization** – An [Authorization for Prescribed Medication Administration Form](#) shall be completed by the participant's parent or guardian and returned to the Parks Department before medication may be administered. The authorization to administer medication form will be valid only for the current activity, event, or season for which the participant has signed up or unless the prescribed treatment/medication changes. In the event of a treatment/medication change, a new authorization form must be obtained. One medication authorization form is to be completed for each prescribing physician. The [Authorization for Prescribed Medication Administration Form](#) shall include:

- a. Participant name
- b. Physician name, address, and telephone number
- c. Medication name
- d. Dosage and route of administration
- e. Time of day for dosage
- f. Reason medication is being administered
- g. Specify possible reactions or side effects of the medication
- h. Parent/guardian telephone numbers (home, work and emergency contact)
- i. Release from liability

**10-3.2.1 Packaging of Prescribed Medication** - Prescribed medication must be brought to the Parks Department in the original labeled container. The label shall be legible and include:

- a. Name and address of the pharmacy
- b. Name of the patient
- c. Name of the prescribing practitioner
- d. Date the prescription was dispensed
- e. Expiration date of the medication
- f. Name of the medication, dosage and strength of medication
- g. Route of administration
- h. Frequency of medication

Following receipt, the medication label information shall be immediately reviewed to make sure it matches the information listed on the [Authorization for Prescribed Medication Administration Form](#). If the medication label information does not match the information provided on the [Authorization for Prescribed Medication Administration Form](#), the medication shall not be accepted.

The medication administrator shall utilize container label information to properly dispense medication.

**10-3.3 Administration of Non-Prescribed Medication / Over the Counter (OTC)** - A completed [Authorization for Over-The-Counter \(OTC\) Medication Administration Form](#) must be on file with the Parks department before medication shall be dispensed. In addition, the following shall apply:

- a. OTC medication can be given no more than three (3) consecutive days without written orders from a health care provider. Health care provider approval is highly recommended for any OTC use.
- b. Medication must be provided by the parent/legal guardian in the original container and shall include the recommended dosage and directions for administration.
- c. An OTC medication shall not be administered beyond its expiration date.

## 10-4 Medication Administration Procedures

**10-4.1 General Statement** - Only those employees trained and assigned to provide health related services may administer medication. Employees designated to administer medication to a Parks Department participant may be referred to as a "medication administrator". Medication administrators do not have the authority to delegate tasks involving medication administration. At least two medication administrators shall be present during the dispensing of medication and each will share the responsibility of assuring the medication is dispensed according to this policy.

**10-4.2 The Five “Rights” of Medication Administration** – Administrators shall refer to the following five rights when administering medication. These rights are the basis for proper medication administration and are to be incorporated into the procedures for medication administration.

1. Right Participant - Properly identify participant (the administrator shall ask the participant their name instead of stating their name before administering the medication)
2. Right Time - Administer medication at the prescribed time. This can usually be within 30 minutes (either side) of the designated time unless otherwise specified by the provider or the pharmacist
3. Right Medication - Administer the correct medication. The Administrator shall check 3 times (see procedure for medication administration, Section 13-4.3)
4. Right Dose - Administer the right amount of medication.
5. Right Route - Use the prescribed method of medication administration

**10-4.3 Medication Administration Procedures** - Medication administration procedures should be performed with as little interruption as possible and shall include the following:

- a. Wash hands. Administration of medication is a clean (not sterile) procedure
- b. Verify parent/guardian and/or physician medication authorization and make sure all medication information provided on the authorization form(s) matches the medication label. Assistance from the administrator's Supervisor shall be sought if information does not match.
- c. Prepare and give medications in a well-lit area
- d. Re-check the label for name, time, medication, dose, and route
- e. Prepare the correct dosage of medication without touching medication if possible
- f. Check the label for name, time, medication, dose, and route while preparing the correct dose
- g. Check the label for name, time, medication, dose, and route before returning the container to the locked cabinet
- h. Do not leave medication unattended or within reach of the participant
- i. Identify the participant. Ask the participant to say his/her name. Nonverbal participants may need third party assistance with identification
- j. If the participant questions the right medication, stop and verify the medication against records or with parent/guardian
- k. Ask and observe the participant for any unusual behaviors or conditions prior to medication administration

**Note:** *If the participant exhibits conditions of possible concern (i.e. fever), do not give the medication. Report the behavior immediately to the Supervisor and/or health care provider on record and obtain further instructions on administration*

- l. Explain the medication administration procedure to the participant prior to actual administration
- m. Position the participant properly for medication administration (i.e. an upright position)
- n. Provide equipment and supplies as needed (i.e. water)
- o. Administer the correct dose of medication to the right participant, at the right time and by the right route
- p. Observe the participant placing medication in his/her mouth (when applicable)
- q. Complete as soon as possible, the [Medication Administration Log](#)
- r. Clean, return, and/or dispose of equipment as necessary

**10-4.3.1 Procedures for Administering Oral Medications** – The following additional procedures are to be used when administering oral medication:

Oral bottled medication:

1. Remove bottle cap and hold the cap in one hand and the bottle in the other hand.
2. Pour the prescribed dose into the cap. Do not touch the pill/tablet/capsule.
3. Transfer medication from cap to a clean medicine cup and give to participant.
4. Give with a full glass of water unless otherwise indicated. Follow special label instructions (i.e. take with milk).
5. Recap bottle and return it to the zip-lock baggie and place into the locked cabinet.
6. If the participant is to receive part of a regular dose (i.e. ½), the parent/guardian or other medical professional should cut the pill.

Oral Individually Wrapped Medication:

1. If oral medication is provided in an individually wrapped pack (“blister pack”), the correct number of pill package sections shall be removed and placed into a medicine cup.
2. The pills should be removed from the blister pack and transferred to the cup when the participant is ready to take the medication

Oral Liquid or Powders:

1. Shake medication per label instructions
2. Pour liquid from side of bottle opposite the label (hold label in palm of hand) into graduated medicine cup to avoid dripping medicine on label
3. Pour medication at eye level and directly in front of eyes in order to get the correct dose
4. Measure the dosage at the bottom of the disc (meniscus)
5. Wipe off any medication on the outside of the container
6. Be certain that medication does not cling to the cup or spoon to ensure that the participant received the proper dosage
7. Use calibrated medicine dropper or syringe to measure small amounts of liquid.
8. Hold medicine dropper at right angle to the cup to measure drops
9. With dropper or syringe, squirt medicine to back and sides of the student’s mouth in small amounts (do slowly, allowing the student to swallow).
10. With nipple, pour medicine into the nipple after it has been measured. Allow the student to suck the medication from the nipple. Follow with a teaspoon of water from the nipple.
11. Pour liquid medications into separate containers unless otherwise ordered
12. Give cough syrup undiluted and do not follow with water (unless otherwise specified).

**10-4.3.2 Problems with Oral Medication Administration** – The following actions shall be performed if problems are encountered during the administration of oral bottled medication:

1. Refusal of medication:
  - Record a refusal of medication on the medication administration log sheet
  - Report to Supervisor and parent/guardian
2. Vomiting after medication administration:
  - Record medication and dosage administration time, time of vomiting, and whether or not medication was present in the vomit.
  - Report to supervisor, parent/guardian, and/or principal
3. Suggestions for participants with difficulty swallowing
  - Position participant in an upright position.
  - Give one medication at a time with adequate fluids
  - Place medication on back of tongue
  - Give medication slowly
  - Watch for choking. Placing the participant in a relaxed position will lessen the chance of choking
  - Verify that the student swallowed the medication
  - Give medication with other food or crushed if directed by the provider or pharmacist.

**10-4.3.3 Procedures for Administering Skin (topical) Medications** – The following actions shall be performed when administering a topical medication:

1. Gather necessary equipment (i.e. tongue blade,
2. gauze, tape, cleansing material, cotton tipped applicator, and gloves)
3. Observe the condition of affected area. If affected area seems suspect, a supervisor or medical professional should be contacted prior to application
4. Cleanse skin gently with soap and water to remove previously applied medication in a thin layer or as ordered
5. Record on the medication administration log, any changes seen in skin area being treated. Notify parent/guardian of any noticeable change
6. Cover with gauze or other skin protector as ordered on label of medication

**10-4.3.4 Procedures for Administering Eye Drops and/or Ointment** - The following actions shall be performed when administering eye drops and/or ointment:

1. Gather necessary equipment (i.e. cotton gauze, tissue, and gloves)
  2. Observe affected eye for any unusual condition. If affected eye seems suspect, a supervisor or medical professional should be contacted prior to application
  3. If needed, cleanse eye with gauzy square of cotton, wiping once from inside to outside. Use clean cotton ball for each eye
  4. Position participant with head tilted back and eyes looking up
  5. Open eye to expose conjunctival sac (lower inside lid).
  6. Approach eye from outside the field of vision. Avoid touching the dropper tip to anything, including eye, to reduce contamination of the medication
  7. Hold the dropper approximately one inch from the eye. Drop the medication gently into the corner of the eye, not on the eyeball. Repeat this process for the prescribed number of drops to be given.
  8. Gently close eye. Ask student to keep eye closed for a few minutes.
  9. Blot excess medication with a clean cotton ball or tissue
10. For ointment: pull lower lid down, apply ointment along edge of lower eyelid from the nose side of the eyelid to the opposite side. Avoid touching tip of medication container to the eye to avoid contamination of the medication.

**10-4.3.5 Procedures for Administering Eardrops** - The following actions shall be performed when administering ear drops:

1. Gather necessary equipment (i.e. cotton gauze, tissue, and gloves)
2. Position the participant:
  - a. If lying flat on a cot, turn the participant's face to the opposite side
  - b. If sitting, tilt the head sideways until ear is horizontal
3. Cleanse entry to ear canal with clean cotton ball as needed
4. Observe affected area for any unusual condition. Report any unusual condition to your immediate supervisor and parent/guardian.
5. Straighten the ear canal by pulling the outer ear gently down and back (ages 3 and under) or up and back (children over 3 years of age).
6. Drop the medication inside the ear canal. Avoid the dropper touching anything, including the ear, to reduce risk of contamination of the medication.
7. Instruct the student to maintain the required position for at least one minute, or for the time specified on the medication instructions.
8. Gently rub the skin in front of the ear to assist the medication to flow to the inside of the ear
9. If the other ear is to be treated, repeat the procedure after 1-minute
10. Loosely place a cotton ball in the ear as ordered

**10-4.3.6 Procedures for Administering Enzyme Replacement Therapy** - The following actions shall be performed when administering enzyme replacement therapy:

1. Enzymes should be given prior to a meal or snack
2. Microspheres or micro tablets should not be crushed or chewed
3. For infants and small children, the capsules should be broken open and mixed with a lower pH food, such as applesauce, (these enzymes should dissolve in the higher pH environment of the intestines; they are coated with an enteric coating that prevents the enzyme from being dissolved until it reaches the intestine. Crushing or chewing may disrupt the coating, risking improper absorption).

## **10-5 Participant Self-Medication**

**10-5.1 Physician Authorization** - In certain situations, a written physician's authorization shall allow a participant (minor) to responsibly carry self-administered medication (i.e. Epi-pen, inhaler, insulin). The Parks department should only allow self-medication when parent/guardian has signed and physician authorization is noted

on the [Authorization for Prescribed Medication Administration Form](#). The [Authorization for Prescribed Medication Administration Form](#) shall be renewed prior to each Parks department sponsored event/outing or season (whichever is applicable). Documentation from the prescribing health provider shall include:

- a. A statement indicating that the participant (minor) is capable of and has received training on administering the prescribed medication;
- b. The name and purpose of the medication;
- c. The prescribed dosage of the medication;
- d. The times at which or circumstances under which the medication may be given; and,
- e. The period for which the medication is prescribed.

**10-5.2 Self-Administered Medication Guidelines** - Participants may not share medication with another participant. Self-administered medication, when taken shall be documented on the participant's [Medication Administration Log](#). Parks staff shall notify the parent/guardian if the participant uses his/her medication inappropriately or more often/less often than prescribed. Parks staff shall be advised of any participant who will be self-administering medications during the sponsored activity/event, but only on a need-to-know basis.

## 10-6 Medication Safety

**10-6.1 General Guidelines** - The following guidelines shall be adhered to when administering medication.

- a. First dose of any new medication should not be administered during a Parks event.
- b. All medications shall be brought to the Parks department by a parent/guardian.
- c. Medication not matching the information provided on the [Authorization for Prescribed Medication Administration Form](#), shall not be accepted.
- d. Parks personnel may not administer medication unless it is in its original container with the prescription label attached, and only if the medication label information matches what is provided on the [Authorization for Prescribed Medication Administration Form](#).
- e. Medication shall only be administered according to the physician's instruction on the prescription label.
- f. Discrepancies that exist between the instruction on the [Authorization for Prescribed Medication Administration Form](#) or [Authorization for OTC Medication Administration Form](#) and the prescription medication label shall require one of the following to resolve the difference:
  1. A new form completed by the parent/guardian and/or physician to correlate with the prescription medication label, or
  2. A new prescription label to correspond with the existing medication form
- g. Medications shall not be given beyond the date specified on the medication form.
- h. Medication with a lapsed expiration date on the label must not be administered.

**10-6.2 Changes in Medication** - A new Authorization for Medication Administration form must be obtained whenever there is a need to change a medication, dosage, time and/or frequency and a new prescription bottle from the pharmacy indicating the prescription change.

**10-6.3 Storage and Disposal of Medication** - All medications should be kept in a secure, locked container or cabinet accessible only to responsible authorized personnel. Medications requiring refrigeration shall be kept in a separate refrigerator in a supervised area or locked container that can be stored with food in a supervised area. The following guidelines regarding the storage and disposal of medication apply:

### 10-6.3.1 Storage Guidelines

- a. No more than a 1-month supply of medication is to be stored at any one time
- b. Each medication must be in an original container and placed into a zip lock bag
- c. Each container of medication shall include the participant's name, name of medication, dosage, the time to be given, and route to be administered.
- d. If the medication is OTC, the medicine shall also be placed into a zip-lock bag and the medication shall have the participant's name written on the container. Other information (i.e. dosage, route, time) will be identified on the authorization to administer medication form.

### 10-6.3.2 Disposal Guidelines

When a medication is no longer needed, the Parks department will notify the parent/guardian and request the medicine be picked up by the parent/guardian. Medication not picked up by the parent/guardian at the end of the season or Parks event shall be disposed of as recommended using drug label information. If the drug label is not available or does not specify disposal procedures, the drugs are to be disposed in the following manner:

- a. At least two (2) medication administrators are to be present during the disposal of any medication and both must sign and date the [Medication Administration Log](#), verifying that the medication was destroyed.
- b. Take the drugs out of their original containers, crush and mix them with an undesirable substance such as used coffee grounds or kitty litter.
- c. Put the mixed contents into a sealable bag and place in the trash.
- d. Using a permanent marker, black out all personal information on the drug container so that it is not legible and place the container in the trash.
- e. Non-flushable items such as an inhaler canister may be placed into a sharps container. Epi-pens may also be disposed of in a sharps container.

**Note:** *Medication may also be disposed of at the Police Department by dropping medication into the provided drop-box. If this option is performed, Part "a" (above) will still apply.*

## 10-7 Documentation of Medication Administration

**10-7.1 Documenting Medication Administration** - Medication administered by Parks staff and medication self-administered must be documented using the [Medication Administration Log](#) and shall contain at least the following:

- a. Dose
- b. Date and time medication is administered
- c. Beginning and ending dates of medication to be administered
- d. An area for providing a reason for not administering medication
- e. Documentation must be done in unalterable ink
- f. Physical reactions believed to be caused by the administered medication shall be documented
- g. The medication administrator shall sign each log following the administration of medication.
- h. Omissions, absences, or refusals to take medication shall be recorded on the [Medication Administration Log](#), with a detailed explanation of the occurrence.

**10-7.2 Medication Error Incident Documentation** - The City shall adhere to the program set forth and will strive to be errorless in its administration of medication. Despite all efforts, if medication is not administered as prescribed by the physician or parent/guardian, the following steps will be taken:

- a. Notify the parent/guardian by telephone and explain why medication was not administered as prescribed.

**Note:** *If medication is not administered due to an absence of the participant, the medication administrator or designee shall confirm the participant's attendance/absence immediately.*

- b. Monitor the participant's physical and mental status (signs & symptoms) and document observations
- c. Identify the incorrect dose or type of medication taken by the participant
- d. Notify the health care provider if necessary

**Note:** *If unable to contact the health care provider, the Poison Control Center should be contacted for further instructions*

**Poison Control Center  
1-800-222-1222**

*Follow instructions provided by the Poison Control Center. If unable to perform the instructions provided by the Poison Control Center, the medical administrator shall call 911 and/or transport the participant for emergency medical care.*

- e. Complete a [Medication Administration Incident Report](#) and send the original document to the SRM.

**10-7.3 Documenting a Refusal to Administer Medication** - When Parks personnel are unable to administer medication as requested, the parent/guardian shall be notified immediately and a [Refusal to Administer Medication Letter](#) will be completed and sent home with the participant. Circumstances for not granting the request to administer medication might include:

- a. Medication was not sent to the Parks department in the original container
- b. The prescribed medication may be administered before and after the Parks outing/event
- c. Participant has an elevated temperature at the time of administration
- d. A written authorization is not on file
- e. Other unusual circumstances: \_\_\_\_\_

## 10-8 Performance of “Other” Health Related Services

**10-8.1 General Statement** – “Other” health related services may include a variety of tasks over and above administering medication. These “other” health related services might include:

- Procedures for assisting w/ a G-Tube
- Procedures for using an Epi-Pen
- Recognizing a Diabetic Emergency and Procedures for performing a Glucose Test
- Procedures for assisting w/ a Collection Bag
- Procedures for administering Aerosol/Nebulizer therapy
- Procedures for the use of a Metered Dose Inhaler (MDI)
- Procedures for administering Rectal Medication (suppositories)
- Procedures for Using the InspirEase (spacer)
- Procedures for initiating urinary catheterization

The performance of health related services over and above conventional medication administration requires training further described in the [Health Related Services Training Document](#). Employees may only perform those health related services for which they have been successfully trained.

## 10-9 Procedures for Assisting w/ a G-Tube Feeding and Catheterization

**10-9.1 General Statement** - Gastrostomy tube feedings are used to provide supplemental or total nutrition via a tube surgically placed into the stomach and called a gastrostomy tube (G-Tube). The tube remains in place at all times and is closed between feedings to prevent leakage of stomach contents. The G-tube may be used to administer food and fluids directly into the stomach. This method is used to bypass the usual route of feeding by mouth. A catheter is a hollow flexible tube for insertion into a body cavity, duct, or vessel to allow the passage of fluids or distend a passageway. Its common usage would include the drainage of urine from the bladder through the urethra.

**10-9.2 G-Tube Feeding and Catheterization Instructional Meeting** - When there is a need for a G-tube feeding and/or a Catheterization during a Park sponsored event, Parks staff shall ensure the availability of at least 2 employees who have been trained in these special health related services. The City employee(s) responsible for providing these services shall meet with the participant’s certified licensed health care provider and/or parent/guardian for purposes of obtaining additional training and instruction. The certified licensed health care provider and/or parent/guardian meeting shall take place prior to the actual Parks event.

**10-9.3 Primary Care Provider Authorization** - Parks Staff shall obtain a [Primary Care Provider Authorization: G-Tube Feeding Form](#) and/or [Primary Care Provider Authorization: Urinary Catheterization Services Form](#) prior to initiating such health related services. Park staff shall perform these types of services as per physician orders, utilizing the parent/guardian as a resource if the need arises. In instances where the physician’s orders and parent/guardian instructions differ, the Parks staff member shall inform the parent/guardian that physician’s orders as provided on the authorization form will be followed. **MEDICATIONS ARE NOT TO BE MIXED INTO G-TUBE FEEDINGS UNLESS DIRECTED BY THE PHYSICIAN IN WRITING.**

**10-9.4 G-Tube Feeding and Catheterization Documentation** - Park staff responsible for G-tube feedings shall document all feedings on the [G-Tube Feeding Administration Log](#). Park staff responsible for performing a catheterization shall document the catheterization on the [Urinary Catheterization Services Log](#). These logs identify

specific information regarding each service and provide an area for noting any problems or concerns associated with these special health service procedures.

**10-9.4.1 G-tube Feeding Problems** – Problems involving G-tube feedings shall be reported immediately to the participant's parent/guardian by telephone and followed up in writing. Problems may include (but are not limited to) the following:

- Nausea and/or Upset Stomach
- Vomiting
- Cramping
- Diarrhea
- Blocked Tube
- Bloody Drainage
- Tube or Button is Pulled Out

**10-9.4.2 Catheterization Problems** – Problems involving Catheterization shall be reported immediately to the participant's parent/guardian by telephone and followed up in writing. Problems may include (but are not limited to) the following:

- Insertion Difficulties
- Blood on tip of catheter
- Removal Difficulties

## 10-10 Recordkeeping & Confidentiality

**10-10.1 Participant Health Related Information Recordkeeping** – All forms required as part of this Chapter containing personal health information will be kept at the Parks and Recreation Department and maintained in a locked filing cabinet. When medication information documents must be taken out of the main office during department outings/events, the information will be kept in a locked cabinet or in the possession of the administrators at all times.

**10-10.2 Participant Health Related Information Confidentiality** – A participant's personal health information will only be accessible to the health services administrators and those with a "need-to-know". City employees shall abide by all HIPAA guidelines and shall maintain the utmost confidentiality with respect to participant medical records. Only those with a "need-to-know" shall have access to participant medical records/information. Those City employees with a "need-to-know" may include:

- Medication Administrator (s)
- Parks and Recreation Department Managers, Supervisors or Event Coordinators
- Human Resources & Risk Management Department Personnel

Violation of this respect of confidentiality may result in disciplinary action up to and including termination.

## AUTHORIZATION FOR PRESCRIBED MEDICATION FORM

(Reference Section 10-3.2)

**TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PROVIDER**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication	Reason for Medication	Form of Medication	Dose Information	Restrictions/ Side Effects	Special Storage
<p>_____</p> <p>_____</p> <p>Time(s) given: _____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Inhaler</p> <p><input type="checkbox"/> Tablet/Capsule</p> <p><input type="checkbox"/> Liquid</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Nebulizer</p> <p><input type="checkbox"/> Other _____</p>	<p>Amount: _____</p> <p>Start Date: _____</p> <p>End Date: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>_____</p> <p>_____</p> <p>Time(s) given: _____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Inhaler</p> <p><input type="checkbox"/> Tablet/Capsule</p> <p><input type="checkbox"/> Liquid</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Nebulizer</p> <p><input type="checkbox"/> Other _____</p>	<p>Amount: _____</p> <p>Start Date: _____</p> <p>End Date: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

\_\_\_\_\_  
Physician or Authorized Provider's Signature

\_\_\_\_\_  
Date

**◆◆◆This Section Pertains to Medication Self-Administration ONLY◆◆◆**

BGPR will permit a participant to possess and self-administer asthma or anaphylaxis medication at BGPR and BGPR-related functions upon the participant, parent, or legal guardian's consent and completion of the following information:

**To Be Completed by Participant (if over 18 and able to provide consent), Parent or Legal Guardian:**

Instruction on self-administration of asthmatic, diabetic or severe allergic reaction (anaphylaxis) medication has been provided to the participant identified on this authorization form:

No     Yes, but BGPR Staff Supervision is requested.

The participant may carry the prescribed medication:     No     Yes

The participant, parent or legal guardian hereby consents and gives direction and permission to the City of Bowling Green that its employees, volunteers or agents administer to \_\_\_\_\_ the medications as directed by the physician or authorized provider listed hereinabove as directed by the participant, parent or legal guardian. The participant, parent or legal guardian individually and on behalf of the participant, hereby irrevocably and unconditionally releases, acquits and forever discharges and agrees to indemnify and hold harmless the City of Bowling Green, its officers, agents, representatives and employees (collectively the "Releasees") from any and all losses, claims, demands, liability, actions and causes of action, obligations, damages and costs or expenses of any nature, including attorney's fees, that the participant, parent or legal guardian incurs or sustains which arises out of, results from, occurs during or are otherwise connected with the administration of the above medications if due to the ordinary negligence of the Releasees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone #

**TO BE COMPLETED BY BGPR PERSONNEL**

Parks Program: \_\_\_\_\_

Date Form Received: \_\_\_\_\_

I acknowledge receipt of this Authorization Form: \_\_\_\_\_

BGPR Staff Signature



**City of Bowling Green Parks & Recreation**  
**AUTHORIZATION FOR ADMINISTERING OVER-THE-COUNTER (OTC)**  
**MEDICATION**  
 (Reference Section 10-3.3)

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergies: \_\_\_\_\_

**Parental Consent**

I am the parent/guardian of \_\_\_\_\_. I give my permission for him/her to take the following over-the-counter medication (see below) while at the Park & Recreation Department sponsored event. I hereby acknowledge that I have read and understand the City's recommendations for distribution of medications to students. I hereby release the City of Bowling Green and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify and hold them harmless from any claim or liability connected with such reliance.

X \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
 (Parent/Guardian Signature) Date

(\_\_\_\_) \_\_\_\_\_  
 Emergency Phone Number

***\*Over the counter medication will not be given more than 3 consecutive days without a physician's order.\****

Participant's Last Name	First Name	MI	Age

Reason participant receiving medication	
Name of medication(s)	Dosage
Possible Medication Reactions	
Form of medication: <input type="checkbox"/> Tablet <input type="checkbox"/> Pill <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Inhalant <input type="checkbox"/> Other	
Feedback required? <input type="checkbox"/> Yes <input type="checkbox"/> No	How often?





## MEDICATION ADMINISTRATION LOG

(Reference Section 10-7)

**Log Codes:**

A = Absent    N=No Medication Available  
 W = Dosage Withheld    F = Field Trip  
 0 = No Show    S = Self-Administered  
 E = Early Dismissal

Name of Participant: _____	Date of Birth: _____	Sex: _____
Parks & Recreation Program: _____		
Health Care Provider Name/Phone Number: _____		
Emergency Contact Name/Phone Number: _____		

<b><u>Medication Information</u></b>	Date																
Med #1: _____ Dosage: _____ Time: _____ Route: _____	Staff Initial																
	Witness Initial																
Actual Time Given:																	
Med #2: _____ Dosage: _____ Time: _____ Route: _____	Staff Initial																
	Witness Initial																
Actual Time Given:																	
Med #3: _____ Dosage: _____ Time: _____ Route: _____	Staff Initial																
	Witness Initial																
Actual Time Given:																	

**MEDICATION ADMINISTRATION LOG**  
**DETAILED EXPLANATION**  
 (Reference Section 10-7)

Date	Detailed Explanation of Occurrence	Signature of Medication Administrator

**Medication administration procedures should be performed with as little interruption as possible and should include the following:**

1. Wash hands. Administration of medication is a clean (not sterile) procedure
2. Verify Parent/Guardian & Physician Authorization. Check the medication label to be sure all information matches that listed on the authorization form and seek assistance if needed
3. Prepare and give medications in a well-lit area
4. Re-check the label for name, time, medication, dose, and route
5. Prepare the correct dosage of medication without touching medication if possible
6. Check the label for name, time, medication, dose, and route while preparing the correct dose
7. Check the label for name, time, medication, dose, and route before returning the container to the locked cabinet
8. Do not leave medication unattended or within reach of the participant
9. Identify the participant. Ask the participant to say his/her name. Nonverbal participants may need third party assistance with identification
10. If the participant questions the right medication, stop and verify the medication against records or with parent/guardian
11. Ask and observe the participant for any unusual behaviors or conditions prior to medication administration
12. If the participant exhibits conditions of possible concern (i.e. fever), do not give the medication. Report the behavior immediately to supervisor and/or health care provider on record and obtain further instructions on administration
13. Explain the medication administration procedure to the participant prior to actual administration
14. Position the participant properly and as prescribed for medication administration (i.e. upright position)
15. Provide equipment and supplies as needed and as prescribed (i.e. water)
16. Administer the correct dose of medication to the right participant, at the right time, by the right route
17. Observe the participant placing medication in his/her mouth (when applicable)
18. Complete as soon as possible, the [Medication Administration Log](#)
19. Clean, return, and/or dispose of equipment as necessary

**City of Bowling Green Parks & Recreation**  
**REFUSAL TO ADMINISTER MEDICATION LETTER**  
(Reference Section 10-7.3)

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

Dear Parent,

You have requested City personnel to administer medication to your child, \_\_\_\_\_ (name of child) during a Parks and Recreation Department sponsored event(s).

After reviewing the City's medication policy, we cannot give this medication to your child for reason(s) identified below.

- \_\_\_\_\_ Medication received without written authorization.
- \_\_\_\_\_ Medication **was not sent** to City in the original container.
- \_\_\_\_\_ Participant has an elevated temperature, which is \_\_\_\_\_ today.
- \_\_\_\_\_ Participant has had medication every day for \_\_\_\_\_ days. We cannot continue to administer medication for longer than designated on bottle.
- \_\_\_\_\_ Complaints of the participant include: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

Should your child's health care provider feel that your child needs this medication to be administered during the Parks and Recreation Department event, it will be administered after receiving a written request form from the prescribing physician or other authorized health provider.

Thank you for your cooperation in this matter.

## MEDICATION ADMINISTRATION INCIDENT REPORT

(Reference Section 10-7.2)

Name of Parks Event: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person administering medication: \_\_\_\_\_

Name of medication and dosage: \_\_\_\_\_

Describe circumstances leading to error: \_\_\_\_\_

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Describe actions taken: \_\_\_\_\_

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---

Persons notified of error (include name and title):

Parks Event Manager: \_\_\_\_\_

Department Director: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

Signature of person completing report: **x** \_\_\_\_\_  
(Medication Administrator)

Signature of Reviewer: **x** \_\_\_\_\_  
(Program Manager/Department Director)

Follow-up information (if applicable): \_\_\_\_\_

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## PRIMARY CARE PROVIDER AUTHORIZATION: G-TUBE FEEDINGS

(Reference Section 10-9)

This form shall be completed and provided to the Parks & Recreation Department Parks Staff prior to any consideration of assistance w/ G-tube feedings. Once receiving this authorization form, Parks & Recreation staff shall only initiate G-tube feedings as per physician orders, utilizing the parent/guardian as a resource if the need arises. In instances where the physician's orders and parent/guardian instructions differ, the Parks staff member shall inform the parent/guardian that physician's orders as provided on the authorization form will be followed.

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participating Parks Activity or Event: \_\_\_\_\_

**Type of G-Tube**

- Button
- Catheter
- Other: \_\_\_\_\_

**Pump for Feeding**

- Yes
- No
- Flow Rate \_\_\_\_cc/hour

Name of Formula: \_\_\_\_\_

Type of Pump: \_\_\_\_\_

Gravity: Yes  No  Volume to be given: \_\_\_\_cc over \_\_\_\_ minutes  
 Volume of water to follow feeding: \_\_\_\_cc

Feeding time(s): \_\_\_\_\_

Positions: During feeding: \_\_\_\_\_  
 After feeding: \_\_\_\_\_

**Notes to Health Care Provider/Parent/Guardian:**

- City personnel will not forcefully flush a tube or replace a tube into the stomach.
- Feeding formula must be sent to the Parks department in the original unopened container.
- City personnel will notify the parent/guardian if a tube becomes clogged or dislodged.

Additional health care provider's comments: \_\_\_\_\_

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

\_\_\_\_\_  
**Printed Name of MD, ARNP or PA**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Signature of MD, ARNP or PA**

\_\_\_\_\_  
**Telephone No.**

\_\_\_\_\_  
**Date**

The participant, parent or legal guardian hereby consents and gives direction and permission to the City of Bowling Green that its employees, volunteers or agents assist \_\_\_\_\_, the participant, with G-tube feedings as directed by the physician authorization above. The participant, parent or legal guardian agrees to assist the City and its employees, volunteers or agents if necessary as requested by the City and to train City employees, volunteers and agents on the appropriate procedures for the G-tube feeding. The participant, parent or legal guardian individually and on behalf of the participant, hereby irrevocably and unconditionally releases, acquits and forever discharges and agrees to indemnify and hold harmless the City of Bowling Green, its officers, agents, representatives and employees (collectively the "Releasees") from any and all losses, claims, demands, liability, actions and causes of action, obligations, damages and costs or expenses of any nature, including attorney's fees, that the participant, parent or legal guardian incurs or sustains which arises out of, results from, occurs during or are otherwise connected with the assistance with the G-tube feeding if due to the ordinary negligence of the Releasees.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship to Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Emergency Phone #**

<b><u>TO BE COMPLETED BY BGPR PERSONNEL</u></b>	
Parks Program: _____	Date Form Received: _____
I acknowledge receipt of this Authorization Form: _____	
BGPR Staff Signature	

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Parks & Recreation Program: \_\_\_\_\_  
 Health Care Provider Name/Phone Number: \_\_\_\_\_  
 Emergency Contact Name/Phone Number: \_\_\_\_\_



### G-TUBE FEEDING ADMINISTRATION LOG

(Reference Section 10-7)

G-Tube Feeding Information	Date																
Formula Type: _____ Gravity ___ Yes ___ No	Staff Initial																
Volume Prescribed: _____ Volume After Feeding: _____	Witness Initial																
Actual Time Given:																	
Formula Type: _____ Gravity ___ Yes ___ No	Staff Initial																
Volume Prescribed: _____ Volume After Feeding: _____	Witness Initial																
Actual Time Given																	

Date	Detailed Explanation of Occurrence	Signature of Administrator(s)

**PRIMARY CARE PROVIDER AUTHORIZATION:  
URINARY CATHETERIZATION SERVICES**  
(Reference Section 10-8.1)

This form shall be completed and provided to the Parks & Recreation Department Parks Staff prior to any consideration of assistance with urinary catheterization. Once receiving this authorization form, Parks & Recreation staff shall initiate urinary catheterization utilizing the parent/guardian as a resource if the need arises. This form shall be valid for a period of ninety (90) days.

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participating Parks Activity or Event: \_\_\_\_\_

Type of Catheter: \_\_\_\_\_ Size: \_\_\_\_\_

Known Latex Allergy: \_\_\_\_ Yes \_\_\_\_ No Times: \_\_\_\_ a.m. \_\_\_\_ p.m.

Authorization to Supervise and Assist Participant: \_\_\_\_ Yes \_\_\_\_ No Administer Catheter \_\_\_\_ Yes \_\_\_\_ No

Empty Bladder up to \_\_\_\_\_ ml, and wait \_\_\_\_\_ minutes before allowing more flow

Additional health care provider's comments: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Authorized Health Care Provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Authorized Health Care Provider

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Date

The participant, parent or legal guardian hereby consents and gives direction and permission to the City of Bowling Green that its employees, volunteers or agents assist \_\_\_\_\_, the participant, with urinary catheterization services as directed by the physician authorization above. The participant, parent or legal guardian agrees to assist the City and its employees, volunteers or agents if necessary as requested by the City and to train City employees, volunteers and agents on the appropriate procedures for the urinary catheterization services. All equipment and supplies are the responsibility of the parent, legal guardian or participant. The participant, parent or legal guardian individually and on behalf of the participant, hereby irrevocably and unconditionally releases, acquits and forever discharges and agrees to indemnify and hold harmless the City of Bowling Green, its officers, agents, representatives and employees (collectively the "Releasees") from any and all losses, claims, demands, liability, actions and causes of action, obligations, damages and costs or expenses of any nature, including attorney's fees, that the participant, parent or legal guardian incurs or sustains which arises out of, results from, occurs during or are otherwise connected with the assistance with the urinary catheterization services if due to the ordinary negligence of the Releasees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone #

**TO BE COMPLETED BY BGPR PERSONNEL**

Parks Program: \_\_\_\_\_

Date Form Received: \_\_\_\_\_

I acknowledge receipt of this Authorization Form: \_\_\_\_\_

BGPR Staff Signature

# URINARY CATHETERIZATION SERVICES ADMINISTRATION LOG

(Reference Section 10-9)

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Parks & Recreation Program: \_\_\_\_\_  
 Health Care Provider Name/Phone Number: \_\_\_\_\_  
 Emergency Contact Name/Phone Number: \_\_\_\_\_

<b>Catheterization Information</b>	Date																		
Catheter Type: _____	Staff Initial																		
Supervised and Assisted: ___ Yes ___ No																			
Administered: ___ Yes ___ No	Witness Initial																		
Actual Time Administered:																			

Date	Detailed Explanation of Occurrence	Signature of Mediation Administrator

# HEALTH RELATED SERVICES TRAINING DOCUMENT

(Reference Section 10-2.1.1)

Health Related Services training was performed by City Staff and included the following (check all that apply):

\_\_\_\_\_ Health Related Services - Policy and Procedures (Training provided by City Staff)

\_\_\_\_\_ Guidelines for Administering Medication (Training provided by City Staff)

\_\_\_\_\_  
City Staff Trainer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Staff Trainer's Signature

\_\_\_\_\_  
Date

Health Related Services training was performed by a Certified or Licensed Health Care Professional, EMT or Parent/Guardian and included the following (check all that apply):

\_\_\_\_\_ Procedures for Assisting w/ a G-Tube

\_\_\_\_\_ Procedures for Using an Epi-Pen

\_\_\_\_\_ Recognizing and Rendering First Aid Treatment for Diabetic Emergencies

\_\_\_\_\_ Procedures for Changing/Emptying an Ostomy Bag

\_\_\_\_\_ Recognizing and Rendering First Aid Treatment for Asthmatic Emergencies

\_\_\_\_\_ Procedures for administering, observing, or assisting w/ various inhaler/aerosol/nebulizer therapy devices

\_\_\_\_\_ General information on a Tracheostomy

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

The Certified or Licensed Health Care Professional, EMT or Parent/Guardian providing this training, performed said training sufficient to an extent that he/she is comfortable in delegating authority to those employees who show knowledge and the skills and ability necessary to provide the health related services identified above.

\_\_\_\_\_  
Trained Employee's Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Health Care Professional, EMT, or Parent/Guardian  
(Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# CHAPTER XI

## HEARING CONSERVATION PROGRAM

### 11-1 Hearing Conservation Program Policy

**11-1.1 General Standard** - In an effort to protect City employees from excess noise that could result in hearing loss, the City has established a hearing conservation program based upon the OSHA Standards for General Industry, 1910.95 Occupational Noise Exposure and as amended by 803 KAR 2:306 - Occupational Health and Environmental Controls, Kentucky Occupational Safety and Health Standards.

This program covers all City employees who are exposed to noise levels equal or in excess of an 8 hour time weighted average (TWA) sound level of 85 decibels (dB) measured on the A scale (slow response) or, equivalently, a dose of 50% (what is considered the “action level”).

Whenever employees are exposed to noise levels equal to or in excess of the action level, the City will, whenever possible, utilize feasible administrative and/or engineering controls to isolate or reduce the noise. If such controls fail to reduce sound levels to below the action level, personal protective equipment will be provided and used.

#### 11-1.2 Definitions

**11-1.2.1 Standard Threshold Shift** - As used in this section, a standard threshold shift is a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000, and 4000 Hz in either ear. A 10 dB STS may indicate early stage noise-induced hearing loss; hence OSHA has developed the 10 dB STS criteria to serve as an early indicator of noise induced hearing loss.

### 11-2 Noise Monitoring & Identifying Employees for Program Inclusion

**11-2.1 Noise Assessment** - Department/Division Compliance Team Members will assess and identify work activities where employees may be exposed to noise levels equal to or in excess of 85 dB and will notify the SRM when a new work process or piece of equipment is introduced. After receiving notification of a new process or piece of equipment exposure, the SRM will monitor those activities where additional employees may be exposed at or above the action level or where the provided hearing protectors may be rendered inadequate. All monitoring will be performed using appropriate sound measuring equipment.

**11-2.1.1 Area Monitoring** - When an employee’s exposure may equal or exceed the action level (85dB), the SRM will conduct noise monitoring in the area of operation or task creating the exposure and complete an [Area Monitoring Report](#). Noise level data obtained from area monitoring will be placed on the chart titled [Noise Levels Encountered During Area Monitoring](#).

**Note:** **Action Level – Rule of Thumb** – *If an employee needs to raise their voice in order to be heard at a distance of 3’ or less, the action level is likely being exceeded.*

**11-2.1.2 Personnel Monitoring** - Where circumstances such as high worker mobility, significant variations in sound level, or a significant component of impulse noise make area monitoring generally inappropriate, the SRM will conduct representative personal sampling and document using the [Personal Sound Level Monitoring Form](#). Employees exposed at or above the action level will be notified of any related monitoring results.

**11-2.3 Monitoring Equipment Calibration** - The SRM shall calibrate sound level equipment prior to and immediately following any noise monitoring event. Monitoring equipment will be calibrated to manufactures specifications.

**11-2.4 Notification of Exposure to Noise** - If it is determined that employees may be exposed to an 8 hour TWA of 85 dB or a 50% or greater dose, they will be provided the [Notification of Exposure to Noise Equal to or In Excess of OSHA Established Limits Form](#) and included in the City’s Hearing Conservation Program. Signed copies of the [Notification of Exposure to Noise Equal to or In Excess of OSHA Established Limits Form](#) will be completed upon initial hire during new employee safety orientation and forwarded to the SRM.

## 11-3 Audiometric Testing Procedures

**11-3.1 Scheduling Tests** - Every employee who is initially included in the City's Hearing Conservation Program will, within six months, be given a hearing test (baseline test) conducted by a City designated qualified professional. If the City chooses to utilize a mobile testing unit, baseline testing will be performed within 1-year of an employee being included in the City's Hearing Conservation Program. After the initial baseline test is completed, program participants will receive an annual audiogram.

The SRM will schedule all audiometric tests and may coordinate testing/scheduling with the assistance of Compliance Team Members. HRRMD will maintain a list of all positions/employees included in the program and will monitor the attendance of all required program participants.

### 11-3.2 Testing Process

Audiometric testing will be provided at no cost to those employees whose exposures equal or exceed the Action Level. Audiometric testing shall be performed by a professional individual meeting those requirements listed in 29CFR 1910.95(g) (3).

**11-3.2.1 Avoid Noise Prior to Testing** - The Supervisor will advise the employee to avoid exposure to high levels of occupational and/or non-occupational noise for at least a 14 hour period prior to the scheduled test. Though not preferred, the use of adequate hearing protection may substitute avoiding noise for 14 hours.

## 11-4 Standard Threshold Shift (STS)

**11-4.1 Notification of Shift** - If, as a result of any annual testing, the audiogram indicates a STS in hearing acuity, the designated hearing professional will advise the SRM of such within 10 days of the test.

**11-4.1.1 Employee Notification & Retest** - If not already performed by the testing professional, the SRM will provide the employee with a [Notification of a Standard Threshold Shift](#). This notification will take place within 21 days of the City's knowledge of such shift. The SRM may also schedule with a qualified testing professional, an additional audiogram within 30 days to confirm the standard threshold shift. If the second test is performed and it confirms the standard threshold shift, the testing professional will advise the SRM of this fact within 10 days.

**11-4.1.2 STS Determination of Work Relatedness** - The SRM will confer with a qualified audiologist or physician to determine if the standard threshold shift is work-related, aggravated by occupational noise, the result of aggravation from the wearing of hearing protectors, caused by a medical pathology and/or indicates that the employee needs further testing. If necessary, the RM will provide to the audiologist, a copy of the OSHA requirements regarding the hearing conservation standard, the baseline and most recent audiogram, records of audiometric calibrations and measurements of background sound pressure levels. Once notified of the STS and if not already performed by the testing professional, the SRM will:

- a. Refit and retrain the employee in the use of hearing protectors and if necessary, provide hearing protection with greater attenuation
- b. Communicate with the employee any follow-up determined by the audiologist or physician.

**11-4.1.3 Baseline Audiogram Substitution** - The annual audiogram may be substituted for the baseline audiogram if the audiologist, otolaryngologist or the physician who is evaluating the audiogram, determines that:

- a. A standard threshold shift revealed by the audiogram is persistent, or
- b. The hearing threshold shown in the annual audiogram indicates significant improvement over the baseline audiogram.

## 11-5 Hearing Protection Devices

**11-5.1 Hearing Protection Selection** - Each Department required to participate in the Hearing Conservation Program will provide a choice of ear plugs, ear muffs or other suitable hearing protection approved by the SRM. Employees will be given the opportunity to select their hearing protectors from a variety of suitable choices. Supervisors are responsible for ensuring that all hearing protectors are worn when required. The SRM will evaluate hearing protection attenuation (the ability of protectors to lessen the magnitude of the sound reaching the ear) for the specific noise environments in which the protector will be used.

Hearing protectors must attenuate employee exposure at least to the Action Level (85 dB).

The adequacy of hearing protector attenuation will be re-evaluated whenever employee noise exposures increase to the extent that the hearing protectors might no longer provide adequate attenuation.

**11-5.1.1 Disposable Plugs** - Disposable ear plugs will not be used to provide protection in situations where employees because of the nature of the work they are performing, have to continually remove and re-insert them. All hearing protection will when damaged, be replaced as recommended by the manufacturer.

**11-5.1.2 Noise Reduction Rating (NRR)** - The SRM will inform the Compliance Team Members of the required NRR for each of the tasks identified as exposing employees to noise equal to or in excess of the Action Level. Only hearing protectors with a recommended NRR will be used.

**11-5.2 Required Wear** - Employees or new hires who perform work identified as producing noise equal to or in excess of the Action Level will be required to wear the appropriate hearing protectors at all times while performing that work and before they undergo their first audiogram testing. The City shall ensure that hearing protectors are worn:

- a. By any employee who is exposed to noise at or above the Action Level and/or,
- b. When a baseline audiogram has not yet been established; or
- c. When an employee has experienced a STS

**11-5.3 Proper Fit and Use** - The participating employee's Supervisor shall insure proper initial fitting of and supervise the correct use of hearing protectors. Proper fit and use will be reviewed during training events.

## 11-6 Training

**11-6.1 Training Schedule** - Program participants will receive training during the initial and annual audiometric testing process. The RM will schedule all audiometric tests/training and may coordinate the scheduling with the assistance of Compliance Team Members. HRRMD will maintain a list of all positions/employees included in the program and will monitor the attendance of all required program participants. The training sessions will highlight the effects of noise on hearing, the purpose of hearing protectors and the purpose of audiometric testing. The advantages, disadvantages and attenuation of the three types of hearing protectors available and instruction concerning the selection, fitting, caring and use of the hearing protectors will also be reviewed.

**11-6.2 Training Documentation** - Employees, after attending the above training sessions, will be required to sign the [Hearing Conservation Training Acknowledgment](#) or similar form.

**11-6.3 Training Information and Materials Access** - The SRM will provide each Department/Division Compliance Team Member with a copy of Section 1910.95: Occupational Noise Exposure of Subpart G - Occupational Health and Environmental Control of the Kentucky Occupational Safety and Health Standards for General Industry as adopted by the Kentucky Occupational Safety and Health Standards Board. The Compliance Team Member shall post a copy of the standard in the workplace and retain another copy in the Compliance Workbook to be available upon request. The SRM will provide Standard updates to the Compliance Team Members as necessary.

## 11-7 Record Keeping

**11-7.1 General Statement** - The RM will maintain a list of those City positions included in the Hearing Conservation Program. The following documentation will be obtained and kept for the time period specified below:

<u>Document</u>	<u>Responsible Party</u>	<u>Location</u>	<u>Retention Requirements</u>
Audiometric Tests	HRRMD	Medical File	Duration of Employment
<a href="#">Notification of Exposure to Noise</a>	CTM	Personnel File	Duration of Employment
<a href="#">Notification of Standard Threshold Shift</a>	SRM	Medical File	Duration of Employment
<a href="#">Hearing Training Acknowledgment</a>	SRM	SRM Office	3-Years
<a href="#">Personal Sound Level Monitoring</a>	SRM	SRM Office	2-Years
<a href="#">Area Monitoring Report</a>	SRM	SRM Office	NA
<a href="#">Audiometer Calibration Records</a>	SRM	SRM Office	NA
<a href="#">Background Sound Pressure Levels</a>	SRM	SRM Office	NA

**11-7.2 Record Request** - All records shall be provided upon request to employees, former employees, representatives designated by the employee, and the Assistant Secretary of Labor.

## AREA MONITORING REPORT

(Reference Section 11-2)

<b>DEPARTMENT:</b>	<b>ACTIVITY/EMPLOYEE:</b>
--------------------	---------------------------

<b>DATE:</b>	<b>SHIFT/TIME:</b>	<b>SURVEYED BY:</b>
--------------	--------------------	---------------------

1. This monitoring survey utilized a sound level meter which was calibrated before and after the survey. Sound levels were measured in the decibels A scale (dBA), slow response. On the Metrologger db-306/26 or similar device, this reading is equivalent to the SPL reading.

2. Sound level measurements documented are actual readings recorded during the survey; variations in operations, machinery and processes can affect the sound levels present.

3. The exposure time(s) is that indicated by the supervisors and employees present at the time of the monitoring.

4. The permissible exposure time is the maximum allowable hours per day at the sound level permitted by Federal (29 CFR 1910.95) Standards. Noise dose was computed in accordance with 29 CFR Section 1910.95, Appendix A, Table G-16a. Noise Dose is a method of expressing exposure which takes both noise level and the actual exposure time into consideration. A dose in excess of 100% exceeds the permissible exposure level. A dose of 50% equals or exceeds the ACTION LEVEL.

5. The 8 Hour Time Weighted Average (TWA) is calculated using the values in Table A-1 of 29 CFR Appendix A Section 1910.95

LOCATION OR OPERATION	SOUND LEVEL (dBA)	EXPOSURE TIME	PERMISSIBLE TIME	ESTIMATED NOISE DOSE	TWA	EXCEEDS PERMISSIBLE LEVEL	EXCEEDS ACTION LEVEL

**PERSONAL SOUND LEVEL MONITORING**  
(Reference Section 11-2)

Today you will be the subject of personal sound level monitoring, the purpose of which is to determine the sound levels that you are exposed to during the work day. The accuracy of this measurement is an important factor in the City's continuing efforts to provide employees with a safe working environment. Although the scientific instrument that you will be wearing is delicate in nature and special care must be taken to prevent any damage, it is important that you perform daily activities as they would normally be performed.

**Employee name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Activities (During the course of the day, please describe each and the amount of time that you spent on each):**

<b>Activity(s):</b>	<b>Time Spent On Each Activity</b>
_____	<b>Hours/Minutes:</b> _____
_____	<b>Hours/Minutes:</b> _____
_____	<b>Hours/Minutes:</b> _____

**Noise Monitoring Equipment used:** \_\_\_\_\_

**Time (start):** \_\_\_\_\_ **Time (end):** \_\_\_\_\_

**Calibration:** \_\_\_\_\_ **dB (start)**      **Calibration:** \_\_\_\_\_ **dB (end)**

**Readings:**  
\_\_\_\_\_  
\_\_\_\_\_

**Employee:**

**Please answer the following questions:**

1. I was the subject of a personal noise monitoring on the above date:      YES    NO
2. The purpose and results of this monitoring were explained to me:      YES    NO
3. The equipment I was exposed to today appeared to be operating normally: YES    NO

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETAIN THIS RECORD FOR A PERIOD OF 2-YEARS**

**NOTIFICATION OF EXPOSURE TO NOISE EQUAL TO OR IN EXCESS OF  
OSHA ESTABLISHED LIMITS**  
(Reference Section 11-2)

As a result of noise monitoring that was performed surrounding the activities listed in the City's Risk Management Manual - Hearing Conservation Program and your exposure to these activities, it was determined that you should be included in the City's Hearing Conservation Program. The program was established to protect employees from loss of hearing due to the negative consequences of excess noise exposure and is regulated by OSHA.

1. The City's Hearing Conservation Program requires that you have hearing tests conducted within the first six months (1-year if using a mobile testing unit) of being exposed to the above activities and every year thereafter. These tests are provided to you at no cost. You must refrain from the above activities and others that generate loud levels of sound for at least 14 hours before being tested. As required by OSHA, the City will inform you within 21 days of any shift in your hearing ability as measured by these tests.
2. The program requires that since you are exposed to the above activities you will wear hearing protection with a minimum NRR (Noise Reduction Rating) of 25. You can choose from three different types of hearing protection devices that are available through your department. These are:
  - a. Earmuffs - suggested for those who will need to constantly remove and then reapply their hearing protectors.
  - b. Earplugs - usually disposable and suggested for those who will require protection on a continuous basis and where the plugs can be disposed of after every use. There will be at least two types of ear plugs available.
3. You are required to wear this hearing protection whenever you are exposed to the activities involving excessive noise. In addition, you are required to maintain assigned hearing equipment and report any problems you experience with the equipment to your supervisor. **FAILURE TO WEAR AND PROPERLY MAINTAIN YOUR HEARING PROTECTION MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION FROM EMPLOYMENT.**
4. The program requires that you attend annual training programs where the City will provide you with information on:
  - a. The effects of noise on hearing,
  - b. The purpose of hearing protection, the advantages, disadvantages and attenuation of various types,
  - c. Instructions on selection, fitting, use and care and the purpose of audiometric testing and,
  - d. An explanation of test results.

I understand that I am being exposed to noise levels that, unless I use proper hearing protection, could adversely affect my hearing. I agree to follow the requirements set down in the City's Hearing Conservation Program.

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

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

**NOTIFICATION OF A STANDARD THRESHOLD SHIFT**  
(Reference Section 11-4)

**TO: Employee Name:** \_\_\_\_\_

**Department/Division:** \_\_\_\_\_

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

**From: Safety & Risk Manager**

A comparison of your most recent audiogram (Date: \_\_\_\_\_) to your baseline audiogram (Date: \_\_\_\_\_) indicates that you have experienced a change in your hearing threshold relative to your baseline audiogram of an average of 10 decibels or more at 2000, 3000 and 4000 Hz in either ear, given any allowance that may be made for the contribution of aging (presbycusis).

This "Standard Threshold Shift" indicates that you have experienced a change in your hearing level. This change can be attributed to a variety of factors including a medical pathology or a non-work related noise exposure in addition to occupational noise.

Given the results of your most recent audiogram, it is important that you inform your Supervisor if you are currently working in environments where you are not required to wear hearing protectors and yet cannot hear your fellow employees from three feet away when they are talking in a normal voice.

It is equally important that you continue to wear the hearing protectors that are provided where required. If for any reason, you find the supplied hearing protectors too uncomfortable, too cumbersome or in any other way unmanageable, you should bring this to the attention of your supervisor immediately so that modifications to the hearing protectors, including issuance of new protectors, can be undertaken.

Given the recent audiogram results, another audiogram is being scheduled for:

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

Location: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

It is important that you do not expose yourself to excess noise for a period of at least 14 hours before taking this audiogram. Wearing the proper hearing protectors will provide the necessary protection against any occupational noise for which you may be exposed.

If this second audiogram affirms that you have experienced a Standard Threshold Shift, the attending medical professional will advise of any further treatment and/or precautions that you can take to avoid any further reduction in hearing level.

If you have any questions or concerns, please contact the Safety & Risk Manager at 393-3629.



## NOISE LEVELS ENCOUNTERED DURING AREA MONITORING

(Reference Section 11-2)

The following noise level data was obtained utilizing a sound level meter which was calibrated before and after the survey. Sound levels were measured in the decibels A scale (dBA), slow response. Sound level measurements are the actual readings recorded during the survey; variations in operations, machinery and processes can affect the sound levels present.

Department / Division	Equipment / Operation	dBa	Comments	Equipment / Operations	dBa	Comments
<b>PW - Operations Division</b>	Street Sweeper	83	While Driving	Chainsaw	112	Operation
	Vactor - Vac Truck	92	at Engine Station	John Deere w/ /Side mount	85	Operating
	Vermeer Chipper	109	Operating	Leaf Vac	103	Operating
	Cat Backhoe	83	Operating	Paver	95	Operating
	JD Lawn Mower	88	Operating			
	Knuckle Boom Truck	93	Operating	Bobcat 4071	99	Operating
	Fiatallis Grader	88	Operating	Cat Loader	80	Operating
	Roller	84	Operating	Brush Cutter	99	Operating
	Crack Sealer	83	Operating	438 Dump Truck	90	Operating
<b>Parks - Maintenance Division</b>	John Deere Tractor/Flail Mower	94	Operating	Kubota Mower	105	Operating
	Ransom Riding Mower	94	Operating	Kubota Tractor	101	Operating
	Shindaiwa Weedeater	100	Operating	Heston Tractor	105	Operating
	Push Mower	92	Operating	Case Front End Loader	103	Operating
	Vermeer Chipping Unit	114	Operating	Backpack Blower	107	Operating
	Bobcat	97	Operating	Chainsaw	112	Operating
	Hustler Riding Mower	92	Operating	Leaf Vacuum/Torro Truckster	100	Operating
	Jackhammer	110	Operating	Dixie Chopper Mower	107	Operating
	Chainsaw	112	Operating	Power Washer	91	Operating
	Pruner Chainsaw	92	Operating			
<b>Parks - Golf Maintenance</b>	Toro Greensmower	81	Operating	Push Mower	92	Operating
	Weedeater	94	Operating	Chainsaw	112	Operating
	Toro Sidewinder	90	Operating	Toro Triplex Riding Mower	90	Operating
	Toro Reelmaster 6500	85	Operating	Buffalo Turbine Blower	94	Operating
	John Deere 997	84	Operating	Bobcat	97	Operating
<b>Parks - Cemetery Maintenance</b>	Bunton Riding Mower	94	Operating	Stihl Backpack Blower	107	Operating
	Aerian Riding Mower	87	Operating	Air Compressor	109	w/in 10'
	Honda Push Mower	94	Operating	Grasshopper Mower	103	Operating
	Hedge Trimmer	112	Operating	Lesco Drill Seeder	107	Operating
	Weedeaters	98	Operating	Hustler Riding Mower	101	Operating
	Ford Tractor	91	Operating	Jacobson Truckster	88	Operating
	Hustler Riding Mower	92	Operating			
<b>Parks - Athletics</b>	Weedeaters	98	Operating	Toro Triplex Mower	90	Operating
	Jacobson Greenskeeper Mower	90	Operating			
<b>Parks - Beautification</b>	Ryan Seeder	89	Operating	Stihl Portable Vac	96	Operating
	Verticutter Unit	89	Operating	Redmax Reciprocator	95	Operating
	Skag 48" Advantage	92	Operating	Billygoat Vacuum Unit	98	Operating
	Troybilt Power Sprayer	88	Operating at 1'	Troybilt Sprayer	80	Operating at 12'
	Troybilt Tiller	90	Operating		97	Operating
	Stihl Weedeater	95	Operating	Craftsman Edger	91	Operating
	Honda High Cut Push Mower	95	Operating	Grasshopper 928D	90	Operating
<b>Fire Department</b>	Gasoline Powered Vent. Fans	>85	Operating	Riding in Fire Apparatus	>85	Operating
	Chainsaws	>85	Operating			
	Lawn Mowers	>85	Operating			
<b>Police Department</b>	Firearms	140	Firing of Guns			

## CHAPTER XII

### INSPECTION OF CITY PROPERTY

#### 12-1 Inspection Policy

**12-1.1 General Overview** - This section of the manual concerns itself with insuring that all City facilities are continuously maintained in a safe condition. The goal of this section is to insure that facilities and the machinery, fixtures and equipment contained within or upon the property are free of known potential hazards. Formal inspections are used to identify potentially hazardous situations that, if corrected, will assist in preventing and reducing loss.

This section concerns itself with the condition of buildings, grounds, parks, cemeteries, parking lots, or other real property that the City owns, leases, rents or legally assumes responsibility. Vehicles and other motorized equipment are not covered by this section.

**12-1.2 General Compliance Statement** – Compliance Team Members (CMT) and appropriate Department Directors are responsible for insuring that inspections are conducted at those properties for which they are responsible. Completed inspection checklists will be maintained by the CTM for a period of at least one year. The inspection checklists will be reviewed annually by the SRM as part of the annual inspection or during any periodic compliance audit.

#### 12-2 Inspection Types

**12-2.1 Periodic Inspection** - Formal standardized inspection checklists will be used to document the condition of City property. Various types of inspection forms will be used to capture the exposures that are particular to each property. Depending upon the particular property, checklists will be used in varying frequencies (daily, weekly, monthly, annually). The Safety and Risk Manager (SRM) will assist Compliance Team Members to develop self-inspection checklists that are specific to their facilities.

Compliance Team Members or their delegate shall inspect City occupied buildings at least every other month. Checklists developed for the Compliance Team Member or their delegated inspector will incorporate, as appropriate, the items and conditions listed below. The [Periodic Self Inspection Form](#) or similar shall be used to document facility inspections.

Periodic inspection checklists contained within this policy should be used in conjunction with and not as a substitute for the informal inspections that all employees are to continuously perform of their work environment. The checklists do not substitute for other inspections that may be required by OSHA, City code, Kentucky Building Code, NFPA, etc. (i.e.; boiler inspections, annual fire alarm inspections, fire extinguisher inspections, yearly sprinkler system inspections).

**12-2.2 Annual Inspection** - The SRM will conduct an annual inspection of all City owned, leased or rented facilities. The inspection will at minimum take into consideration all risk items mentioned within this section. Annual inspection reports will be disseminated to the appropriate City personnel and the respective Department Director(s).

**12-2.3 Hot Work Permit & Inspection** – Carrying out hot work activities with a safety-first approach is an important part of workplace safety. In order to do so, hot work hazards must be identified and necessary control measures that will effectively reduce the severity of risks and keep workers safe must be implemented. All temporary operations involving open flames and those producing heat and/or sparks (i.e. welding, cutting, grinding, brazing, etc.) performed indoors or adjacent to City structures will **may** require a [Hot Work Permit](#). A Hot Work Permit shall be completed and issued by the ~~Supervisor~~ **employee** responsible for overseeing such job, but only **for those jobs where the health and safety of workers, the public at large or property is threatened.** ~~if the job is being performed outside an area where hot work activities are considered common and routine (i.e. designated welding bay, mechanic shop)~~ **For example, if work is being performed in an area where inflammables exist and hot work may**

pose a fire hazard or where personnel are located who could be injured by the hot work, a [Hot Work Permit](#) would be required.

The Supervisor employee overseeing such work will be considered the Fire Safety Supervisor for that particular worksite. When applicable, the [Hot Work Permit](#) shall be completed prior to the start of any hot work and the [Hot Work Permit](#) shall be posted at the job site. [Hot Work Permits](#) shall be issued for all applicable work performed by City employees and by ALL applicable work performed by Contractors.

## 12-3 Inspection Finding Response/Follow Up

**12-3.1 Timely Correction and Documentation** - It is the responsibility of the CTM to ensure all inspection findings documented on periodic inspection forms are corrected in a timely manner. The corrective action taken on such findings shall be noted on the original inspection form or documented in some other manner and filed with the original report.

Unless otherwise specified, findings identified on the annual inspection report generated by the SRM shall require corrective action and response within 30 days of the Department's receipt of such report. The appropriate Department Director is responsible for assuring the timely completion of and response to inspection findings. If inspection findings cannot be corrected within the required timeframe, response shall provide comment as to why the item could not be completed. The SRM will follow up with both the CTM and Department Director regarding any delinquent responses or incomplete inspection findings.

## 12-4 Periodic Inspection Items

**12-4.1 Checklist Items for Buildings** – Listed below are some of the items that may be listed on an inspection checklist for City buildings. This is not an exhaustive list but does serve as a good base for creating a quality inspection checklist form.

### 12-4.1.1 Exterior

- Fire sprinkler system components or standpipes are accessible and clearly marked
- Building is free from signs of vandalism
- Exterior walls are free from cracks or other damage
- Exterior windows are free from cracks or broken panes
- Vegetation is being controlled
- Combustible materials are not being stored near the building
- Lighting is adequate and functioning
- Steps, stairs, sidewalks, walkways and parking lots are free from obvious trip and fall hazards

### 12-4.1.2 Interior- Electrical

- Electrical panels are secured and doors closed
- A 3 foot clearance is provided around electrical panels
- Electrical rooms are free of combustible storage
- Electrical panels are cool to the touch
- Electrical panels are free from evidence of burning
- Electrical switches and outlets are in good condition/repair
- Extension cords are not being used as permanent wiring
- GFCI outlets are present and functioning on circuits in proximity to water
- Electrical cords and plug-ends are in good condition, without bare wires, frays or exposed connections

### 12-4.1.3 Heating Systems

- A 3 foot clear space is provided around all heating equipment
- Furnace/boiler room doors are key access only and are found to be locked
- Furnace/boiler rooms are free from combustible storage
- Pressure gauges on boilers indicate pressure within acceptable levels

#### **12-4.1.4 General Housekeeping**

- Storage is restricted to designated areas
- Storage areas are well lit and maintained with easy access to all stored items
- Aisle ways and other walking areas are kept free and clear of stored items
- Liquids are promptly removed from the floor or marked with a “wet floor” sign

#### **12-4.1.5 Fire Protection**

- Flammable items stored inside fire rated cabinet or segregated in a controlled/ limited access location
- Fire alarm manual pull stations are found in the proper “un-tripped” position and are easily accessible
- Smoke alarms (independent of fire alarm system) are tested and found to be properly functioning
- Fire alarm system functioning properly and has been inspected by the vendor within the last 12-months
- Fire extinguishers are located where required, properly tagged and accessible
- Fire extinguishers are visually inspected monthly and annually inspected by the vendor
- Combustible items are not being stored under stairs
- Hot work (welding, cutting, etc.) is performed away from combustible items
- Sprinkler heads are clear of obstruction (no stored items within 18" of head)

#### **12-4.1.6 General Safety**

- All emergency lighting and exit signs are in proper working order
- All exits and travel paths are clear of obstructions
- All exits are unlocked and are operational
- Emergency backup power generators are functioning and have been tested within the last 30 days
- First aid kits are adequately stocked
- Interior stairs, hallways and offices are free of conditions that might lead to slips and falls
- All stairs and ramps, where required, are equipped with securely fastened railings
- All chemical products are properly stored and labeled
- MSDS are readily accessible
- AED Units are inspected monthly to assure proper operation
- Safety information boards are free of “non-safety” related material and Labor Law Posters are present

#### **12-4.1.7 Equipment/Furniture/Fixtures**

- Wall and ceiling fixtures are properly secured with no signs of structural fatigue or damage
- Furniture is in a well maintained condition and without defect
- Equipment is properly maintained and equipped with guards as needed

#### **12-4.1.8 Fire Sprinkler & Other Alarm Systems**

- Fire alarm systems/sprinkler system is inspected and tested at least annually by system vendor
- Panic button alarm system is checked and tested monthly to assure proper working order

#### **12-4.1.9 Security**

- Access to building from exterior openings (other than doorways) is properly secured
- Facility is locked during non-use hours

**12-4.2 Checklist Items for Outdoor Facilities** - Outdoor facilities may have additional items for the inspector to consider (some of which are listed below). Park facility inspections will be documented using a [Periodic Park Inspection Check Sheet](#) or similar document. Park inspection frequency may increase during the summer through fall months due to higher “seasonal” usage.

#### **12-4.2.1 Lighting/Outdoor Electrical**

- Insulation around wiring shows no signs of cracking or breaking
- No bare wires or exposed connections are observed on poles or with respect to scoreboards
- Light poles do not appear damaged, corroded or rotten
- Light poles or other telephone poles are in an upright position (not leaning)
- All wiring is properly secured, not entangled with foliage
- No bug or bird infestations noted around conduits and cables
- External electrical outlets are equipped with functioning GFCI
- Luminary housings show no signs of cracking and/or water damage

**12-4.2.2 Playgrounds (Weekly Inspection Recommended During Months of March thru September)**

- All equipment is free of visible cracks, warping, bending, rusting or breakage
- No deformation of open hooks, shackles, rings, links, etc. are present
- No worn swing hangers or chains are present
- No missing, damaged or loose swing seats are present
- No accessible sharp edges or points are present
- There are no broken or missing rails, steps, rungs or seats
- No pinch or crush points (exposed mechanisms, junctures or moving components) are present
- No splintered, cracked or deteriorated wood is present
- All exposed ends of tubing that need to be covered by plugs or caps have them
- Painted surfaces are not cracking or peeling
- Footings are not exposed, cracked or loosely anchored in the ground
- No loose nuts and bolts are present
- Protruding bolt ends have smooth finished caps and covers
- Equipment and surround area is surrounded by energy absorbing material
- Age specific playground equipment is identified and parks hours are posted

**12-4.2.3 Swimming Pools (Minimum Weekly Inspections While Operational)**

- No growth, scum or build up present on pool bottom and sides, walkways and deck
- Perimeter overflow system, shimmers, inlets and main drains clean, in good repair and operating with adequate water levels
- Ladders, steps, handrails, diving boards, life lines and floats in good repair
- Underwater and deck lighting adequate, operating and in good repair
- Pump/Equipment room is free from storage of non-essential equipment
- Pumps operating, in good repair with functioning gauges
- Pool chemical stock is adequate, fresh and properly stored
- Surge tank is clean, operating and in good repair
- Disinfectant system is operating and in good repair
- Structures, decks and furnishings are clean and in good repair
- Toilets, showers and locker facilities are clean, have adequate lighting, ventilated and in good repair
- Hot water heaters are operating and in good repair
- Storage facilities are adequate with no items stored within 3' of water heaters and breaker panels
- An adequate number of life guards are on duty
- Life ring and shepherd hooks are present and in good condition
- Self-locking gates are operating and in good repair
- First-aid kits are present, adequately stocked and available
- Chlorinating and pH testing logs are complete

**12-4.2.4 Parks, Golf Courses and Cemeteries**

- Pavilions and shelters are clean and in good repair
- Metal picnic tables and benches are properly grounded
- Wooden picnic tables and benches are free of splinters or loose pieces
- Nuts and bolts are adequately tightened and in good repair on all picnic tables and benches
- Walking surfaces are free of trip and fall hazards
- Garbage collection receptacles do not contain sharp or rusted edges

- Garbage collection receptacles are properly bagged and anchored
- Park grounds are free of litter, refuge, etc.
- There are no signs of vandalism (e.g.; graffiti)
- Fences, gates and wind screens are in good repair
- Signs (e.g.; tee markers, directional signs) are in good repair
- Playing surfaces are in good repair with no trip and fall hazards present
- Roadways and cart paths are free of pot holes and ruts
- Park hours are posted

#### **12-4.2.5 College Street Bridge and Riverview Park**

- Walking surface is intact and in a good state of repair
- Lighting is intact and in good working order
- Guard railing and/or concrete barriers are in good repair and rail gaps are properly enclosed along bridge walkway (no more than a 4" opening)
- No diving signs are in place and readable
- Signs posted at both ends of the bridge, warning of slick bridge surface during cold weather

#### **12-4.2.6 Police Physical Agility Course & Firing Range**

- The shelter, tower and other buildings are in a good state of repair
- Wiring and the electrical systems are in a good state of repair
- Walking surfaces are free of trip and fall hazards
- Earthen banks are in a good state of repair
- PPE is available for those using the firing range
- Physical agility course equipment is in good repair, free of surfaces having sharp edges, wasp nests, etc.

## **12-5 Training**

**12-5.1 Facility Inspector Training** - The Safety and Risk Manager will train the Compliance Team Member within each Department or Division to perform a general facility inspection for the facility or facilities they are responsible. Should the Compliance Team Member choose to delegate general facility inspection responsibilities, they will train such delegate through an actual inspection or walk-through of the facility. All training will be provided to insure that the purpose and function of this section are understood and that the knowledge and skills required for performing facility inspections are acquired by the employee designated facility inspection responsibilities. Facility inspector training will be recorded on the [Facility Inspector Training Document](#).



# HOT WORK PERMIT

(Reference Section 12-2.3)

All temporary operations involving open flames or producing heat and/or sparks require a Hot Work Permit. This includes, but is not limited to, Brazing, Cutting, Grinding, Soldering, Thawing, and Welding.

## INSTRUCTIONS FOR FIRE SAFETY SUPERVISOR

1. Verify precautions listed at right (or do not proceed with the work).
2. Complete page 1 and retain for job files.
3. Post page 2 in vicinity of hot work.

DATE	JOB NO.

LOCATION/BUILDING & FLOOR (Be Specific)

DESCRIPTION OF WORK BEING PERFORMED

NAME OF PERSON DOING HOT WORK

The above location has been examined, the precautions checked on the Hot Work Checklist have been taken to prevent fire, and permission is authorized for this work.

SIGNED: \_\_\_\_\_  
(Permit Authorizing Individual)

SIGNED: \_\_\_\_\_  
(Person doing Hot Work)

SIGNED: \_\_\_\_\_  
(Fire Watch)

TIME STARTED: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

### FIRE WATCH SIGNOFF

Work area and all adjacent areas to which sparks and heat might have spread were inspected during the fire watch period and were found fire safe.

Signed: \_\_\_\_\_

### FINAL CHECKUP (minimum 30 minutes after Hot Work)

Work area was monitored for \_\_\_\_\_ hour(s) following Hot Work and found fire safe.

Signed: \_\_\_\_\_

FILL OUT EMERGENCY INFORMATION ON BACK OF Page 2.

## OK HOT WORK CHECKLIST N/A

- Sprinklers and hose streams in service/operable.
- Hot Work Equipment in good condition (e.g., power source, welding leads, torches, etc.)
- Multi-purpose fire extinguisher and/or water pump can.

### REQUIREMENTS WITHIN 35 FEET OF WORK

- Dust, Lint, Debris, Flammable Liquids and oily deposits removed; floors swept clean.
- Explosive atmosphere in area eliminated.
- Combustible floors (e.g., wood, tile, carpeting) wet down, covered with damp sand or fire blankets.
- Remove flammable and combustible material where possible. Otherwise protect with fire blankets, guards, or metal shields.
- All wall and floor openings covered.
- Walkways protected beneath hot work.

### WORK ON WALLS OR CEILINGS

- Combustibles moved away from other side of wall.

### WORK IN CONFINED SPACES

- Confined space cleaned of all combustibles (example: grease, oil, flammable vapors).
- Containers purged of flammable liquids/vapors.
- Follow confined space guidelines.

### FIRE WATCH/HOT WORK AREA MONITORING

- Fire watch will be provided during and for 30 minutes after work, including any coffee or lunch breaks.
- Fire watch is supplied with an extinguisher, and/or water pump can, also making use of other extinguishers located throughout work area.
- Fire watch is trained in use of this equipment and familiar with location of sounding alarm.
- Fire watch may be required for opposite side of walls, above, and below floors and ceilings.

### OTHER PRECAUTIONS TAKEN

# **WARNING!**

## **HOT WORK IN PROGRESS**

### **WATCH FOR FIRE!**

**IN CASE OF AN EMERGENCY:**

**CALL:** City of Bowling Green Police Dispatch

**AT:** 9 1 1

# **WARNING!**

**FACILITY INSPECTOR  
TRAINING DOCUMENTATION**  
(Reference Section 12-5)

Date of Instruction: \_\_\_\_\_

Instructor: \_\_\_\_\_ Department: \_\_\_\_\_ Division: \_\_\_\_\_

The employees identified below, have been trained to perform the prescribed facility self-inspection as provided on the facility's self-inspection form(s). The training was performed by a person who is competent and knowledgeable of those items being inspected.

Name of Employee (Print)	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor's Signature: \_\_\_\_\_

# CITY FACILITY PERIODIC INSPECTIONS

(Reference Section 12-2)

Inspection Items	OK	Correction Needed
<b>Exterior</b>		
Vegetation is Controlled		
Exterior Lighting is adequate and functioning		
Steps, stairs, sidewalks, walkways, and parking lot is free of fall and trip hazards		
Fire sprinkler system components or standpipes are accessible and clearly marked		
Building is free of signs of vandalism		
Exterior walls are free from cracks or other damage		
Combustible materials are not being stored or allowed to accumulate near the building		
<b>Interior - Electrical</b>		
A 3' clearance is provided around electrical panels		
Electrical panels are secure and doors are kept in closed position		
Flammable/combustible material is stored at least 15' from any electrical panel.		
All electrical panels, switches, and receptacles are in good condition.		
Extension cords are not being used as permanent wiring.		
GFCI outlets are present and functioning on circuits in proximity to water		
GFCI outlets are functioning properly		
Electrical cords and plug-ends are in good condition, without bare wires, frays or exposed connections		
<b>Heating Equipment (Furnace/Boiler/Water Heater)</b>		
A 3' clearance is provided around all heating equipment.		
Furnace/boiler room is kept free of combustible storage items.		
<b>General Housekeeping</b>		
Storage areas are designated, well maintained with easy access to all stored items.		
All aisle ways and other walking areas are kept clear and free of stored items.		
Liquids are promptly removed from the floor, or marked with "wet floor" signs.		
<b>Fire Protection</b>		
Flammables are stored in a fire rated cabinet.		
Fire alarm manual pull stations are found in proper position and are easily accessible		
Smoke alarms (independent of fire alarm system) are tested and found to be properly functioning		
Fire extinguishers are located where required, and accessible.		
Fire extinguishers have been visually inspected monthly and recorded on the tag		
Fire extinguishers have been inspected within the last 12 months by the vendor		
All hot work (welding, cutting, etc.) is performed away from combustible/flammable items.		
Combustible items are not to be stored under stairs		
Sprinkler heads are clear of obstruction (no stored items within 18" of head)		
<b>General Facility Safety</b>		
All emergency lighting and exit signs are in proper working order		
All exits and travel paths are clear of obstructions		
All exits are unlocked and are operational		
Emergency power generators are functioning and have been tested within the last 30-days.		
AED units are inspected to assure operation. Units have adequate battery power and pads are up-to-date and present (Complete AED inspection form located within the AED storage cabinet/container).		
First Aid kits are adequately stocked.		
Interior stairs, hallways, and offices are free of conditions that might lead to slips, trips, or falls.		
All stairs and ramps that are required, are equipped with securely fastened railings.		
All chemical products are properly stored and labeled		
A MSDS is obtained for each chemical at the facility; all MSDS are readily accessible		
Safety information board is kept free of other "non-safety" related material.		
Labor Law Posters are present.		
<b>Equipment/Furniture/Fixtures</b>		
Equipment is properly maintained and in good operating condition and equipped with guards as needed		
Furniture is in well maintained condition and without defect		
Wall and ceiling fixtures are properly secured with no signs of structural fatigue or damage		
<b>Fire Sprinkler &amp; Other Emergency Alarm Systems</b>		
Fire alarm systems/sprinkler system is inspected and tested at least annually by the alarm system vendor.		
Panic Button Alarm System is checked and tested monthly to assure proper working order		
<b>Security</b>		
Access to building from exterior openings (other than doorways) is properly secured		
Facility is locked during non-use hours		

Signature of Inspector: \_\_\_\_\_

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

# PERIODIC INSPECTION CHECKSHEET– OUTDOOR FACILITIES

(Reference Section 12-4.2)

## WEEKLY (March thru September) PARK INSPECTION

FACILITY: \_\_\_\_\_

Initial those items that are observed to be in safe condition.

Weekly Review Items																				
Park is free of debris, glass, etc.																				
Park equipment discharge/fall areas have adequate absorbent material.																				
Playground equipment is working properly and is free of visual defects.																				
Fencing is in good condition and does not pose a hazard to participants.																				
* Action has been taken to correct deficient items.																				

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BI-MONTHLY (March - September) PARK INSPECTION

FACILITY: \_\_\_\_\_

Initial those items that are observed to be in safe condition.

Weekly Review Items	Mar	May	Jul	Sep	
<b>General Grounds</b>	General park grounds are free of debris, glass, etc.				
	Park benches and bleachers are in good repair and stable.				
	Trails are well maintained (clear and smooth, void of erosion damage, vegetation, etc.)				
	Drinking fountains are in good repair and drain properly.				
	Vegetation is being maintained and poison plants identified/sprayed.				
	Trees are free of dead branches/hangers.				
	Insects (wasps, bees) nesting is controlled as necessary.				
	Picnic tables are in good condition, having no protrusions or loose hardware.				
	Fencing is in good repair; no projection hazards, holes, or other unsafe conditions.				
	<b>Parking Lots &amp; Roadways</b>	Surfaces are striped and clearly marked for parking.			
Landscaping does not interfere with the motorist's visual site triangle.					
Surfaces are maintained, having no pot-holes, major cracks, ponding of water, etc.					
<b>Shelters, Concessions, Scorer's Boxes, &amp; Gazebos</b>	Park hours of operations sign is present and locking gates are functional.				
	Clean, have functional lighting and electricity, and water (if applicable).				
	Trash is contained and controlled.				
	All stairways and hand railings are in good condition and stable.				
	Storage areas are kept neat and organized.				
	Concessions are clean and have: a) window screens, b) operational HVAC, c) and hand washing				
	Electrical wiring is in good condition, GFCIs test properly, all outlets and boxes are properly covered.				
<b>Play Grounds</b>	Doors and windows are operable and in good general repair.				
	Free of any signs of vandalism.				
	Playground equipment discharge/fall areas have adequate absorbent material.				
	Playground equipment is working properly and is free of visual defects.				
<b>Restrooms</b>	Suggested age group usage signage is present along w/ the "No Pet Zone" sign.				
	Playground area is free of debris, glass, etc.				
	Restrooms are clean and stocked.				
	Toilets, sinks, and urinals are in good working order.				
	Electrical wiring is in good condition, GFCIs test properly, all outlets and boxes are properly covered.				
<b>Basketball Courts</b>	Indoor and Outdoor Lighting is functional and adequate.				
	Mirrors and other fixtures are in good condition.				
	Floors are free of slip/fall hazards and kept clean.				
	Court boundaries are clearly marked.				
<b>Disc Golf</b>	Court is free of trip hazards (cracks, uneven pavement).				
	Basket supports, boards, nets, etc. are in good repair.				
	Lighting is adequate and functional.				
<b>Ball Fields</b>	Baskets are in good condition (free of rust and properly assembled).				
	Tees and basket areas are free of trip hazards.				
	Course is mowed and clearly marked (signage).				
<b>Tennis Courts</b>	Fields are adequately maintained at proper heights and kept free of trip hazards.				
	Fields and adjacent facilities (dugouts) clean and well maintained.				
	Fencing is adequate for preventing errant balls from striking park attendees.				
	Field lighting is functional, adequate, and properly aimed.				
<b>Scoreboards</b>	Fencing is in good repair; no projection hazards, holes, or other unsafe conditions.				
	Nets are tight and maintained at the proper height (36" on end, 32" in center).				
	Fences and/or wind screens (if applicable) are in good condition and secure.				
	Surface is free from major cracking and or dangerous transitions.				
Surface coating and striping is in good condition.					
Lights are at full illumination and timers are accurate w/ sunset.					
Board is in good general condition and lamps are replaced as needed.					
Protective screens and covers are maintained.					
Wiring is in good condition w/ no frays or exposed conductors.					

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspector's Name: \_\_\_\_\_

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



# CHAPTER XIII

## LOCKOUT/TAGOUT PROGRAM

### 13-1 Lockout/Tagout Policy

**13-1.1 General Policy Overview** - This section covers the servicing and maintenance of machines and equipment in which the *unexpected* energization or start up, or the release of stored energy could cause injury to employees. These procedures establish the minimum requirements employees will follow to eliminate the unwanted release of energy.

**13-1.2 Policy Exception** - Minor tool changes, adjustments and other minor servicing activities which take place during normal production operations are not covered by this policy if they are considered routine, repetitive and integral to the use of the equipment for production, provided that the work is performed using appropriate machinery and guarding against injury.

#### 13-1.3 Definitions

**13-1.3.1 Affected Employee** - An employee who normally works on or near a machine that must be locked out for maintenance.

**13-1.3.2 Authorized Employee** – Any employee who locks or tags out machines or equipment in order to safely perform servicing or maintenance on that machine or equipment. Only authorized employees may perform service or maintenance on machines or equipment.

**13-1.3.3 Energy Isolation Device** - A mechanical device that physically prevents the transmission or release of energy, such as a circuit breaker or valve.

**13-1.3.4 Lockout Device** - A device that uses positive means such as a lock and key or combination lock to hold an energy-isolating mechanism in a safe position and prevent equipment or machinery from being energized.

**13-1.3.5 Tagout Device** - A prominent warning device, such as a tag, that can be securely attached to an energy-isolating mechanism to alert employees that equipment is not to be operated until the tag is removed.

### 13-2 Energy Control Procedures

**13-2.1 Written Procedures** - The Safety and Risk Manager (SRM) and designated Compliance Team Member (CTM) for each Department or Division will be responsible for providing a specific, written lockout/tagout (energy control procedure) for each machine or equipment type. The written procedures shall be utilized for the control of potentially hazardous energy when employees are engaged in maintaining or servicing machines or equipment. Prior to finalizing a written procedure, the CTM and Department Manager or Supervisor will review the procedure for its effectiveness in controlling the unexpected energization, start-up, or the release of stored energy. Written procedures will be located in an accessible area, so that all authorized employees have ready access.

**13-2.2 Energy Isolating Device Usage** - Employees will utilize an energy isolating device(s) whenever service or maintenance is performed on equipment or machinery. There are many types of energy isolation devices but the purpose of such device(s) is to ensure a secure means for isolating potential energy sources and preventing the unexpected release of such energy or unwanted startup of equipment or machinery. Types of energy isolating devices might include:

- a. **Breaker Switch Isolating Device** – This device holds the breaker switch in the “closed” position.
- b. **Light Switch Isolating Device** – This device holds a light switch in the “closed” position.
- c. **Plug Isolating Device** – This device prevents the plug end of an electrical cord from being inserted into an electrical receptacle.

**13-2.2.1 Energy Isolating Device Usage Exemption** – Energy isolation devices do not need to be applied in cases involving simple service/maintenance tasks (i.e. changing of lawn mower blades or changing of oil in equipment) as long as the potential for the release of energy can be removed with a single task (i.e. removal of key from ignition or unplugging a piece of equipment) and there is zero chance of any other energy source being released.

**Note:** *Energy isolating devices must be utilized during simple service/maintenance activities if the service/maintenance activity is not open and obvious to other employees (i.e. servicing employee is in attendance and notably performing work on equipment/machinery, equipment/machinery is on a lift), or the authorized employee must leave the equipment unattended and the re-energization of equipment/machinery could cause harm to an individual and/or mechanical damage.*

**13-2.3 Lockout Device Usage** - All energy isolating devices will be activated using a lock-out device. The application of the lock-out device onto the energy isolating device will ensure the isolation and prevention of hazardous energy in the machine or equipment being controlled. The common lock and key is the standard lockout device that the City will utilize to lock energy isolating devices. The lock shall be identified as a lockout device and shall not be utilized for any other purpose.

**13-2.4 Tagout Device Usage** - Tagout devices serve as a warning device to alert employees that the equipment or machinery is not to be operated. Tagout devices consist of a plastic tag w/ a nylon or plastic cord and are generally attached to an energy isolating mechanism (i.e. spark plug wire, ignition switch, instrument panel) that cannot physically be locked out using an energy isolating and lockout device. Tagout devices do not provide the physical restraint that is provided by a lock and energy isolating device. The tag will display a warning message and also provide the name of the authorized employee who applied the device. For purposes of providing additional warning, the tagout device may also be applied to the lock when a lockout device is utilized. Other compliance requirements involving the use of tagout devices include:

- a. Tags must be legible and understandable by all authorized and affected employees.
- b. Tags and their means of attachment (nylon/plastic cable) will be made of materials which will withstand environmental conditions encountered in the workplace and shall be substantial enough to prevent inadvertent or accidental removal. Tagout device attachment means shall be of a non-reusable type, attachable by hand, self-locking, and having a non-releasable unlocking strength of no less than 50 pounds. The City shall utilize a nylon cable tie for securing tags.
- c. Tags may evoke a false sense of security therefore their meaning will be communicated to all affected employees during new employee safety orientation.

**13-2.5 Lockout/Tagout Kit** – The lockout/tagout kit will at minimum contain a single and multi-pole breaker, plug and wall switch energy isolation device, tags and nylon/plastic cables, a multiple locking hasp and at least 2 locks. Lockout/tagout kits will be located in a location that is convenient for authorized employees to access. Both lockout and tagout devices shall be singularly identified and be the only device(s) used for controlling energy. They shall not be used for purposes other than lockout/tagout and shall be standardized in color, shape, size, print. The Department Manager will be responsible for making sure all appropriate energy isolating and lockout/tagout devices are readily available to authorized employees.

**13-2.5.1 Multiple Locking Hasp** - When more than one individual, department or other group is performing service or maintenance on equipment and/or machinery that requires energy isolation, a multiple locking hasp will be utilized. Each authorized employee performing service or maintenance to a particular piece of equipment/machinery shall affix a lockout/tagout device to the group hasp before beginning work and remove the lock/tag after completing work. The authorized employee removing the last lockout/tagout device shall be responsible for returning the equipment/machinery to its normal operating condition and shall do so prior to restoring equipment/machinery.

**13-2.5.2 Kit Usage Compliance** – The lockout/tagout kit shall only be used for isolating hazardous energy sources. Both locks and tags, when attached to an energy isolating mechanism or device, may only be removed by the authorized employee (the employee who placed the tag). The lockout/tagout device is never to be bypassed, ignored or otherwise defeated.

**13-2.6 Sequence of Lockout/Tagout Procedures** – The sequence of lockout/tagout procedures shall be followed and shall at minimum include the steps listed below:

- a. The employee will identify the type and magnitude of energy that the machine or equipment utilizes, understand the associated hazards and know the methods to control the energy.
- b. If the machine is operating, the employee will shut it down by the normal stopping procedure (depress stop button, open switch, close valve, etc.).
- c. When required, the employee will lockout/tagout the energy isolating devices(s) using assigned individual locks or the standard tags.
- d. Stored or residual energy (such as that in capacitors, springs, elevated machine members, rotating flywheels, hydraulic systems and air, gas, steam or water pressure, etc.) **that could unexpectedly be released during any service/maintenance activity** will be dissipated or restrained by methods such as grounding, repositioning, blocking, bleeding, etc.
- e. Zero energy state will be tested and verified by operating the push button or other normal operating control(s). **Caution:** *The authorized employee will make sure that all affected employees are clear of the work area before testing to make sure all energy sources are isolated. The authorized employee shall return operating control(s) to neutral or "off" position after verifying the energy isolation of the equipment.*

**Note:** *Zero Energy State verification for work involving electrical current will be verified with the use of a multi-meter, plug tester, and/or hot stick and only by a certified electrician.*

**13-2.6.1 Restoring Equipment to Service** - When the servicing or maintenance is completed and the machine or equipment is ready to return to normal operating conditions, the authorized employee will perform the following steps:

- a. Check to make sure all nonessential items have been removed and machine or equipment components are operationally intact.
- b. Assure all affected employees are removed from the machine or equipment area.
- c. Verify control(s) are in neutral position or off position.
- d. Remove all lockout/tagout and energy isolation devices and re-energize the machine or equipment.

**Note:** *Some forms of energy isolation (i.e. blocking) may require energizing of the machine in order to remove the isolation device. The authorized employee shall use caution when removing these devices.*

**13-2.6.2 Temporary Removal of Energy Isolation Devices** - In situations where lockout/tagout devices must be removed from the energy isolating device and the machine or equipment temporarily energized, the authorized employee shall:

- a. Clear the machine or equipment of tools and materials.
- b. Assure all affected employees are removed from the machine or equipment area.
- c. Authorized employee will remove the lockout/tagout device(s).
- d. Authorized employee will energize and proceed with testing or positioning.
- e. After testing or positioning, the authorized employee will de-energize all systems and reapply energy control measures as stipulated in the machinery/equipment written procedures or according to the general sequence of lockout/tagout procedures identified above.

## 13-3 Planning and Design of Equipment/Machinery

**13-3.1 General Statement** - Department Managers engaged in decisions involving the replacement, major repair, renovation, modification or purchase of new machinery or equipment shall consider and if possible request energy isolation features be installed on such equipment to allow for the application of lockout devices when necessary.

## 13-4 Periodic Inspections

**13-4.1 Annual Inspection** – The SRM or designee will perform at minimum, an annual inspection of each work area where lockout/tagout procedures are used. The annual inspections shall insure that the procedure and the requirements of this section are being followed. Inspections will be documented and will identify any program deviations or inadequacies. During the inspection, authorized employees will be asked to review their responsibilities for the energy control procedure being inspected and describe their knowledge on the limitations of tagout systems. Inspections will be documented using the [Periodic Lockout/Tagout Procedure Inspection Checklist](#).

**13-4.2 Continuous Work Area Monitoring** - The Department Manager and Supervisor shall throughout the year, monitor their particular work area to ensure all lockout/tagout practices are taking place as prescribed within this program.

## 13-5 Training

**13-5.1 Required Training** - Training will be provided to insure that the purpose and function of this section is understood by all affected employees and the knowledge and skills required for the safe application, usage and removal of energy isolation and lockout/tagout devices is acquired by all authorized employee.

**13-5.1.1 Awareness Level Training** - All affected employees will receive awareness level training during New Employee Safety Orientation Training. Awareness level training will be documented in the New Employee Safety orientation Training Manual.

**13-5.1.2 Authorized Employee Training** – Prior to performing service or maintenance on equipment or machinery, authorized employees shall attend a training session that describes the policies and procedures written within this Chapter. In addition, the Department Manager or designated Supervisor will provide additional instruction on the written procedures (as prescribed in Section 11-2.1) for each piece of equipment/machinery the employee will be servicing or performing maintenance activities. After review and familiarization of the written procedures, the authorized employee must acknowledge their understanding by signing those written procedures which correspond to the equipment/machinery they will be servicing. Authorized employees shall be encouraged to ask questions regarding the written procedures or any part of this Chapter for which they don't fully understand. Training will be documented using the [Lockout/Tagout Training Documentation Form](#).

**13-5.2 Training Frequency** - Retraining is required whenever a new method of energy control is introduced, a new job assignment is given that requires additional knowledge of energy control or whenever a periodic inspection reveals a policy deviation or a deficiency in the authorized employee program knowledge/skills. The Department Manager or Supervisor will discuss all retraining needs with the SRM; together they will in a timely manner prescribe any necessary retraining.

## 13-6 Contractors

**13-6.1 General Statement** - When necessary, the SRM will inform contractors or other non-City employee personnel engaged in activities identified by this Chapter, of the City's Lockout/Tagout program policies and procedures. When necessary, the SRM may request information concerning the Contractor's energy control plan and if necessary, City employees will be informed of and requested to comply with restrictions and prohibitions of that plan.

# Periodic Lockout/Tagout Procedure Inspection Checklist

(Reference 13-4)

Date of Inspection: \_\_\_\_\_

Machine/Equipment/Vehicle Name: \_\_\_\_\_

Authorized Employee Performing Lockout/Tagout Procedures: \_\_\_\_\_

Affected Employee(s): \_\_\_\_\_

Inspection Performed By: \_\_\_\_\_

1. Are documented training records available for the authorized and affected employees?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain action taken): \_\_\_\_\_  
\_\_\_\_\_

2. Is there a written lockout/tagout procedure "customized for each equipment/vehicle type?"

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain action taken): \_\_\_\_\_  
\_\_\_\_\_

3. Does the procedure identify all potentially hazardous energy sources?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain action taken): \_\_\_\_\_  
\_\_\_\_\_

4. Are lockout/tagout devices used only for energy control purposes?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain action taken): \_\_\_\_\_  
\_\_\_\_\_

5. Are written procedures readily available?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain action taken): \_\_\_\_\_  
\_\_\_\_\_

**Periodic Lockout/Tagout Procedure Inspection Checklist (continued)**  
(Reference Section 13-4)

6. Does the lockout/tagout device identify the employee who applied the device?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain action taken): \_\_\_\_\_  
\_\_\_\_\_

7. Do affected employees understand the purpose of energy control procedures?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain action taken): \_\_\_\_\_  
\_\_\_\_\_

8. After walking through a lockout/tagout with an authorized employee, is the procedure clear to the employee?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain action taken): \_\_\_\_\_  
\_\_\_\_\_

9. Has each authorized employee signed the written procedures for lockout/tagouts they perform?

Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, explain action taken): \_\_\_\_\_  
\_\_\_\_\_





# CHAPTER XIV

## LOSS OCCURRENCE POLICY & PROCEDURES

### 14-1 Loss Occurrence Policy

**14-1.1 General Statement** - The prompt and accurate reporting of all loss occurrences (regardless of the severity) is essential to the effective management and handling of claims and the future prevention of similarly related occurrences. It is both the supervisor and the employee's role and responsibility to report any and all loss occurrence incidents immediately following or after being notified of the occurrence. All loss occurrences are to be reported to the Safety & Risk Manager (SRM).

**14-1.2 Loss Occurrence Definition** - A loss occurrence is any incident regardless of fault that causes or has potential to cause bodily injury and/or the loss or damage to property without respect to ownership or anticipated monetary loss. For the City's reporting purposes, loss occurrences are categorized into 4 different types.

#### 14-1.3 Loss Occurrence Types

##### Auto Related (2 types)

- Auto Liability (AL) - When the operation of a City licensed vehicle(s), regardless of fault, results in damage or potential damage to a third party's property and/or bodily injury or potential bodily injury.
- Auto Physical Damage (APD) - When damage occurs to a licensed City vehicle and a third party is not involved.

##### General Liability (2 types)

- General Liability Property Damage (GL) – When it is alleged that the City has caused damage to a third party's property through activities other than the operation of a City licensed vehicle.
- General Liability Injury (GL) – When it is alleged that the City has caused injury to a third party through activities other than the operation of a City licensed vehicle or when injury occurs or allegedly occurs on City property.

Property Damage - When damage occurs to City owned property other than a licensed City vehicle.

Workers Compensation (WC) - When a City employee has been injured on the job while performing a work related task or becomes ill as a result of working conditions.

### 14-2 Loss Occurrence Procedures

**14-2.1 General Responsibilities Statement** - The Department Director will be responsible for ensuring that all employees are familiar with this written program and shall designate specific personnel to carry out administrative duties involving the timely and accurate reporting of all occurrence types. Personnel responsible for reporting requirements as written within this policy shall assist the HRRMD to obtain all necessary information.

The following sections describe proper employee response at the scene of an incident as well as any reporting requirements necessary for the completion and distribution of needed information. The procedures outlined below are organized by occurrence type.

### 14-3 Auto Loss Occurrence

**14-3.1 General Statement** - Auto Loss Occurrences are divided into two categories, 1) Auto Liability (AL) and 2) Auto Physical Damage (APD). AL occurrences arise when the operation of a City vehicle or private vehicle (being used to conduct City business), regardless of fault, results in injury or potential injury to a person and/or damage or potential damage to a third party's property. APD occurrences arise when damage occurs to a licensed City vehicle and a third party is not involved.

**14-3.2 Reporting Requirements** - All AL or APD loss occurrence incidents are to be reported to the SRM. For those incidents involving injury requiring medical treatment and or estimated total damage (all property involved) in excess of \$1,000, the SRM must be notified immediately via phone. The required reporting form(s) may be accessed directly through the City's Document Management System (i.e. ONBASE) or via the City's Home Page. Instructions for the proper completion and dissemination of incident information is provided in the [Auto Liability/Auto Physical Damage Occurrence Reporting Form](#).

**14-3.3 Auto Liability (AL) - Employee Response Requirements** - When an employee is involved in an auto related incident, they shall check for injuries and notify emergency response personnel if warranted. In addition to notifying emergency response personnel, the following steps are to be taken at the incident scene whenever an auto related incident involves a third party:

- a. The involved employee will notify their supervisor immediately
- b. The involved employee or employee's supervisor shall contact the Police Department and request the completion of a Police report
- c. The City vehicle is not to be moved unless instructed by the on-scene authority or unless it is necessary for the prevention of possible injury or property damage. The involved employee shall follow all directions of on-scene authorities
- d. The involved employee shall only discuss the incident with the on-scene authorities
- e. The involved employee shall refrain from admittance of guilt and must not assume liability for losses
- f. The involved employee shall as requested, share vehicle insurance information with the third party and/or on-scene authorities and may provide the third party with information for contacting the SRM.

**Note:** Insurance information is located within each City owned vehicle.

Regardless of fault, damage amount or comments made by the involved third party, all auto related incidents involving a third party must follow the response sequence indicated above.

**14-3.4 Auto Physical Damage (APD) - Employee Response Requirements** - When an employee is involved in an auto related incident that involves no third party but causes damage to the City auto, or when an employee discovers damage to a City auto from an unknown incident (i.e. vandalism), the following steps are to be taken:

1. The involved employee will notify their supervisor immediately
2. The involved employee or employee's supervisor shall secure the area if necessary to prevent injury and/or additional property loss.

## 14-4 General Liability Loss Occurrence

**14-4.1 General Statement** – General Liability (GL) occurrences generally involve injury and/or property damage of a third party and tend to arise or occur on City property or are the result of City operations (other than the operation of a City vehicle). Regardless of fault, when there is an alleged loss, the City shall respond according to the written procedures provided within this section.

**14-4.2 Reporting Requirements** - All GL incidents are to be reported immediately to the SRM. For those incidents involving third party injury and or an estimated total damage (all property involved) in excess of \$1,000, the SRM must be notified via phone. The required reporting form(s) may be accessed directly through the City's Document Management System (i.e. ONBASE) or via the City's Home Page. Instructions for the proper completion and dissemination of incident information is provided in the [General Liability Injury Occurrence Reporting Form](#) and [General Liability Property Loss Occurrence Reporting Form](#).

**Note:** All third party loss occurrences (whether the City employee is physically involved, a witness to, or is made aware of) must be reported to the SRM regardless of the perceived validity of the claim and regardless of any comments made by the third party.

**14-4.3 General Liability – Employee Response Requirements** - When an employee is involved in, is witnesses to or is made aware of an incident involving a third party loss, the following steps are to be taken:

- a. The involved employee will notify their supervisor immediately
- b. When speaking with the third party or third party representative, the involved employee shall refrain from admittance of guilt and will assume no liability for the alleged loss

- c. The involved employee or employee's supervisor shall secure the area if necessary to prevent injury and/or property loss
- d. The involved employee shall if possible obtain the name and phone number of the involved third party and instruct them to call the Citizens Information and Assistance Department at 270-393-3000

**Note:** Upon receipt of third party claim information, the CIA Department shall immediately provide notice of claim and any prior complaint history regarding the alleged problem area to the SRM.

## 14-5 Property Damage Loss Occurrence

**14-5.1 General Statement** - Property damage occurrences include all losses involving City property, except for those involving licensed vehicles and those occurring as a result of normal operational wear and tear.

**14-5.2 Reporting Requirements** - All property damage occurrences are to be immediately reported to the SRM. Property damage occurrences resulting in a loss of \$1,000 or greater, shall be reported to the SRM immediately via phone. The required reporting form(s) may be accessed directly through the City's Document Management System (i.e. ONBASE) or via the City's Home Page. Instructions for the proper completion and dissemination of incident information is provided in the [Property Loss Occurrence Reporting Form](#).

**14-5.3 Property Damage – Employee Response Requirements** – When an employee is involved in or is made aware of City property damage, the following steps are to be taken:

1. The involved employee will notify their supervisor immediately
2. The involved employee or employee's supervisor shall secure the area if necessary to prevent injury and/or additional property loss.

## 14-6 Injury, Illness or Exposure Occurrence

**14-6.1 General Statement** - When an employee is injured on the job, becomes ill as a result of working conditions or has an exposure incident (defined within the Bloodborne Pathogens section of this manual), a workers' compensation claim will likely result.

**14-6.2 Reporting Requirements** – All WC incidents are to be reported immediately to the SRM. If medical attention will be sought, the SRM shall be notified via phone immediately. The required reporting form(s) may be accessed directly through the City's Document Management System (i.e. ONBASE) or via the City's Home Page. Instructions for the proper completion and dissemination of incident information is provided within the forms and outlined below:

[Injury/Illness or Exposure Initial Reporting Form](#) – This form is to be completed immediately following any WC incident (regardless of severity or whether or not the employee sought treatment beyond first aid). It is used internally to obtain injury occurrence information for data recording purposes and for assisting the SRM and the appropriate department in discerning possible future preventive measures. This form provides the Supervisor with instructions for completing and disseminating all other required WC paperwork.

[Exposure Incident Detailed Report Form](#) – This form is used when an employee has been exposed to blood and/or body fluids as defined in the Bloodborne Pathogens section of this manual. This form must be completed immediately following an exposure and disseminated as per the [Bloodborne Pathogens – Post-Exposure Protocol](#).

[First Report of Injury \(IA-1\)](#) – **This form is currently being completed by “Company Nurse” (an Insurer provided Claim Service).** The involved Employee and their immediate Supervisor or designated personnel are required to call “Company Nurse” as soon as practical following any injury occurrence (regardless of severity or whether or not the employee sought treatment beyond first aid). Instructions for calling Company Nurse is provided within the [Company Nurse Information Card](#).

[Medical Waiver and Consent Form](#) – This form is to be completed and signed by the involved employee. This form authorizes the City to have access to medical information relating to the injury, illness or exposure incident. This form is to be provided to the SRM within 48-hours of the WC incident (regardless of severity or whether or not the employee sought treatment beyond first aid).

[Physician's Return to Work Statement](#) – This form and accompanying cover letter shall be provided to the involved employee prior to their initial visit to the health care provider. The involved employee should sign and provide the form to their treating physician during the initial physician visit and each subsequent visit. It is the employee's responsibility to see that the form is completed by their physician and returned to their supervisor following each visit.

**Note:** *If the [Physician's Return to Work Statement](#) releases the employee to work with physical restrictions, it is the employee's responsibility to make sure the physician clearly specifies the restrictions and the intended time frame for which they are to be in force.*

**Note:** *The involved employee will not be permitted to return to work in any capacity without a completed [Physician's Return to Work Statement](#).*

[Prescription First Fill Card](#) - The purpose of the Prescription First Fill Card is to provide the involved employee with a means for obtaining the first prescription without requiring an out-of-pocket cost. The card may only be used for the first prescription and may be used at only designated locations (listed on the card). When practical, the involved employee's Supervisor or designated administrator should provide the employee with a copy of the card prior to the employee leaving to seek initial treatment.

[Notice of Designated Physician & Payment Obligor Information Form](#) - The involved employee or accompanying Supervisor should provide this card to the health care provider. The card provides the health care facility with information pertaining to the City's third party administrator but does not guarantee eligibility for workers' compensation benefits.

#### [Electronic Funds Deposit Form](#)

If the employee wishes to have workers' compensation related funds directly deposited to their bank account, this form is to be completed and provided to S&RM.

#### [Waiver of Workers' Compensation TTD Benefits Form](#)

An employee who will be missing 1 or more days of work due to a work related injury/illness and wishes to receive their regular rate of pay in lieu of the workers' compensation temporary total disability compensation must sign this form and return it to S&RM.

**14-6.3 Injury, Illness or Exposure – Employee Response Requirements** – Due to the varying degree of severity involving work related injuries, illnesses and/or exposure occurrences, employee response requirements will also vary:

##### **14-6.3.1 Response Requirements for Life Threatening or Severe Occurrences**

- a. The Supervisor or any accompanying worker shall call 911
- b. Any on-scene employee(s) will respond as is necessary and appropriate, utilizing First Aid/CPR skills
- c. The Supervisor of the involved employee shall notify the employee's emergency contact (i.e. family member or closest relative)

##### **14-6.3.2 Response Requirements for Non-Life Threatening Occurrences**

- a. Any on-scene employee(s) will respond as is necessary and appropriate, utilizing First Aid/CPR skills
- b. The involved employee and their supervisor are to discuss the injury, illness or exposure occurrence and decide if immediate off-site medical attention is necessary

**Note:** *The supervisor should never discourage an employee's request for medical attention.*

- c. The involved employee may select a medical provider that participates in the insurer's managed care organization. Treatment will be approved only in accordance with workers' compensation statutes and regulations, and must be communicated through the City's workers' compensation adjuster.

**Note:** Employees have the right to select a participating provider that is within the insurer's managed care organization however choosing the Emergency Room (E.R.) as the initial treating facility during regular business hours for non-life threatening injuries/illnesses is discouraged.

## 14-7 Modified Duty

**14-7.1 Definition** – Modified Duty is a full-time or part-time work assignment that meets an employee's temporary health restriction during his/her period of recuperation from a work-related or non-work-related injury, illness, or condition.

**14-7.2 General Statement** - Modified duty assignments will vary by City department however each department is provided the authority and the capability to provide modified duty assignments that meet physician restrictions up to and including sedentary work. Modified duty is intended to provide employees with temporary productive assignments until they are able to resume regular duty work. In order to assist an employee during rehabilitation and or recovery from a work related injury or illness, an attempt will be made to provide a modified work duty assignment that meets the employee's physical restrictions as stated by the physician. Modified duty assignments will vary by City department however each department is provided the authority and the capability to provide modified duty assignments that meet physician restrictions up to and including sedentary work. A detailed description of the modified duty policy is located in the Personnel Policy Manual, Section 5-5.8.

## 14-8 Post Accident Drug/Alcohol Testing Requirement

**14-8.1 General Statement** - Immediately following any loss occurrence (AL, APD, GL, PD, WC) requiring SRM notification, the involved employee's Supervisor and SRM shall discuss post-accident drug/alcohol testing requirements as prescribed in the City's Drug-Free Workplace Program (see Section 7).

## 14-9 Training

**14-9.1 Required Training** – Each employee will be required to attend training on Loss Occurrence Reporting Policies and Procedures. The S&RM Division shall offer this training as often as needed and Compliance Team Members shall be responsible for making sure all new employees attend as soon as practical after initial hire. Training will be documented using the [Loss Occurrence Policies & Procedures Training Documentation Form](#). Within the first few days of hire, CTM's shall instruct employees on general accident and injury reporting procedures.

**14-9.2 Training Frequency** – Department Managers and Supervisors will be required to attend this training every 48 months or whenever there is a change in policy or an employee indicates the need for refresher training. The CTM will monitor training records and when necessary, will schedule employees for training.



# CHAPTER XV

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

### 15-1 PPE General Policy

**15-1.1 General Statement** – Personal Protective Equipment (PPE) shall be provided, used and maintained in a sanitary and reliable condition whenever it is necessary because of environmental, chemical, radiological, mechanical or processes related hazards in the workplace that cannot be eliminated with engineering controls. All PPE shall be of safe design and construction for the particular work being performed and will meet standards as stated in 29 CFR Part 1910.132 - 1910.140.

**15-1.2 Compliance Statement** – Supervisors shall insure that the appropriate types of PPE are disbursed to employees whose job task assignment requires PPE. PPE shall be disbursed prior to the employee's initial assignment and employee shall receive appropriate training as prescribed in Section 13-5. It is the Employee's responsibility to wear PPE as required and the Supervisor's responsibility to oversee the proper wear of such PPE. The Supervisors and Employees alike shall be responsible for insuring that PPE is maintained free of defect or damage and replaced when necessary.

**15-1.3 Personnel Exemption** – Except for Fire Department personnel performing firefighting operations, all City employees are covered by these policies and procedures. Firefighters shall comply with PPE policies and procedures as written in the Fire Department's Standard Operating Procedures Manual and in accordance with 29 CFR and all appropriate NFPA Standards.

**15-1.4 Exempt PPE Equipment** - These policies and procedures do not apply to hearing or respiratory protection as these topics are covered in separate sections within this manual.

**15-1.5 PPE Purchase** - Except as noted within this Chapter, the City will purchase and furnish all required PPE.

### 15-2 Hazard Assessment & PPE Selection

**15-2.1 Hazard Assessment Review** - The Safety & Risk Manager (SRM) and the Compliance Team Members (CTM) will complete and document a [Hazard Assessment Form](#) for each City work area. The assessment will identify all tasks to be performed within that work area and any associated hazards, and will identify task associated PPE requirements. The CTM will review the hazard assessment at least annually, identifying any newly added task or changes in tasks previously identified. The CTM will discuss any anticipated changes with the SRM; together they will review hazard assessment changes and identify PPE requirements. The [PPE - General Selection Guide](#) will be used to assist in the selection of PPE for general tasks.

**15-2.2 Eye and Face Protection** - Each affected employee shall use appropriate eye or face protection when exposed to flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation. Where hazards of flying objects are present, required eye protection will include side protectors as referenced in the Occupational Safety and Health Administration (OSHA) Standards for General Industry (29 CFR Part 1910).

**15-2.2.1 Prescription Eyewear** – Employees who wear prescription lenses while engaged in operations that involve an eye hazard shall wear eye protection that incorporates the prescription in its design or shall wear eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription or protective lenses.

In an effort to enhance compliance efforts regarding eye protection, the City of Bowling Green, for certain positions shall provide employees with ANSI (American National Standard Institute) approved safety glasses at no cost to the employee and prescription safety glasses at a cost described in the [Prescription Safety Glasses Program](#). Details of the prescription safety glasses policy will be provided to employees during new employee safety orientation.

**15-2.3 Head Protection** – Each affected employee shall wear a protective helmet when working in areas where there is a potential for injury to the head from falling objects, there is an exposure to electrical conductors which could contact the head or there could be a hazard of bumping against fixed objects, such as exposed pipes or beams.

**15-2.3.1 Protective Helmet Selection** - Protective helmets will conform to ANSI Z89.1-2003, “American National Standard for Personnel Protection - Protective Headwear for Industrial Workers-Requirements”. The City shall utilize Type I, Class E helmets for all City operations requiring a protective helmet. Helmets of the older Class Type B (ANSI Z89.1-1986) are still approved for City usage. Only Class E (newer class type) or B (older class type) helmets, in addition to providing impact and penetration resistance, provide electrical protection from high-voltage conductors (proof tested to 20,000 volts).

**15-2.3.2 Helmet Inspection** - Employees shall visually inspect their helmet prior to each use.

**15-2.4 Foot Protection** - Employees will be required to wear protective footwear when working in areas where there is a danger of foot injury due to falling, rolling or piercing objects, or exposure to electrical hazards.

**15-2.4.1 Footwear Selection** – Protective footwear will comply with ANSI Z41-1991 or newer standards. Footwear with impact protection shall be worn by employees who are involved in activities where objects may fall on their feet. Compression protection will be provided in situations where there are items such as heavy pipe or skid truck that could potentially run over an employee’s foot. Safety shoes with puncture protection are required where sharp objects such as nails, wire, tacks, screws, etc., could be stepped on.

The Department Director will determine the reimbursement amount allowed toward the purchase of steel-toed or other specialized work boot. The Department Manager or Supervisor will require all new employees to be outfitted with the proper foot protection prior to the employee’s initial assignment requiring such protective wear.

**15-2.5 Hand Protection** - Employees will be provided with and required to wear appropriate hand protection when exposed to such hazards as absorption of harmful substances, severe cuts or lacerations, severe abrasions, punctures, chemical burns, thermal burns and harmful temperature extremes.

**15-2.5.1 Glove Selection** - Selection of hand protection will be based upon an evaluation of the needed performance characteristics relative to the work task(s), the anticipated duration of use and any other conditions that might be present, including environmental condition. Except those gloves used by the Fire Department, the SRM shall approve all gloves used by City employees for the protection against chemical, electrical, flame and burn hazards.

## **15-3 PPE Requirements for Special Operations**

**15-3.1 Chainsaw Operation Protection** - Employees operating chain saws will be provided with and required to wear multiple PPE equipment to protect against the hazards of the chainsaw and flying debris.

**15-3.1.1 Chainsaw Operation PPE Selection** – For protection against contact with the moving chain, leg protection will consist of ballistic nylon and cover the full length of the thigh to the top of the boot. To protect against overhead hazards, flying debris and noise, a hardhat with screen mesh face shield and protective ear muffs will be worn over top safety glasses. Employees who will be engaged in chainsaw use will be required to wear a heavy work boot style foot protection.

**15-3.2 PPE Requirements for Electrical Work** - Only authorized employees (certified electricians and electrical inspectors) may perform work on or inspect electrical components/equipment. Employees working in areas where there are potential electrical hazards shall be provided with and required to wear PPE that is appropriate for the specific parts of the body to be protected, given the nature of the work being conducted.

**15-3.2.1 Electrical Work PPE Selection** - Employees authorized to perform electrical work or electrical inspections shall follow OSHA 1910.137 and NFPA 70E standards pertaining to PPE requirements. Supervisors of those performing electrical work are responsible for insuring that electrical PPE is maintained

in a safe, reliable condition. Employees shall inspect insulating equipment for damage prior to each day's use and immediately following any incident that can reasonably be suspected of causing damage. Supervisors are responsible for insuring that insulating equipment is stored in such a location and in such a manner as to protect it from light, temperature extremes, excessive humidity, ozone and other injurious substances and conditions.

## 15-4 PPE Maintenance and Care

**15-4.1 General Statement** - All PPE will be properly maintained to retain its original effectiveness and properly stored to prevent contamination and/or deformation. PPE will be cleaned regularly and if necessary disinfected. When PPE is found to be in disrepair, it will be repaired immediately or discarded and immediately replaced.

**15-4.2 PPE Inspection** - Prior to donning PPE, employees shall perform a visual inspection to make sure the PPE is in good repair and ready for proper use. Supervisors and Employees alike shall be responsible for insuring that PPE is maintained free of defect or damage and replaced when necessary.

## 15-5 Training

**15-5.1 Required Training** - Employees shall be trained on PPE requirements prior to initial task assignment. Those employees whose jobs require minimal PPE usage will receive training during New Employee Safety Orientation. Employees whose jobs require extensive PPE usage will be required to attend additional training through the HRRMD. [PPE Training Record](#) documentation shall be maintained in the SRM office. The [PPE Training Record](#) document will specify name of the employee, date and subject matter of training. All training will include the following information:

- a. When PPE is necessary,
- b. What PPE is necessary,
- c. How to properly don, doff, adjust and wear PPE,
- d. The limitations of PPE, and
- e. The proper care, maintenance, useful life and disposal of PPE.

**15-5.2 Training Frequency** – Employees whose jobs require extensive PPE usage will be required to attend retraining every 48 months. The SRM will monitor those job tasks requiring extensive PPE use and determine training needs based on those tasks to be performed. The SRM will communicate training needs with the CTM. All employees required to wear PPE will be retrained whenever there is a change in policy or an employee's actions indicate the need for refresher training. The CTM will monitor training records provided by the SRM and when necessary, will schedule employees for re-training.

# PPE Training Record

(Reference Section 15-5)

**Date of Instruction:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Items of instruction included:**

1. Hazards in the workplace were identified and hazard assessment of specific work areas.
2. PPE requirements as indicated on the hazard assessment form.
3. An explanation of the various types of PPE and when they are to be used was provided.
4. The proper donning, doffing, and adjustment of PPE.
5. Any limitations of PPE being used.
6. Proper care, maintenance, useful life and disposal of each type of PPE.
7. Prescription lens wearers were given information on obtaining safety prescription glasses.
8. Clothing to be worn at work include only that which is supplied by the Department Director, or authorized and approved by the SRM.
9. Disciplinary procedures set forth in the Employee Personnel Manual will be followed for the disregard of this PPE program.
10. The proper implementation of this program depends on each employee. It is each employee's responsibility to see that they adhere to the PPE requirements.
11. Any questions regarding PPE should be directed to an immediate Supervisor or the SRM.
12. PPE requirements listed on the hazard assessment are minimum requirements. The Supervisor may at any time, upgrade the PPE requirements for any particular job function.
13. The Supervisor will notify the SRM of any change in work or work task that may require the performance of a hazard assessment.
14. A copy of the OSHA 1910.134 Appendix D was reviewed and provided to employees who have chosen to voluntarily wear filtering face piece respirators when not required.

**Name of Employee (Print)**

**Signature**

**Date**

Name of Employee (Print)	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Instructor's Signature:** \_\_\_\_\_

# HAZARD ASSESSMENT FORM

(Reference Section 15-2)

Department: \_\_\_\_\_

Division: \_\_\_\_\_

	FACE				EYE				WHOLE BODY				FOOT			HAND/ARM					HEAD																	
	I M P A C T	H E A T	C H E M I C A L S / B I O - H A Z	D U S T	I M P A C T	H E A T	C H E M I C A L S	D U S T	L I G H T / R A D I A T I O N	C H E M I C A L S	V I S I B I L I T Y *	I M P A C T	H E A T	F L A M E	D U S T	F I B E R S	I M P A C T	C O M P R E S S I O N	P U N C T U R E S	E L E C T R I C A L	C U T S	A B R A S I O N S	P U N C T U R E S	C H E M I C A L S	B U R N S	T E M P - E X T R E M E S	I M P A C T	M O V I N G	I M P A C T	F I X E D	E L E C T R I C A L	S H O C K						
<b>EMPLOYEE POSITION:</b>   <b>LIST OF SPECIFIC JOB TASKS</b>																																						

\* Use of a reflective vest is mandatory when performing work in or around a roadway, alleyway, or any other motor vehicle traveled area.

\*\* Depending on the particular task, PPE use is discretionary.

**CERTIFICATION:** I have performed an evaluation of the work area indicated above, assessed the hazards and have selected the appropriate personal protective equipment.

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)

## PPE - GENERAL SELECTION GUIDE

(Reference Section 15-2)

Body Part Affected	Task	Type of PPE to be worn
FACE	Welding	Welder Mask
FACE	Oxy/Acetylene Torch	Safety/Cutting Glasses*
FACE	Grinding	Safety Glasses & Face Shield
FACE	Battery Handling	Safety Glasses & Face Shield
FACE	Parts Washer Solvent	Safety Glasses*
FACE	Fluids Under Pressure	Safety Glasses & Face Shield
FACE	Regulated Air - Cleaning	Safety Glasses*
FACE	Mixing Chemicals (Acid)	Safety Glasses & Face Shield
FACE	Chainsaw	Safety Glasses & Face Shield
FACE	Pressurized Water – Cleaning	Safety Glasses & Face Shield
EYE	General Tasks as Required	Safety Glasses
WHOLE BODY	Welding/Cutting	Protective Vest
WHOLE BODY	Working near or adjacent to Traffic	Reflective Vest (Class II)
WHOLE BODY	Chemical Mixing/Application	Tyvek Protective Suite*
WHOLE BODY	Chainsaw Operations	Protective Chaps
WHOLE BODY	Mixing Pool Chemicals/Acids	Protective Chemical Apron
FOOT	General Tasks as Required	Safety Boot or Shoes
FOOT	Mixing/Cleaning w/ Muriatic Acid	Acid Resistant Boots
HAND/ARM	General Tasks as Required	Specific Task Assigned Gloves
HEAD	All Overhead Hazards	Hard Hat
HEAD	Working w/ Heavy Equipment (i.e. dozer, roller, backhoe)	Hard Hat
HEAD	Working in areas where Golf is in Play	Hard Hat
HEAD	Working near Electrical Hazards	Hard Hat
HEAD	Chainsaw Operation	Hard Hat
HEAD	Working in Bucket Truck/Lift	Hard Hat

# PRESCRIPTION SAFETY GLASSES PROGRAM

(Reference Section 15-2.2.1)

**General Requirements** - As referenced in the Occupational Safety and Health Administration (OSHA) Standards for General Industry (29 CFR Part 1910); each affected employee who wears prescription lenses while engaged in operations that involve eye hazards shall wear eye protection that incorporates the prescription in its design, or shall wear eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription or protective lenses.

Each affected employee shall use appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation. Each affected employee shall use eye protection that provides side protection when there is a hazard from flying objects.

*Note: The City only provides prescription safety glasses to those who are routinely exposed to hazards requiring their use.*

**Employee Cost** - In an effort to enhance compliance efforts regarding eye protection, the City of Bowling Green provides employees with ANSI (American National Standard Institute) approved safety glasses, at no cost to the employee. The City will pay the minimum cost associated with the purchase of a pair of prescription safety glasses, with the following stipulations:

## **Policy & Procedures**

- Employees wishing to be reimbursed for prescription safety glasses must obtain a prescription safety glasses authorization form from the Human Resources & Risk Management Department or from the designated prescription eyewear website.
- Once the authorization form is obtained, the employee may proceed to any of the participating optometrist offices listed on the authorization form. A scheduled appointment is not needed for safety prescription glasses fitting.
- Prior to being fitted for safety glasses, the employee will need to have a prescription that is not more than 1-year old.
- The City will not reimburse employees for eye examination services. If the employee chooses to obtain an eye examination, a prior appointment must be made.
- City will pay for the cost of lenses and a select group of frames.
- City will pay fitting fee expense.
- Employees wishing to purchase glasses exceeding the City allowable amount will pay the difference through payroll deduction.
- Tints are not permitted.
- Transitions lenses are allowed for certain City positions.
- The City will provide for those costs associated with the purchase of prescription eyewear once every 2-year period.
- The City will reimburse for lens replacement no more than once per 12 month period but only if the employee's prescription changes (50% City reimbursement) or if the lens is damaged as a result of a work related incident (100% City reimbursement if glasses were damaged while in use). The City will not pay for the replacement of lenses due to damage caused by employee abuse or neglect. Lenses have a 1-time, 1-year scratch protection warranty.



# CHAPTER XVI

## RESPIRATORY PROTECTION PROGRAM

### 16-1 Respiratory Protection Policy

**16-1.1 General Statement** - This respiratory protection program is written to protect the City workforce and shall meet the standards set forth in 29 CFR Part 1910.134. This respiratory protection program shall be administered by the Safety and Risk Manager (SRM) and appropriate Fire Department Manager (FDM), and updated as necessary to reflect any changes in workplace conditions that would affect respirator use.

**16-1.2 Policy Contents** - This written program includes the following:

- Procedures for selecting respirators;
- Requirements for obtaining medical evaluations of those employees required to use respirators;
- Procedures to follow for conducting fit testing;
- Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;
- Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;
- Training requirements to include information on respiratory hazards for which employees are may be exposed during routine and emergency situations;
- Respirator training requirements including the proper use, limitations and maintenance; and
- Procedures for regularly evaluating the effectiveness of the program.

**16-1.3 Program Evaluation and Assessment** - Each City facility utilizing respirators shall keep available, a copy of this written program. The appropriate FDM and SRM shall annually conduct evaluations of the workplace to ensure that the written respiratory protection program is being properly implemented. The SRM and FDM will consult with employees to ensure that they are using the respirators properly and to assess the employees' views on program effectiveness. Any problems identified during the review/assessment shall be corrected as soon as practical. Factors to be assessed include, but are not limited to:

- Respirators fit properly;
- Appropriate respirator selection is made for the hazards to which the employee is exposed;
- Proper respirator is used for workplace conditions encountered; and
- Proper respirator maintenance is being performed

### 16-2 Respiratory Hazard Assessment

**16-2.1 Workplace Assessment** - The City will assess all workplaces to determine what hazards either are or are likely to be present that require the use of respiratory protection. With the assistance of the SRM, the appropriate Compliance Team Member (CTM) or FDM will perform a respiratory hazard assessment. The respiratory hazard assessment will include a thorough review of those work tasks involving potential respiratory hazards. The assessment will be performed utilizing Material Safety Data Sheet (MSDS) information and/or other relevant data and common knowledge of the chemical's physical and health hazards. Following the review of the respiratory hazards and any associated exposure, respiratory protection requirements will be determined. The [Respiratory Hazard Assessment and Respiratory Protection Requirements Form](#) will serve as a reference guide for protecting employees from respiratory hazards. The SRM will update this reference guide at least annually or whenever a new hazard is introduced.

**16-2.2 Engineering Controls** - Before relying on a respiratory protection for exposure to breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the City will as is feasible attempt to prevent an employee's need for such use through accepted engineering control measures. The SRM will attempt to reduce or eliminate hazards using engineering controls before relying on respiratory protection.

**16-2.3 Respiratory Protection Selection** - When a respiratory protection need is identified, the SRM or FDM will select and require employees to use appropriate respiratory protection particular to the identified hazard(s), communicate selection decisions to affected employees and insure that protection properly fits each affected employee. The City will provide respirators and associated respirator equipment at no cost to the employee.

Employees shall only use City issued respiratory protection equipment. Only NIOSH approved respirators and cartridges/filters will be used. So that the respirator correctly fits the user, the SRM or FDM shall select respirators from a sufficient number of respirator models and sizes.

**16-2.4 Air Purifying Respirator Cartridge Selection** – The SRM or FDM will select the appropriate respirator cartridge for each respiratory hazard. Air purifying respirators equipped with canisters or cartridges will have an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant which it is designed. The SRM or FDM may also institute a cartridge change schedule that is based on objective information or data that will ensure the canister/cartridges is changed before the end of its service life. NIOSH certified ESLI or other change out schedule information will be identified within the [Respiratory Hazard Assessment and Respiratory Protection Requirements Form](#).

When the SRM or FDM cannot reasonably estimate employee exposure levels (such as the case with structural firefighting duties), all such atmospheres will be considered immediately dangerous to life and health (IDLH).

## 16-3 IDLH Atmospheres

**16-3.1 IDLH Respirator Selection** - A full face pressure demand Self Contained Breathing Apparatus (SCBA) certified by NIOSH for a minimum service life of 30-minutes or a combination full-face piece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply shall be utilized for IDLH atmospheres.

Respirators provided only for escape from IDLH atmospheres shall be NIOSH certified for escape from the atmosphere in which they are to be used.

All oxygen deficient atmospheres shall be considered IDLH.

**16-3.2 Procedures for IDLH Atmospheres** - For all IDLH atmospheres, the City shall ensure:

- One employee or, when needed, more than one employee is located outside the IDLH atmosphere;
- Visual, voice, or signal line communication is maintained between the employee(s) in the IDLH atmosphere and the employee(s) located outside the IDLH atmosphere;
- The employee(s) located outside the IDLH atmosphere are trained and equipped to provide effective emergency rescue;
- a. The Commander or designee is notified before the employee(s) located outside the IDLH atmosphere may enter the IDLH atmosphere to provide emergency rescue;
- b. The Commander or designee authorized to do so, provides necessary assistance appropriate to the situation;
- c. Employee(s) located outside the IDLH atmospheres are equipped with;
  1. Pressure demand or other positive pressure SCBA, or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA; and either
  2. Appropriate retrieval equipment for removing the employee(s) who enter these hazardous atmospheres (where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry); or
  3. Equivalent means for rescue where retrieval equipment is not required under item “2” above.

**16-3.3 Procedures for Interior Structural Fire Fighting** - With addition to the procedures set forth for IDLH atmospheres (above), the following shall be performed for interior structural firefighting:

- At least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times;
- At least two employees are located outside the IDLH atmosphere; and
- All employees engaged in interior structural firefighting use SCBA'S.

One of the two individuals located outside the IDLH atmosphere may be assigned to an additional role such as Incident Commander or Safety Officer. If an additional role is assigned, the employee assigned the additional role must be able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter working at the incident.

Nothing in this section is meant to preclude firefighters from performing emergency rescue activities before an entire team has assembled.

## 16-4 Medical Requirements

**16-4.1 General Statement** - Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used and the medical status of the employee. Accordingly, the requirements contained within this policy specify minimum medical evaluation requirements that are to be implemented in order to determine an employee's ability to use a respirator.

**16-4.2 Medical Evaluation** - Employees will not be assigned to tasks requiring the use of respirators unless it has been determined that the employee is physically able to use respiratory protection equipment. The City's designated practicing licensed health care physician (PLHCP) will determine the degree of physical or health conditions required for the use of respiratory protection equipment. Before a determination by the City's PLHCP may be made regarding an employee's ability to wear respiratory protection, the City employee shall complete a [Respirator Medical Evaluation Questionnaire](#) for which the City designated PLHCP shall review. The PLHCP shall communicate decisions regarding the ability to wear respiratory equipment, with both the employee and the HRRMD. The communication of this information shall be in writing, using the [Respirator Medical Evaluation & Recertification Form](#).

The SRM and HRRMD will ensure that the PLHCP has a copy of the medical questionnaire along with the following supplemental information:

- a. The type and weight of the respirator to be used by the employee;
- b. The duration and frequency of respirator use (including use for rescue and escape);
- c. The expected physical work effort exerted while wearing the respirator;
- d. Additional protective clothing and equipment to be worn with the respirator;
- e. Temperature and humidity extremes that may be encountered while wearing the respirator; and
- f. Copy of the written respiratory protection program and a copy of 1910.134 (e).

**16-4.2.1 Follow-Up Medical Examination** - After reviewing the medical evaluation questionnaire, the PLHCP may request a follow-up medical examination. The PLHCP may additionally request medical test(s) and/or consultations or diagnostic procedures that he/she deems necessary for a final decision to be made regarding the ability to wear a respiratory. The PLHCP shall communicate follow-up medical examination requirements and/or final decisions regarding the ability to wear respiratory equipment, with both the employee and the HRRMD. The communication of this information shall be in writing, using the [Respirator Medical Evaluation & Recertification Form](#).

**16-4.3 PLHCP'S Written Recommendation** - The written recommendation shall provide at least the following information:

- a. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;
- b. The need, if any, for follow-up medical evaluations; and
- c. A statement that the PLHCP has provided the employee with a copy of the PLHCP'S written recommendation.

**16-4.4 Additional Medical Evaluation Requirement** - The City shall require additional medical evaluations if:

- a. An employee reports a medical condition or shows physical signs or symptoms that are related to their ability to use a respirator (i.e. heart or lung ailments);
- b. A PLHCP informs the employer that an employee needs to be reevaluated.
- c. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
- d. A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) resulting in a substantial increase in the physiological burden placed on an employee.

The Division Manager or Supervisor shall monitor respirator users for any of the listed items above, including signs of labored breathing. Immediately following observation of one of the items listed above, the Division Manager or Supervisor shall discontinue the work in progress and notify the SRM or HRRMD representative. The SRM or HRRMD representative will review the situation and possibly require the user to be re-evaluated by the City's PLHCP.

Medical evaluations performed for determining the ability to wear respirators or associated equipment will be provided and paid for by the City at no cost to the employee. Payment of medical test(s) and/or consultations or diagnostic procedures requested by the PLHCP, that are due to a real or perceived health related issue will be the responsibility of the employee.

If the City's designated PLHCP changes, the HRRMD will ensure that the new PLHCP obtains all needed information pertaining to this policy. Additionally, HRRMD will assure the proper transfer of all necessary medical records required for review by the new designed PLHCP.

## 16-5 Fit Testing Requirements

**16-5.1 General Fit Testing Requirements** – Department Managers or appropriate FDM or their designee is responsible for ensuring that all employees who have been cleared by the PLHCP to wear a respirator pass a tightness test (fit test) prior to initial assignment. The fit test is designed to detect any leakage through openings between the respirator seal and the employee's face. All fit tests will be performed in accordance with OSHA 1910.134 and be administered by City employees who have been trained on the fit testing equipment and are familiar with the OSHA 1910.134 requirements.

**16-5.2 Requirement for Re-Fitting** – The refitting of a respirator will be necessary if a respirator of different size, style, model or make is required after the initial fit test and/or if there is a change in the employee's physical condition that could affect respirator fit. Facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight are other examples of physical changes that may require additional fit testing. A change in respirator, employee physical condition or any of the physical changes noted above by the Employee, Department Supervisor, SRM or PLHCP may trigger a request for refitting of the respirator.

**16-5.2.1 Face Seal Interference** - Fit tests shall not be performed when conditions prevent a good face seal. Such conditions may include the presence of facial hair or any other object (i.e. prescription glasses w/ temple bars, clothing, jewelry, personal protective equipment) that blocks direct contact between the face piece and skin.

**16-5.3 Type of Fit Testing** - Qualitative fit testing (QLFT) shall be performed when the use of a tight fitting respirator is required. Testing of all tight-fitting atmosphere-supplying respirators shall be accomplished by temporarily converting the respirator user's actual face piece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator face piece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator face piece.

The SRM and appropriate FDM or designee shall schedule fit testing as necessary to assure all required personnel are fit tested according to this written policy and OSHA 1910.134. The [Employee Record of Fit Test](#) will be used for documenting the performance of required fit testing procedures and will be attached to and filed with the actual print out of the quantitative fit test result.

**16-5.4 Monitoring Workplace Conditions** - It is the Department Manager and Supervisor's responsibility to survey those work areas requiring respirator use and to monitor employee exposure to temperature and or other stressors that could escalate the physiological burden of wearing a respirator. When there is a change in work area conditions, degree of employee exposure or other stressors that may affect the health of the employee or respirator effectiveness, they shall immediately cease the operation and notify the SRM. After ceasing the operation, the Department Manager and SRM will reevaluate the continued effectiveness and safe use of the respirator.

Department Managers and Supervisors shall ensure that those employees using an air purifying respirator leave the respirator use area:

- a. If vapor or gas breakthrough is detected,
- b. If the employee experiences any change in breathing resistance or leakage of the face piece, or
- c. To replace the respirator or the filter, cartridge, or canister elements.

If any of the above items occur, the Department Manager or Supervisor must replace or repair the respirator or other associated equipment as necessary before allowing the employee to return to the work area.

## 16-6 Respirator Maintenance and Care

**16-6.1 General Statement** - Department Managers or Supervisors shall ensure that all respirator general guidelines are followed and respirators are properly maintained, cleaned, disinfected, is free of defects and properly stored and inspected as required by manufacturer's recommendations and as written within this policy.

**16-6.2 General Respirator Guidelines** – The following general guidelines are to be followed regarding the maintenance and care of an assigned respirator:

1. Respirators are to be stored to protect against dust, sunlight, heat, extreme cold, excessive moisture and damaging chemicals.
2. Respirators are to be packed and stored to prevent deformation of the face piece and exhalation valve.
3. Respirator cartridges/filters are changed or replaced according to the estimated life service indicator (ESLI) or change schedule identified by the SRM, FDM or other authorized personnel.

## 16-7 Respirator Inspection

**16-7.1 Respirator Periodic Inspection** – Documented periodic inspections shall at minimum include a tightness check of all connections and the condition of the face piece, head straps, valves, connecting tubes, and cartridges, canisters or filters. In addition, rubber and elastic parts shall be inspected for signs of deterioration.

**16-7.1.1 Periodic Inspection Documentation for Emergency Use Respirator** - For emergency use respirators (i.e. Fire and Police Department respirators), a [Record of Respirator Inspection](#) or similar document shall be completed at least monthly. Unless directed otherwise by Department Managers, completed inspection forms are to be maintained and stored with the respirator. The Self Contained Breathing Apparatus (SCBA) shall be inspected in accordance w/ the Fire Department's Standard Operating Procedures.

**16-7.1.2 Periodic Inspection Documentation for Non-Emergency Use Respirator** – A [Record of Respirator Inspection](#) or similar document is to be completed at least monthly during those seasons for which respirator use is commonly used by the Parks or Public Works Department (i.e. Golf Division). Unless directed otherwise by Department Managers, completed inspection forms are to be maintained and stored with the respirator.

**16-7.2 Respirator Visual Inspection** - A visual inspection must be performed each time the respirator is cleaned and prior to each use. Employees shall clean and disinfected assigned respirators as often as necessary and shall maintain their respirator in a general sanitary condition.

**16-7.3 Defective Respirator/Failed Inspection** – Department Managers and Supervisors shall ensure that any respirator failing an inspection or otherwise found to be defective, are removed from service and discarded, repaired, or adjusted in accordance with the manufacturer's recommendations. Respirator repairs are only to be performed by the product manufacturer or employee personnel who have been trained and are authorized by the SRM or FDM to perform such repairs.

## 16-8 Breathing Air Quality and Use

**16-8.1 General Statement** - The purpose of this section is to ensure employees are using atmosphere-supplying respirators with breathing gases of high purity. Compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration accords with the following specifications:

- a) Compressed and liquid oxygen shall meet the United States Pharmacopoeia requirements for medical or breathing oxygen. This shall be accomplished by purchasing the product from an acceptable vendor whose product meets these requirements; and
- b) Compressed breathing air shall meet at least the requirements for Grade D breathing air described in the most current ANSI/Compressed Gas Association Commodity Specification for Air.
- c) The City shall ensure that all compressed gas cylinders are used for only their original intended purpose, and shall not be used to store or be filled with a gas for which it was not originally intended.

**16-8.2 Cylinders** - The City shall ensure that cylinders used to supply breathing air to respirators meet the following requirements:

- a) Cylinders are tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 173 and part 178).  
The Fire Department ensures cylinders are tested and maintained in accordance with DOT regulations regarding hydrostatic and visual inspections. The hydrostatic test is performed by an outside licensed vendor.
- b) Should the Fire Department need to purchase breathing air, cylinders of purchased breathing air have a certificate of analysis from the supplier that the breathing air meets the requirements for Grade D breathing air.
- c) The moisture content in the cylinder does not exceed a dew point of -50 deg. F (-45 deg. C) at 1 atmosphere pressure.

**Note:** *SCBA air and oxygen cylinders shall be maintained in a fully charged state and shall be recharged when the pressure falls to 90% of the manufacturer's recommended pressure level.*

**16-8.3 Air Sampling** – Breathing air quality assurance shall be accomplished through the performance of a quarterly representative grab sample. The FDM shall arrange for a sample of breathing air to be quarterly analyzed by a certified and approved laboratory.

**0) 16-8.4 Compressors** - The City shall ensure that compressors used to supply breathing air to respirators are constructed and situated so as to:

- a. Prevent entry of contaminated air into the location of the air-supply system.
- b. Minimize moisture content so that the dew point at 1 atmosphere pressure is 10 degrees F (5.56 deg. C) below the ambient temperature. Moisture content and dew point shall be analyzed quarterly to assure compliance with this requirement (see Section 14-8.3).
- c. Suitable in-line air-purifying sorbent beds and filters shall be utilized to further ensure breathing air quality. Sorbent beds and filters shall be maintained and replaced or refurbished periodically following the manufacturer's instructions.
- d. For compressors that are not oil-lubricated, the Deputy Fire Chief shall ensure that carbon monoxide (CO) levels in the breathing air do not exceed 10 ppm. CO shall be monitored on a quarterly basis to ensure that this requirement is being attained (see Section 14-8.3).
- e. For oil-lubricated compressors, the Deputy Fire Chief shall ensure that a high-temperature or CO alarm, or both, is used to monitor CO levels. If only high-temperature alarms are used, the air supply shall be monitored at intervals sufficient to prevent CO in the breathing air from exceeding 10 ppm.
- f. The Deputy Fire Chief shall ensure that breathing air couplings are incompatible with outlets for non-respirable worksite air or other gas systems. No asphyxiating substance shall be introduced into breathing air lines.
- g. The Deputy Fire Chief shall use breathing gas containers marked in accordance with the NIOSH respirator certification standard, 42 CFR part 84.

**16-8.5 Filling Other's Air Bottles** - The Fire Department may fill other government agency air bottles (SCBA or SCUBA) after obtaining a [Release and Waiver of Liability and Indemnity Agreement Relating to the Filling of Air Bottles](#) from that agency. The filling of bottles for private industry or citizen use is strictly prohibited.

## 16-9 Training

**16-9.1 Training Requirement** - The SRM or appropriate FDM will ensure that affected employees are adequately trained in Respiratory Protection. Using the [Respirator Protection and Use Certification of Training](#) or similar form, the SRM or appropriate FDM will retain record of all training, specifying the name of the employee trained, date(s) training took place and an outline of training content. The training presentation and any associated information (i.e. handouts) will be comprehensive, easily understandable and provided prior to respirator use assignment.

**16-9.2 Training Frequency** - Training will be performed prior to employee performance of any assignment requiring respiratory protection. Refresher training shall be administered annually, and when any of the following situations occur:

1. There is a change in the workplace or the type of respirator renders the previous training obsolete;
2. Inadequacies in the employee's knowledge or use of the respirator indicates that the employee has not retained the requisite understanding or skill; or
3. Any other situation arises in which retraining appears necessary to ensure safe respirator use.

After training, the employee must be able to demonstrate knowledge of at least the following:

- a. Understanding why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- b. Knowing what type of respirator is necessary for the job to be performed
- c. How to inspect, put on and remove, use and check the seals of the respirator.
- d. Knowing what the limitations and capabilities of the respirator;
- e. The proper care, maintenance, storage, and useful life and disposal of respirators.
- f. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
- g. The general requirements of this section.

## 16-10 Recordkeeping

**16-10.1 General Statement** - This section requires the City to establish and retain information regarding medical evaluations, fit testing, and the respirator program. This information will assist the City in auditing the adequacy of the program and provide a record for compliance determinations by OSHA.

**16-10.2 Medical Records** - Records of medical evaluations/examinations shall be retained by the HRRMD and kept within the employee's medical file. All appointments for medical evaluations shall be approved and scheduled through the HRRMD.

**16-10.3 Fit Testing Records** - The SRM or appropriate FDM shall establish a record of all fit tests administered to employees, including information obtained on the [Employee Record of Fit Test](#). The fit test quantitative data record shall be attached to the [Employee Record of Fit Test](#) and shall include:

- a. The name or identification of the employee tested;
- b. Specific make, model, style, and size of respirator tested
- c. Test date;
- d. The pass/fail results for quantitative fit test, including a recording of the test results; and

**16-10.4 Employee Request for Records** – Information required to be retained under this Section shall be made available upon written.

# RESPIRATORY PROTECTION & USE CERTIFICATION OF TRAINING

(Reference Section 16-9)

The following checked items () was reviewed and discussed on: \_\_\_\_\_ (date). Training information was comprehensive and understood by all employees. Employees were provided opportunity and encouraged to ask questions.

## **Half-Face, Full-Face, or N95 Respirator**

- \_\_\_\_\_ Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- \_\_\_\_\_ What types of respirators and cartridges/filters are necessary for the specific work being performed.
- \_\_\_\_\_ A review of the filter/cartridge color code was discussed.
- \_\_\_\_\_ How to inspect, put on and remove, use, and check the seals of the respirator.
- \_\_\_\_\_ The limitations and capabilities of the respirator.
- \_\_\_\_\_ The proper care, maintenance, storage, and useful life and disposal of respirators.
- \_\_\_\_\_ How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators;
- \_\_\_\_\_ The general requirements of the respiratory protection program.

## **Filtering Face Piece Respirator N95 – Voluntary Use**

- \_\_\_\_\_ A copy of the OSHA 1910.134 Appendix D was reviewed and provided to employees who have chosen to voluntarily wear filtering face piece respirators when not required.

**NOTE:** IF THIS IS THE ONLY ITEM CHECKED, THE EMPLOYEE WILL ONLY GET CREDIT FOR ATTENDING "FILTERING FACEPIECE RESPIRATOR TRAINING".

**Employee**

**Print Name**

**Sign Name**

**Department**

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**TRAINER'S NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**RECORD OF RESPIRATOR INSPECTION**

(Reference Section 16-7)

These procedures are provided for employer use when inspecting and cleaning respirators. They are general in nature and meant to ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user. The employee performing the respirator inspection shall check (☑) the items listed below if found to be in satisfactory condition.

**Respirator:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_  
 Full Face: \_\_\_\_\_ Half Face: \_\_\_\_\_ Filtering Face Piece: \_\_\_\_\_

**Cartridge Type:** Organic: \_\_\_\_\_ Pesticide/Herbicide: \_\_\_\_\_ HEPA: \_\_\_\_\_ CS/CN P100: \_\_\_\_\_ Other: \_\_\_\_\_

Employee's Name: _____	DATE											
<b>Respirator Inspection/Cleaning Check (Date)</b>												
<b>Rubber Face Piece:</b>												
Check for Excessive dirt.												
Cracks, tears, or holes.												
Distortions												
Cracked, scratched, or loose fitting lenses.												
<b>Head straps:</b>												
Check for breaks or tears in plastic straps.												
Loss of elasticity in head band.												
Broken or malfunctioning buckles or attachments												
Does not allow the face piece to slip when wearing												
<b>Inhalation Valve/Exhalation Valve:</b>												
Check for detergent residue, dust or dirt on valve.												
Cracks, tears or distortion in valve or valve seat.												
Missing or defective valve cover.												
<b>Filter Cartridges:</b>												
Proper cartridge/filter is being used for the job.												
Change-out date on cartridge/filter is current.												
Worn filter threads or face piece threads.												
<b>Respirator Protector Case:</b>												
Respirator is stored inside protective container/bag.												

Respirator is stored to prevent distortion.														
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- (1) Wash respirator components in warm 110 deg. F (max.) water with mild detergent or cleanser recommended by the manufacturer. Rinse thoroughly in clean, warm running water. Be sure cleanser contains a disinfecting agent. Allow respirator to air dry.
- (2) Your supervisor should be notified immediately of any worn or damaged respirator components.

# RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

(Reference Section 16-4)

**To the employer:** Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

**To the Employee:** Can you read (check one):.....  Yes  No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

**Part A - Section 1 (Mandatory)** The following information must be provided by every employee who has been selected to use any type of respirator (please print).

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Age (to nearest year): \_\_\_\_\_ Date: \_\_\_\_\_ Sex (check one):  Male  Female

Height: \_\_\_\_\_ feet, \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs.

Check the type of respirator you will use (you can check more than one category):

Phone number where you can be reached by the Health Care Provider who will be reviewing this document: \_\_\_\_\_  
The best time to call you at this number: \_\_\_\_\_

- a.  N, R, or P disposable respirator (filtering-face piece mask, non-cartridge type only).
- b.  Half or Full face piece type, powered-air purifying, supplied air or SCBA

Has your employer told you how to contact the Health Care Provider that will be reviewing this document? :  Yes  No

Have you previously worn a respirator .....  Yes  No

If "yes", which type? : \_\_\_\_\_

**Part A - Section 2 (Mandatory)**

**Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "yes" or "no").**

- 1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? .....  Yes  No
- 2. Have you ever had any of the following pulmonary or lung problems?
  - a. Seizures (fits) .....  Yes  No
  - b. Diabetes (sugar disease): .....  Yes  No
  - c. Allergic reactions that interfere with breathing: .....  Yes  No
  - d. Claustrophobia (fear of closed-in places): .....  Yes  No
  - e. Trouble smelling odors: .....  Yes  No
- 3. Have you ever had any of the following pulmonary or lung problems?
  - a. Asbestosis: .....  Yes  No
  - b. Asthma: .....  Yes  No
  - c. Chronic bronchitis: .....  Yes  No
  - d. Emphysema: .....  Yes  No
  - e. Pneumonia: .....  Yes  No
  - f. Tuberculosis: .....  Yes  No
  - g. Silicosis: .....  Yes  No
  - h. Pneumothorax (collapsed lung): .....  Yes  No
  - i. Lung cancer: .....  Yes  No
  - j. Broken ribs: .....  Yes  No
  - k. Any chest injuries or surgeries: .....  Yes  No
  - l. Any other lung problem that you've been told about: .....  Yes  No

**RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**  
**(Page 2 of 5)**

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: .....  Yes  No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: .....  Yes  No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: .....  Yes  No
  - d. Have to stop for breath when walking at your own pace on level ground: .....  Yes  No
  - e. Shortness of breath when washing or dressing yourself: .....  Yes  No
  - f. Shortness of breath that interferes with your job: .....  Yes  No
  - g. Coughing that produces phlegm (thick sputum): .....  Yes  No
  - h. Coughing that wakes you early in the morning: .....  Yes  No
  - i. Coughing that occurs mostly when you are lying down: .....  Yes  No
  - j. Coughing up blood in the last month: .....  Yes  No
  - k. Wheezing: .....  Yes  No
  - l. Wheezing that interferes with your job: .....  Yes  No
  - m. Chest pain when you breathe deeply: .....  Yes  No
  - n. Any other symptoms that you think may be related to lung problems: .....  Yes  No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart Attack: .....  Yes  No
  - b. Stroke: .....  Yes  No
  - c. Angina: .....  Yes  No
  - d. Heart failure: .....  Yes  No
  - e. Swelling in your legs or feet (not caused by walking): .....  Yes  No
  - f. Heart arrhythmia (heart beating irregularly): .....  Yes  No
  - g. High blood pressure: .....  Yes  No
  - h. Any other heart problem that you've been told about: .....  Yes  No
6. Have you ever had any of the following pulmonary or lung problems?
- a. Frequent pain or tightness in your chest: .....  Yes  No
  - b. Pain or tightness in your chest during physical activity: .....  Yes  No
  - c. Pain or tightness in your chest that interferes with your job: .....  Yes  No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: .....  Yes  No
  - e. Heartburn or indigestion that is not related to eating: .....  Yes  No
  - f. Any other symptoms that you think may be related to heart or circulation problems: .....  Yes  No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: .....  Yes  No
  - b. Heart trouble: .....  Yes  No
  - c. Blood pressure: .....  Yes  No
  - d. Seizures (fits): .....  Yes  No
8. If you've used a respirator, have you ever had any of the following problems?  
(If you've never used a respirator go to question 9)
- a. Eye irritation: .....  Yes  No
  - b. Skin allergies or rashes: .....  Yes  No
  - c. Anxiety: .....  Yes  No
  - d. General weakness or fatigue: .....  Yes  No
  - e. Other problem that interferes with your respirator use: .....  Yes  No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? .....  Yes  No

**RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**  
(Page 3 of 5)

**Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary).**

10. Have you ever lost vision in either eye (temporarily or permanently): .....  Yes  No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: .....  Yes  No
  - b. Wear glasses: .....  Yes  No
  - c. Color blind: .....  Yes  No
  - d. Other eye or vision problem: .....  Yes  No
12. Have you ever had an injury to your ears, including a broken ear drum? .....  Yes  No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: .....  Yes  No
  - b. Wear a hearing aid: .....  Yes  No
  - c. Any other hearing or ear problem: .....  Yes  No
14. Have you ever had a back injury? .....  Yes  No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: .....  Yes  No
  - b. Back pain: .....  Yes  No
  - c. Difficulty fully moving your arms and legs: .....  Yes  No
  - d. Pain or stiffness when you lean forward or backward at the waste: .....  Yes  No
  - e. Difficulty fully moving your head up or down: .....  Yes  No
  - f. Difficulty fully moving your head side to side: .....  Yes  No
  - g. Difficulty bending at your knees: .....  Yes  No
  - h. Difficulty squatting to the ground: .....  Yes  No
  - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.: .....  Yes  No
  - j. Any other muscle or skeletal problem that interferes with using a respirator: .....  Yes  No

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**Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has a lower than normal amounts of oxygen: .....  Yes  No
- If "yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions .....  Yes  No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: .....  Yes  No
- If "yes," name the chemicals if you know them: \_\_\_\_\_
-

**RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**  
**(Page 4 of 5)**

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
- a. Asbestos: .....  Yes  No
  - b. Silica (e.g. in sandblasting): .....  Yes  No
  - c. Tungsten/cobalt (e.g. grinding or welding this material): .....  Yes  No
  - d. Beryllium: .....  Yes  No
  - e. Aluminum: .....  Yes  No
  - f. Coal (for example, mining): .....  Yes  No
  - g. Iron: .....  Yes  No
  - h. Tin: .....  Yes  No
  - i. Dusty environments: .....  Yes  No
  - j. Other hazardous exposures: .....  Yes  No
- If "yes," describe these exposures:

4. List any second jobs or side businesses you have:

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5. List your previous occupations:

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6. List your current and previous hobbies:

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7. Have you been in the military services? .....  Yes  No  
If "yes," were you exposed to biological or chemical agents (either in training or combat): .....  Yes  No

8. Have you ever worked on a HAZMAT team? .....  Yes  No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason?  
(including over-the-counter medications): .....  Yes  No

If "yes," name the medications if you know them:

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10. Will you be using any of the following items with your respirator(s)?
- a. HEPA Filters: .....  Yes  No
  - b. Canisters (for example, gas masks): .....  Yes  No
  - c. Cartridges: .....  Yes  No
  - d. Beryllium: .....  Yes  No

11. How often are you expected to use the respirator(s)?
- a. Escape only (no rescue): .....  Yes  No
  - b. Emergency rescue only: .....  Yes  No
  - c. Less than 5 hours per week: .....  Yes  No
  - d. Less than 2 hours per day: .....  Yes  No
  - e. 2 to 4 hours per day: .....  Yes  No
  - f. Greater than 4 hours per day: .....  Yes  No

**RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**  
**(Page 5 of 5)**

12. During the period you are using the respirator(s), is your work effort:
- a. Light (less than 200 kcal per hour):.....  Yes  No  
If "yes," how long does this period last during the average shift: \_\_\_\_\_ hr. \_\_\_\_\_ min. \_\_\_\_\_.  
Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.
  - b. Moderate (200 to 350 kcal per hour):.....  Yes  No  
If "yes," how long does this period last during the average shift: \_\_\_\_\_ hr. \_\_\_\_\_ min. \_\_\_\_\_.  
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.
  - c. Heavy (above 350 kcal per hour):.....  Yes  No  
If "yes," how long does this period last during the average shift: \_\_\_\_\_ hr. \_\_\_\_\_ min. \_\_\_\_\_.  
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator when you're using your respirator: .....  
If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

14. Will you be working under hot conditions (temperatures exceeding 77 degrees F): .....  Yes  No

15. Will you be working under humid conditions: .....  Yes  No

16. Describe the work you'll be doing while you're using your respirator(s):

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17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases): \_\_\_\_\_

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

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\*\* Information is provided on the "Evaluation & Assessment of Respiratory Protection Requirements"\*\*\*  
\*\*Located in the Respiratory Protection Program \*\*

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, and security):

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# RESPIRATOR MEDICAL EVALUATION & RECERTIFICATION FORM

(Reference Section 16-4)

NAME \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE:**

Changes in Medical History since last test: \_\_\_\_\_

Current Tobacco habit: \_\_\_\_\_

Number of hours per month you wear the \_\_\_\_\_ 3M Respirator or \_\_\_\_\_ Rascal PAPR? \_\_\_\_\_

Number of hours per month you wear disposable mask? \_\_\_\_\_

Describe any difficulties you have had with the respirators: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN OR NURSE**

Blood Pressure \_\_\_\_\_ Apical Pulse \_\_\_\_\_

Respirations Rate \_\_\_\_\_ Quality \_\_\_\_\_

Lung Sounds \_\_\_\_\_

PULMONARY FUNCTION TEST	FVC%	FEV1	FEV1/FVC
TODAY			
<b>PRIOR RESULTS</b>			
DATE			
DATE			

1. Results of examination \_\_\_\_\_

2. Results of further tests, if applicable:  
     Chest x-ray \_\_\_\_\_ EKG \_\_\_\_\_

3. Comment: \_\_\_\_\_

**Interpretation:**

\_\_\_\_\_ Approved for respirator use

\_\_\_\_\_ Not approved for respirator use \_\_\_\_\_

\_\_\_\_\_ Approved for respirator use with the following accommodations: \_\_\_\_\_

Date of next exam: \_\_\_\_\_ 1 Year \_\_\_\_\_ 2 Years \_\_\_\_\_ 3 Years

**Physician or Nurse Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



# EMPLOYEE RECORD OF FIT TEST

(Reference Section 16-5)

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

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

### Initial Instruction

Prior to issuing the respirator, a demonstration was performed with the employee on how to put on respirator, position respirator on face, how to set strap tension, and how to determine acceptable fit. Check (☑) all items below as they apply and as they are completed.

### Respirator Selection

Employee was able to choose from a selection of respirator models and sizes. Employee was instructed to hold respirator to face and eliminate those that obviously did not fit.

- The most comfortable mask was chosen and worn for at least 5-minutes to assess comfort.
  - If employee is not familiar with using a particular respirator, they should be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

### Comfort Check

Assessment of comfort shall include a review of the following points with the employee. Place a check (☑) next to each item if determined to be adequate.

Position of mask on nose \_\_\_\_\_ Room for eye protection \_\_\_\_\_

Room to talk \_\_\_\_\_ Position of mask on face/cheeks \_\_\_\_\_

### Adequacy of Respirator Fit

All items listed below should be checked for adequacy. Place a check (☑) next to each item if determined to be adequate.

- Chin is properly placed within face piece seal \_\_\_\_\_ Adequate strap tension; not overly tightened \_\_\_\_\_
- Nose piece fits comfortably across bridge of nose and respirator properly spans from nose to chin \_\_\_\_\_
- Respirator does not slip \_\_\_\_\_ Self-observation performed in mirror to evaluate fit and respirator position \_\_\_\_\_

### User Seal Check

All items listed below should be checked (☑) once completed:

- Have employee seat mask on face and move head slowly from side-to-side and up and down while taking in a few slow deep breaths \_\_\_\_\_
- Have the employee conduct the user seal check in accordance with 1910.134 App. B-1 (User Seal Check Procedures). If the respirator will be used in negative pressure demand mode, the employee will be instructed to perform this check each time the respirator is donned. \_\_\_\_\_

**EMPLOYEE RECORD OF FIT TEST  
(PAGE 2 of 2)**

**Facial Hair or Other Obstructions**

The test shall not be performed if the test subject has any hair growth between the skin and the face piece sealing surface, such as stubble beard growth, beard, mustache or sideburns, etc.. In addition, any apparel that interferes with the seal shall be removed prior to testing. \_\_\_\_\_

**Exercise Regimen**

- The test subject was given a description of the exercise regimen (#1 - #4 below) prior to beginning the fit test exercise regimen. \_\_\_\_\_
- Prior to the initial fit test exercise, the employee should be instructed to put on any applicable safety equipment that may be worn during actual respirator use. The idea is to wear all PPE, including that which could interfere with proper respirator fit. \_\_\_\_\_
- Inform the employee that the respirator must not be adjusted during the fit test exercise. \_\_\_\_\_
- The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test. \_\_\_\_\_

**The employee shall perform the following exercise regimen (except for #6, each exercise shall last 1 minute):**

1. **Bending Over:** The test subject shall bend at the waist, as if going to touch his/her toes for 50 seconds and inhale 2 times at the bottom.
2. **Jogging-in-Place:** The test subject shall jog in place comfortably for 30 seconds.
3. **Head Side-to-Side:** The test subject shall stand in place, slowly turning his/her head from side to side for 30 seconds and inhale 2 times at each extreme.
4. **Head Up and Down:** The test subject shall stand in place, slowly moving his/her head up and down for 39 seconds and inhale 2 times at each extreme.

**Employee's Comfort of Respirator**

Employee has determined the respirator to be a:

Comfortable and Acceptable Fit \_\_\_\_\_ Uncomfortable and Unacceptable Fit \_\_\_\_\_

- If the respirator is determined by the employee to be uncomfortable, another model of respirator shall be tried and tested.

**Record of Fit**

Attach Fit Test Record to this sheet and send to HRRMD so that it may be placed into the employee's medical file.

\_\_\_\_\_  
**Signature of Authorized Administrator**

\_\_\_\_\_  
**Date**

**Employee Acknowledgment of Fit Test**

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

# RESPIRATORY HAZARD ASSESSMENT & RESPIRATORY PROTECTION REQUIREMENTS

(Reference Section 16-2)

## Sample Form

Product Name	MSDS Respiratory Recommendations	Appearance & Odor	Chemical	% by wt	TLV	PEL	Current Usage	Product Label - PPE Recommendations
<b>Stick Welding</b>	Use respirable fume respirator or air supplied respirator when welding in confined space or general work area when local exhaust or ventilation does not keep exposure below TLV.	welding stick, no odor	Iron	<5	10*	10*	1/day for approx. 15-minutes ea.	N/A
			Limestone and/or calcium carbonate	15	10*	10*		
			Fluorides (as F)	10	10	10		
			Silicates and other binders	5	2.5	2.5		
			Titanium dioxides (as Ti)**	<5	10*	10*		
			Manganese and/or manganese alloys and compounds (as Mn)***	<5	10	10		
			Silicon and/or silicon alloys and compounds (as Si)	<5	0.2	1.0@		
			aluminum oxide and/or Bauxite***		10*	10*		
			Zinc and/or zinc oxides**	<5	10	10		
			Mineral silicates	<5	10	10		
			Vanadium alloys (as V)	<5	5**	5**		
Carbon steel core wire	60	.05(@)	.05(@)					
<p>(*) Not listed. Nuisance value maximum is 10 mg/m3. PEL value for iron oxide is 10 mg/m3. TLV value for iron oxide is 5 mg/m3                      (**) As respirable dust.                      (**) Values are for manganese fume. STEL (Short Term Exposure Limit is 3.0 mg/m3.                      (@) As V2O5 fume or dust.</p> <p><b>Respirator Use Requirements Instituted by the Department:</b> No respiratory protection required if usage rates remain consistent with those listed, and adequate ventilation is present. Enough ventilation, local exhaust at the arc, or both to keep the fumes and gases from the worker's breathing zone and the general area should be utilized. <b>Recommended PPE usage includes:</b> Wear a helmet or use face shield with filter lens shade number 12 or darker. Shield others by providing screens and flash goggles. Wear hand, head, and body protection which help to prevent injury from radiation, sparks and electrical shock. At minimum this includes welder's gloves and a protective face shield, and may include arm protectors, aprons, hats, shoulder protection, as well as dark substantial clothing. Welder should be trained not to permit electrically live parts of electrodes to contact skin... or clothing or gloves if they are wet. Insulate from work and ground.</p>								
<b>Spray Painting (Curbing, etc.) Sherwin Williams Traffic Marking Paint</b>	If personal exposure cannot be controlled below applicable limits by ventilation, wear a properly fitted organic vapor/particulate respirator approved by NIOSH/MSHA for protection against organic vapors.	Usually Yellow or White Liquid	Calcium Carbonate	25	10 mg/m3	15 mg/m3 5 mg/m3*	Approx. 90 days/year, for 8-hours each day.	
			Quartz	14	0.1 mg/m3*	0.1 mg/m3* 100 ppm 150 ppm (skin)		
			Toluene	10	50 ppm	10 mg/m3 5 mg/m3*		
			Kaolin	9	10 mg/m3	10 mg/m3 5 mg/m3*		
			V.M. & P. Naptha	9	300 ppm	300 ppm		
			Lead Chromate	6	0.05 mg/m3	0.05 mg/m3		
			Ethyl Acetate	4	400 ppm	400 ppm		
			Titanium Dioxide	2	10 mg/m3	10 mg/m3 5 mg/m3*		
			Xylene	1	100 ppm	100 ppm (skin)		
			Carbon Tetrachloride	0.1	5 ppm (skin)	2 ppm (skin)		
<p><b>Respirator Use Requirements Instituted by the Department:</b> No respiratory protection required if usage rates remain consistent with those listed, and adequate ventilation is present. <b>Recommended PPE usage includes:</b> Neoprene or Nitrile gloves, safety glasses or splashproof chemical goggles. Filtering face piece respirator for nuisance organic vapors and particulates may voluntarily be utilized.</p>								
<b>Mineral Spirits - Parts Cleaning (Reducers)</b>	Unless air monitoring demonstrates vapor/mist levels above applicable limits, no respirator is required.	liquid	Mineral Spirits	25-30	100 ppm	100 ppm	Occasional usage (almost daily), approx. 5 minutes each use.	N/A
			Crystalline silica	-1-1.0	-10 mg/m3	-10 mg/m3		
			Barium Metaborate Pigment	<5	none	none		
<p><b>Use Requirements Instituted by the Department:</b> No respiratory protection required if usage rates remain consistent with those listed, and adequate ventilation is present. <b>Recommended PPE usage includes:</b> Nitrile gloves, face shield and safety glasses or splashproof chemical goggles. Filtering face piece respirator for nuisance organic vapors and particulates may voluntarily be utilized.</p>								
<b>Dusty Operations - Construction Activities, Leaf Pickup</b>	N/A	Dust	Dust Particulates	N/A			Occasional, seasonal.	N/A
<p><b>Respirator Use Requirements Instituted by the Department:</b> Construction type activity and or leaf pick up activities during a dry season should be conducted in a manner that minimizes dust generation. In instances where dusty operations are unavoidable, a filtering face piece respirator for nuisance particulates may voluntarily be utilized by the employee.</p>								

Revised: 09/16/09

**EACH DEPARTMENT/DIVISION WILL HAVE A SPECIFIC ASSESSMENT; NOTIFY THE SRM TO UPDATE THIS FORM.**

# RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR FILLING OF AIR BOTTLES

(Reference Section 16-8.5)

For and in consideration of the City of Bowling Green Fire Department (BGFD) filling an air bottle or bottles for my Agency's use at no cost, and for other valuable consideration, the receipt and adequacy of which are hereby acknowledged, I state the following:

1. I understand that the City of Bowling Green, Kentucky, and the BGFD, their agents, officers, elected officials, employees, and any volunteers are **not responsible** for any injury, loss or damage to any person or property resulting from the filling of an air bottle or bottles for my Agency's use. I, the undersigned, consent to the BGFD representatives to conduct such activity.
2. I agree to hold harmless, indemnify and release the City of Bowling Green, Kentucky, its Fire Department, its officers, officials, agents and employees and any volunteer organizing or participating in any activity relating, directly or indirectly, in the filling of an air bottle for my Agency's use for any liability for any injury or damage sustained by any person or property or any other injury or damage associated with this activity.
3. I understand and acknowledge that the City does not warrant its work in relation of the filling of air bottles in any way, express or implied.
4. I understand that this agreement shall be legally binding on the undersigned Agency representative, property owner or guardian, their heirs, executors, administrators, successors and assigns.

**I HAVE READ AND UNDERSTAND THE ABOVE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND I, AS THE AGENCY REPRESENTATIVE, AGREE TO BE LEGALLY BOUND BY ALL TERMS OF SAID AGREEMENT.**

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Provide the requested information:

Name of Government Agency: \_\_\_\_\_

Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## CHAPTER XVII

### RISK TRANSFER MECHANISMS

#### 17-1 Risk Transfer Mechanism Policy

**17-1.1 General Statement** - Contracts, agreements, hold harmless and indemnification clauses and insurance certificates are all considered methods of risk financing transfer devices. The requirement of such devices affords the City a primary layer of financial protection where protection may not have otherwise been offered, thus lessening the potential burden on the City's own financial risk.

**17-1.2 Policy & Procedures** – This policy provides a guideline for ensuring that the City's risk financing mechanisms are secondary to that which is required from those entities with whom the City choose to do business. Each department shall utilize the procedures set forth within this policy when considering the purchase of or engagement into a request for service from an outside entity (whether private or public, for profit or not-for-profit).

Procedures for each of the following criteria shall be observed by those employees responsible for purchasing and/or requesting an outside service that is to be provided to or on behalf of the City of Bowling Green.

- Requirements for Contracts/Agreements Review and Approval
- Obtaining a Hold Harmless & Indemnification Clause
- Service Provider Insurance Requirements
- Special Events Coordination Requirements
- Risk Transfer Mechanism Recordkeeping Requirements

#### 17-2 Contracts/Agreements

**17-2.1 General Statement** - The following is a list of contracts and/or agreement types for which the City is most commonly engaged, all of which will require some type of documentation.

- Professional Service Contracts
- Lease Agreements
- Memorandum of Understanding Agreements
- Intergovernmental Agreements
- License Agreements
- Special Event Applications

**17-2.2 Contract/Agreement Review Policy** - All contracts and/or agreements are to be reviewed/drafted by the City Attorney prior to execution. Following the City Attorney's review and/or draft of the contract/agreement, the reviewed/drafted version of the contract will be forwarded to and reviewed by the Safety and Risk Manager (SRM). It is the responsibility of both the City Attorney and SRM to review any contract and/or agreement in its entirety, paying particular attention to the scope of services to be provided. The specific scope of services to be performed will determine the type of hold harmless and indemnification clause and which insurance coverage(s) to require of the party whom the City of Bowling Green wishes to form a contract/agreement.

#### 17-3 Hold Harmless & Indemnification

**17-3.1 General Statement** - Unless waived by the City Attorney, all contracts and agreements must contain a Hold Harmless and Indemnification (HHI) clause. In addition to contracts and agreements, a purchase of services may also require a HHI clause.

**17-3.2 Types of Hold Harmless Clauses** - The Standard Hold Harmless and Indemnification Clause is to be used when the contracting party presents only Bodily Injury and/or Property Damage exposure. The Professional Hold Harmless and Indemnification Clause is used when the contracting party presents a professional exposure to the City due to the type of services they are providing (i.e. Architect and Engineering services). The

Professional Hold Harmless and Indemnification Clause include coverage for Bodily Injury and/or Property Damage exposure types.

The HHI clause (whether standard or for professional services) shall be contained within the [“Hold Harmless & Indemnification Clause, and Insurance Requirements” Form](#).

**Note:** [The Hold Harmless & Indemnification Clause, and Insurance Requirements Form](#) is available in a number of versions so to accommodate the many service providers and associated types of risk.

## **STANDARD HOLD HARMLESS AND INDEMNIFICATION CLAUSE**

To the extent caused by Service Provider’s negligent acts, errors, or omissions, the Service Provider agrees to hold harmless and indemnify the City of Bowling Green, its elected and appointed officials and officers, employees and agents from all liability, claims, damages, losses and expenses, including court costs and attorneys’ fees, arising out of or resulting, directly or indirectly, from the Service Provider’s (or Service Provider’s subcontractor’s) performance or breach of the contract. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract.

## **PROFESSIONAL HOLD HARMLESS AND INDEMNIFICATION CLAUSE**

Service Provider agrees to indemnify and hold harmless the City of Bowling Green, its elected and appointed officials, officers, employees, agents and successors in interest from all claims, damages, losses and expenses including court costs, attorneys’ fees, arising out of or resulting, directly or indirectly, from the Service Provider’s (or Service Provider’s subcontractor’s) performance or breach of the contract, including claims resulting from negligent acts, errors or omissions. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract.

## **17-4 Service Provider Insurance Requirements**

**17-4.1 Insurance Requirements** - Service Provider insurance requirements will generally include those listed in the [Insurance Requirements Guide for Certain Service Providers Chart](#). This chart will serve as guide for determining insurance requirements on services to be provided, however due to the varying nature of services (type and risk involved), it may be necessary to amend to and/or create different versions of the [Hold Harmless & Indemnification Clause, and Insurance Requirements Form](#). The [Additional Liability Insurance Requirements for Moderate to High Risk Construction-Related Contracts/Service Agreements Chart](#) provides a general format for determining the need for higher liability limits on those services considered high risk. This chart will serve as a reference for determining which service(s) might need additional coverage and will assist the SRM in the selection of the proper insurance to require.

**17-4.1.1 Insurance Requirements for Standard Purchase of Services** - When a purchase of services is made, a contract is essentially created. For this reason, it may be necessary for the City to be insured for liabilities that could arise as a direct or indirect result of the performance (or non-performance) of purchased service. It is this reason that all intended purchases be communicated to and reviewed by the SRM or designated staff. Prior to initiating the standard purchase process, the originator of a purchase request shall provide the SRM or designated staff with general information relating to their requested purchase of services. The originator of purchase request shall not commence a purchase of service until all risk transfer mechanisms as requested by the SRM have been satisfied. The SRM shall notify the corresponding originator of purchase request when all mechanisms are in place for purchase of services or will provide a mechanism (i.e. reference document) by which the originator of the purchase request may check status of risk mechanism satisfaction.

**17-4.1.2 Insurance Requirements for Non-Standard Purchase of Service** - Non-standard purchases (i.e. contract bids, competitive sealed bids, request for proposals, etc.) will include clear instruction as to any insurance and/or performance bond requirements. Prior to initiating the non-standard purchase process, the originator of purchase request shall complete an [IPOS Form](#) or provide same information via some other method and forward to the SRM for review. If the originator of purchase request completes the IPOS Form, the section pertaining to the Supplier/Vendor/Contractor may be left

blank as these are not likely to be known at the time of request. In addition to insurance requirements, it may be necessary (depending on the size and cost of service) to require a performance bond and/or bid bond. The City's Purchasing Agent shall determine performance bond and/or bid bond requirements. The originator of purchase request shall not commence a purchase of services until all risk transfer mechanisms as requested by the SRM have been satisfied. The SRM shall notify the corresponding originator of purchase request when all mechanisms are in place for purchase of services or will provide a mechanism (i.e. reference document) by which the originator of the purchase request may check status of risk mechanism satisfaction.

Contracts and/or agreements generated as a result of using standard and/or non-standard purchasing methods must also be reviewed by the City Attorney (see CONTRACTS/AGREEMENTS section of this policy).

**17-4.1.3 Non-Purchase Service** - When the City obtains a "non-purchase" service request (i.e. community or association's use of City facilities, etc.) it may be necessary for the City to be insured for liabilities that could arise as a direct or indirect result of the performance of such service. It is this reason that any intended arrangement of a non-purchased service be communicated to and reviewed by the SRM and if necessary, the City Attorney. By means of completing and forwarding the [IPOS Form](#) or providing same information via some other method, the SRM is to be notified of any non-purchase service request. As the case with purchased services, the employee responsible for originating the non-purchase service request shall not initiate such service until all risk transfer mechanisms as requested by the SRM have been satisfied. The SRM shall notify the responsible employee or will provide a mechanism (i.e. reference document) by which the originator of the non-purchase of service request may check to make sure all mechanisms are in place as requested.

## 17-5 Special Events

**17-5.1 Application Process** - A [Special Event Application](#) is required when there is a request to use property owned by the City to host a public event (i.e. festival, parade). Special events generally are short term, lasting less than 2 weeks in duration. Like the IPOS Form, the [Special Event Application](#) requires a detailed scope of the event be provided. The SRM and if necessary, City Attorney will need to review each [Special Event Application](#) for the purpose of examining potential liability exposure and determining any insurance needs. Utilizing the [Hold Harmless & Indemnification Clause, and Insurance Requirements Form](#), the SRM will communicate any insurance needs with the City Central Coordinator or respective City employee Special Event Coordinator. The Citizens Information & Assistance Specialist or Special Event Coordinator shall be responsible for the initial certificate of insurance request and [Hold Harmless & Indemnification Clause, and Insurance Requirements Form](#) signature. Once received, the Event Host's certificate of insurance and a signed copy of the [Hold Harmless & Indemnification Clause, and Insurance Requirements Form](#) shall be forwarded to the SRM for review. Should the certificate of insurance need revised, the SRM shall communicate the necessary revisions with the Event Host and/or the Event Host's insurance agent. All required insured coverage(s) must be in effect during the "setup" and "take down" of the special event. As the case with other requested services, the employee responsible for coordinating the special event shall not initiate such event until all risk transfer mechanisms as requested by the SRM have been satisfied. The SRM shall notify the responsible employee when all risk transfer mechanisms are in place or will provide a mechanism (i.e. reference document) by which the City employee Special Event Coordinator may check status.

**17-5.2 Special Event Licensing and Permitting** - The Neighborhood Community Services (NCS) Department shall be responsible for working with the Event Host to satisfy any required licensing and/or permitting issues.

## 17-6 Recordkeeping

**17-6.1 General Statement** - All contracts/agreements (whether in draft or final version), special event applications, certificates of insurance and hold harmless agreements will be retained on file by the SRM. All files will be placed into a file folder specific to the name of the party for which the City has the contract/agreement or received other provided services. All records shall be maintained for at least 2-years from the date actual service took place or the event was held.

The SRM shall be responsible for maintaining a spreadsheet or similar data base that will effectively track contracts/agreements and certificate of insurance documents. The data base will include information necessary for monitoring effective risk transfer information (i.e. coverage type, coverage limits, policy expiration dates, etc.) and will be made available to all request for purchase or service originators and other personnel on a need-to-know basis.

## 17-7 Activation/Deactivation of Service Providers

**17-7.1 Activation of a Service Provider or Special Event Host** – All Service Providers and Special Event Hosts must be approved and authorized from a standpoint of risk management. The SRM shall communicate such approval decision after the receipt and review of any required insurance certificates and other documents as required within this policy. Authorized Service Providers or Event Hosts shall maintain continuous insurance coverage during the entire period for which service is taking place or the event is being held.

**17-7.2 Previously Authorized Service Provider or Special Event Host** - If a previously activated/approved Service Provider will be performing similar services on a future routine basis, it will not be necessary for the purchase or service originator to initiate the IPOS process for the Service Provider as long as:

- a. The Service Provider's certificate of insurance remains in effect and will be so during the entire duration of that service which is to be again obtained, and
- b. The certificate of insurance on file does not specify coverage for a project that is not particular to that work which is being requested

**17-7.3 Deactivation of a Service Provider** - The HRRMD shall identify those Service Providers whose certificate of insurance has expired and/or is no longer valid. Upon identification of a Service provider whose certificate has expired, HRRMD will note such expiration on the tracking spreadsheet (see Section 17-6).

## 17-8 Training

**17-8.1 Required Training** – All POE'S and other personnel engaged in activities involving the request of services, or coordination of special events shall be provided a copy of this policy and receive training on its contents. [Risk Transfer Mechanism Training Record](#) documentation shall be maintained in the SRM office.

**17-8.2 Training Frequency** – The SRM will communicate training needs with the Department Managers. Retraining will be requested if there is a change in policy or an employee's actions indicate the need for refresher training.

# RISK TRANSFER MECHANISM TRAINING RECORD

(Reference Section 17-8)

Date of Instruction: \_\_\_\_\_

Instructor: \_\_\_\_\_

**Items of instruction included:**

1. Overview of Risk Management
2. Assets, Exposures, Losses & Claims were defined
3. Review of risk transfer mechanisms
4. The risk transfer process for Service Providers was reviewed.
5. Review and explanation of the third party COI management system.
6. Discussed special event risk.
7. Reviewed whose ultimate responsible for transferring Service Provider/Event Coordinator risk.

**Name of Employee (Print)**

**Signature**

**Date**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor's Signature: \_\_\_\_\_

# INTENT TO PURCHASE/OBTAIN SERVICES (IPOS) FORM

(Reference Section 17-4)

Performed By:

## Intent to Purchase/Obtain Services (IPOS) Application



### Step 1: Consideration of Insurance Requirement and/or Legal Review

<u>Originator of Purchase or Service Request</u>	<u>Does the Purchase or Service Request include:</u>	<u>Yes</u>	<u>No</u>
Prior to ordering or requesting a service or purchase, the Purchase/Service Request Originator will complete and forward this form as prescribed.	- construction, reconstruction, renovation, demolition, or maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
	- another type of service to be provided? .....	<input type="checkbox"/>	<input type="checkbox"/>
	- an agreement or contract? .....	<input type="checkbox"/>	<input type="checkbox"/>

*If the answers to any of the questions above is "yes", please proceed to Step 2.  
If the answer to all of the above is "No", you may proceed with purchase/service request.*

### Step 2: Supplier & Scope of Services Information

**Originator of Purchase/Service Request Must Complete:**

Legal Name of Supplier/Vendor/Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

**If Bid or RFP, include the following:**

Project Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Bid Number: -

**Scope of Services to be Performed (*Please be detailed in your description of services*) :**

Will there be a signed Contract / Agreement?      Yes       No       (*If yes, please obtain a copy \**)

Will Service Provider be hosting an event on City owned property (i.e. festival, parade)?      Yes       No   
*If "Yes", a Special Event Application must accompany this request for service.*

Location where services will take place: \_\_\_\_\_

Service Dates: from \_\_\_\_\_ to \_\_\_\_\_      Intent to Purchase Service Amount: \_\_\_\_\_

Purchase/Service Requestor's Signature: \_\_\_\_\_      Date: \_\_\_\_\_      Department: \_\_\_\_\_

*\* If a written agreement or contract is involved, please forward a copy to Risk Management, along w/ this IPOS application.*

### Step 3 - Certificate of Insurance, Hold Harmless/Indemnification (HHI) Clause, & Signed Agreement - Check List

**Purchase or Service Request Originator should check the following information prior to authorizing service:**

Certificate of Insurance is obtained and forwarded to Risk Management: ..... Yes  No       Yes  No   
 Any agreement/contract (if applicable) is reviewed and signed by City Attorney: .....        Yes  No   
 Service Provider's signature obtained on the HHI and Insurance Requirements Form: .....

**Purchase or Service Request Originator to Monitor Final Approval via Certificate of Insurance Tracking Document**

Certificate of Insurance Tracking Document #196845 reflects Risk Management Approval for use\* ..... Yes  No

*\*Once approved, the originator of the request may resume the purchase of or obtain services from the Service Provider.*

*All Requested Information is Returned to Risk Management (Certificate of Insurance, Signed Agreement/Contract & Hold Harmless & Indemnification, and Insurance Requirements Form). It is the Purchase or Service Request Originator's responsibility to obtain RM approval of Service Provider use prior to initiating their purchase or proceeding with obtaining services.  
[Document #196845 must identify approval for Service Provider usage.](#)*



## SPECIAL EVENT PERMIT APPLICATION

(Reference Section 17-5)

Please fill out completely. Write legibly or type.

1. Event Name: \_\_\_\_\_

2. Event Date(s): \_\_\_\_\_

3. Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

4. First Contact Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

5. Organization Type: Non-Profit: \_\_\_\_\_ Government: \_\_\_\_\_ Corporation: \_\_\_\_\_

Other: \_\_\_\_\_ (explain) \_\_\_\_\_

6. Purpose of event: \_\_\_\_\_

7. Give a brief description of the event: \_\_\_\_\_

8. Is this a first time event? \_\_\_\_\_ If "No", how many years has this event been held? \_\_\_\_\_

Please list any variations from previous year: \_\_\_\_\_

9. Please list the even location (Name of Park and/or Street(s) and Private Address):

10. Event Type (check all that applies): Carnival \_\_\_\_\_ Concert \_\_\_\_\_ Fireworks

Run/Walk \_\_\_\_\_ Festival \_\_\_\_\_ Sporting Event \_\_\_\_\_ Other \_\_\_\_\_ (explain) \_\_\_\_\_

11. Provide event schedule (specify day, date and times); specify schedule for setup (“S”), event day (“E”) and tear down of event (“T”). If you need more room, list on a separate sheet of paper.

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12. Please estimate attendance: Per day: \_\_\_\_\_ Peak attendance during event: \_\_\_\_\_

13. Is this a charity or fund raiser event? Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, please list organization’s name, contact, phone number and address:

<u>Organization Name</u>	<u>Contact Name</u>	<u>Phone Number</u>	<u>Address</u>
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14. Will this event be open to the public? \_\_\_\_\_ Invitation only? \_\_\_\_\_

15. Will you be charging admission? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Will you be taking up donations? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Will the event include special amusements including such things as animals, mechanical rides, inflatables, climbing walls, dunking booths, water slides or portable pools?

Yes \_\_\_\_\_ No \_\_\_\_\_ If “Yes”, please describe: \_\_\_\_\_

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18. List all streets you propose to close:

<u>Street (indicate cross streets)</u>	<u>Closing Date and Time</u>	<u>Opening Date and Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you need more room, list on a separate sheet of paper.

19. Will food be served at the event? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the event include food vendors? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how many? \_\_\_\_\_

- Please list the names and phone numbers of each food vendor:

<u>Vendor Name</u>	<u>Vendor Phone</u>
_____	_____
_____	_____
_____	_____

If you need more room, list on a separate sheet of paper.

20. Will there be booth vendors at your event? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" how many? \_\_\_\_\_

- Please list the names and phone numbers of each booth vendor:

<u>Vendor Name</u>	<u>Vendor Phone</u>
_____	_____
_____	_____
_____	_____

If you need more room, list on a separate sheet of paper.

21. Will alcoholic beverages be served at your event? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", what type of alcoholic beverages will be available?

Beer \_\_\_\_\_ Wine \_\_\_\_\_ (Distilled Spirits) \_\_\_\_\_

Please list dates and times alcoholic beverages will be served:

\_\_\_\_\_

22. Do you plan to have live entertainment or music at your event? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please answer the following questions:

1) If the entertainment will require a stage, please indicate the number of stages to be constructed \_\_\_\_\_ and the desired location(s) for placement:

\_\_\_\_\_

2) Will recording equipment, sound amplification equipment or other attention getting devices be used? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please describe equipment: \_\_\_\_\_

3) What type of music will be played at the event? \_\_\_\_\_

23. Will electrical wiring be utilized for your event? Yes \_\_\_\_\_ No \_\_\_\_\_

24. Will you be using generators? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Will you be requesting use of City electrical service? Yes \_\_\_\_\_ No \_\_\_\_\_

26. Will tents be erected for your event? Yes \_\_\_\_\_ No \_\_\_\_\_ if "Yes", how many \_\_\_\_\_

27. Will you require access to water? Yes \_\_\_\_\_ No \_\_\_\_\_

28. Have you arranged for security at your event? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, who will be providing security:

\_\_\_\_\_

29. Describe your plans for Emergency Medical Services:

\_\_\_\_\_

\_\_\_\_\_

30. Describe your plans for trash removal (list the names of organization(s) or individual(s) responsible for the removal of trash): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Describe your plans for restroom facilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSURANCE REQUIREMENTS**

Depending on the type of event, you may be asked to provide the City with a certificate of insurance

\*\*This application will not be processed unless a site map is included. Indicate location of tents, stages, portable rest rooms, fencing, food booths, alcoholic and non-alcoholic beverage booths, etc. Also, indicate where streets will need to be blocked.

All information in this application and the enclosed site map is accurate to the best of my knowledge. I understand that if any changes are made to the site layout, I must submit a revised application and site map to the City Central Office.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return the completed application to the City Central Office at 1017 College Street (City Hall Annex Building, NCS Department). If you have any questions regarding filing out the application, you may call the City Central Office at 270-393-3641.

Permit#: \_\_\_\_\_

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

Date Returned: \_\_\_\_\_ Date Distributed: \_\_\_\_\_ Dept. Return Date: \_\_\_\_\_ Permit#: \_\_\_\_\_



# STANDARD HOLD HARMLESS & INDEMNIFICATION CLAUSE, AND INSURANCE REQUIREMENTS FORM

(Reference Section 17-3 and 17-4)

## SAMPLE ONLY

*This form provides a general idea of the hold harmless statement and insurance requirements that may be required of a service provider. Depending on the service provided, additional insurance requirements may be required.*

*This form is for informational purposes only.*

### I. STANDARD HOLD HARMLESS AND INDEMNIFICATION CLAUSE

To the extent caused by Service Provider's negligent acts, errors, or omissions, the Service Provider agrees to hold harmless and indemnify the City of Bowling Green, its elected and appointed officials and officers, employees and agents from all liability, claims, damages, losses and expenses, including court costs and attorneys' fees, arising out of or resulting, directly or indirectly, from the Service Provider's (or Service Provider's subcontractor's) performance or breach of the contract. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract.

OR...

### PROFESSIONAL HOLD HARMLESS AND INDEMNIFICATION CLAUSE

Service Provider agrees to indemnify and hold harmless the City of Bowling Green, its elected and appointed officials, officers, employees, agents and successors in interest from all claims, damages, losses and expenses including court costs, attorneys' fees, arising out of or resulting, directly or indirectly, from the Service Provider's (or Service Provider's subcontractor's) performance or breach of the contract, including claims resulting from negligent acts, errors or omissions. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Contract.

### II. INSURANCE

**The Service Provider shall not commence work under this Contract until all insurance required under the Contract Document has been obtained and copies of policies or certificates thereof are submitted to and approved by the City of Bowling Green's Human Resources & Risk Management Department.**

*The Service Provider shall not allow any subcontractor to commence work until the insurance required of such subcontractor has been obtained and copies of Certificates of Insurance retained by Service Provider evidencing proof of coverage.*

Prior to commencing work, the Service Provider shall maintain continuous liability coverage written on an occurrence basis or, if a claims made basis, with an extended coverage provision (ERP) option of not less than three years. Coverage will be provided through insurance companies licensed to do business in the State of Kentucky with a Best Rating of A- or better.

Without limiting Service Provider's indemnification requirements, it is agreed that Service Provider shall maintain in force at all times during the performance of this agreement the following policy or policies of insurance covering its operations, and require subcontractor, if subcontracting is authorized, to procure and maintain these same policies until final acceptance of the work by the City of Bowling Green. The City of Bowling Green may require Service Provider to supply proof of subcontractor's insurance via Certificate of Insurance, or at City of Bowling Green's option, actual copies of policies.

**The insurance to be procured and maintained and the minimum Limits of Liability shall be as follows, unless different Limits are specified by addendum to the Contract:**

- 1. COMMERCIAL GENERAL LIABILITY – Including contractual liability, bodily injury and property damage combined at a minimum of \$1,000,000 for each occurrence; personal and advertising injury of \$1,000,000 any one person or organization and \$1,000,000 in the aggregate.**

## STANDARD HOLD HARMLESS & INDEMNIFICATION CLAUSE, AND INSURANCE REQUIREMENTS FORM

(Reference Section 17-3 and 17-4)

2. **AUTOMOBILE LIABILITY**, insuring all Owned, Non-Owned and Hired Motor Vehicles. The minimum coverage Liability Limit is **\$1,000,000** Combined Single Limit for any one accident. The Limit of Liability may be subject to increase according to any applicable State or Federal Transportation Regulations.
3. **WORKERS' COMPENSATION** insuring the employers' obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits, and **EMPLOYERS' LIABILITY - \$500,000** each employee and \$500,000 aggregate.
4. **PROFESSIONAL LIABILITY INSURANCE** - With a **\$1,000,000 Limit of Liability per occurrence** and a **minimum \$2,000,000 per annual aggregate** and shall contain a per project or per location limit reflecting same limits. This requirement applies to any professionals such as Engineers or Architects.
5. **LIQUOR LEGAL LIABILITY** – A minimum coverage Liability Limit of \$1,000,000 for any one occurrence will be required if caterer is engaged in selling and/or dispensing alcoholic beverages. This coverage may be written as an endorsement on the above mentioned Commercial General Liability Policy or as a separate policy. If Caterer sub-contracts this service, the sub-contract vendor shall provide this coverage. A minimum \$2,000,000 Aggregate shall also be provided for Liquor Legal Liability.
6. **ENVIRONMENTAL PROFESSIONAL LIABILITY** - A minimum coverage Liability Limit of \$2,000,000 for any one occurrence and \$2,000,000 in the aggregate. This requirement applies to Environmental Consulting Professionals.
7. **ENVIRONMENTAL IMPAIRMENT LIABILITY** - Covering bodily injury and property damage associated with preexisting pollution at worksites, including costs of on-site cleanup with minimum limits of \$1,000,000 for each occurrence and \$2,000,000 in the aggregate.

If there is no Umbrella or excess policy including coverage for this liability, the limit should be no less than \$5,000,000 each claim and \$5,000,000 in the aggregate. If such Environmental Impairment Liability Insurance is written on a claims-made basis, such insurance shall have a retroactive date no later than the date on which the contract is signed or operations commence whichever is first. This requirement applies to Environmental Contractors.

### **The Commercial General Liability Policy shall be endorsed to contain the following provisions:**

- a) "The City of Bowling Green, its elected and appointed officials, employees, agents and successors and volunteers are added as an "Additional Insured". The coverage shall contain no special limitations on the scope of protection afforded to the City, its elected and appointed officials, employees, agents, successors and volunteers.
- b) The insurance coverage for the Service Provider entering into a contract shall be on a primary and non-contributory basis for liability arising out of activities performed by or on behalf of the Service Provider entering into this contract for service including the insured's general supervision of the premises owned, occupied or used by the Service Provider entering into this contract and ongoing operations as well as completed operations and work performed by Service Provider. Any insurance

or self-insurance maintained by the City, its elected and appointed officials, employees, agents and successors and volunteers shall be excess of the Service Provider's insurance coverage.

- c) Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the City, its elected and appointed officials, employees, agents and successors and volunteers.

**All Coverage**

- a) Each insurance policy required shall be endorsed to state that coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to the City. Service Provider shall notify the City of any other material change of vice Provider's insurance policy within 5 days of such change.
- b) Any deductibles or self-insured retentions must be declared to and approved by the City.
- c) Certificates of Insurance as required above shall be furnished to:

**CITY OF BOWLING GREEN**  
**Department of Human Resources & Risk Management**  
**1001 College Street**  
**Bowling Green, Kentucky 42102**  
**FAX: (270) 393-3298**

**Miscellaneous**

Approval of the insurance by the City of Bowling Green shall not in any way relieve or decrease the liability of the Service Provider hereunder. It is expressly understood that the City of Bowling Green does not in any way represent that the specified Limits of Liability or coverage or policy forms are sufficient or adequate to protect the interest or liabilities of the Service Provider. The City shall not be obligated to review such insurance certificates, policies and endorsements, or to advise Service Provider of any deficiencies in such documents, and such receipt shall not relieve the Service Provider from or be deemed a waiver of the City's right to insist on strict fulfillment of Service Provider's obligations herein.

**Bid Bond, Performance Bond and Labor and Materials Bond**

Depending upon the project, a Bid Bond, Performance Bond and Labor and Materials Bond may be required. If necessary, the City's Legal Department and/or Purchasing Agent shall provide all applicable language in a separate agreement that is to be signed by the Service Provider.

**OSHA/EPA Regulatory Compliance**

The Service Provider entering into a contract agrees to comply with all applicable Federal and State OSHA/EPA laws, rules and regulations. The Service Provider entering into the contract shall have a safety policy based upon applicable regulatory standards, a copy of which may be obtained by the City Safety/Training Manager.

**Company Name of Service Provider:** \_\_\_\_\_

**Authorized Service Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*It is expressly understood that no employer/employee relationship is created by this agreement nor does it cause Service Provider to be an officer or official of the City of Bowling Green. By executing this agreement, the parties hereto certify that its performance will not constitute or establish a violation of any statutory or common law principle pertaining to conflict of interest, nor will it cause unlawful benefit or gain to be derived by either party.*



# INSURANCE REQUIREMENTS GUIDE FOR CERTAIN SERVICE PROVIDER TYPES

(Reference Section 17-4.2)

## Minimum General Insurance Requirements for Certain Provided Services

Type of Service Provider	GL <sup>(1)</sup>	WC	EL <sup>(2)</sup>	AL <sup>(3)</sup>	PL <sup>(4)</sup>	EIL <sup>(6)</sup>	EPL <sup>(7)</sup>	LLL <sup>(8)</sup>	Version
New Building Construction and/or Renovation Projects	\$1M/\$2M	Statutory	\$1M	\$1M	\$1M/\$2M <sup>(6)</sup>	\$1M/\$2M	\$1M/\$2M		v.1
Demolition Contractors	\$1M/\$2M	Statutory	\$1M	\$1M		\$1M/\$2M			v.2
General Contractors	\$1M	Statutory		\$1M					v.3
General Service Provider	\$1M	Statutory		\$1M					v.4
Professional Consultant	\$1M	Statutory		\$1M	\$1M/\$2M <sup>(6)</sup>		\$1M/\$2M		v.5
Architects and Engineering Projects	\$1M	Statutory		\$1M	\$1M/\$2M <sup>(6)</sup>		\$1M/\$2M		v.6
Training Consultant	\$1M	Statutory							v.7
Catering Firms	\$1M	Statutory		\$1M				\$1M/\$2M	v.8
Special Event Sponsors and/or Coordinator	\$1M <sup>(9)</sup>	Statutory		\$1M				\$1M/\$2M	v.9
Vendor/Seller of Products on City Property	\$1M	Statutory		\$1M				\$1M/\$2M	v.10

- <sup>(1)</sup> GL limits listed are minimum but may be increased depending on level of risk. GL to include Products and Completed Operations
- <sup>(2)</sup> EL not generally required but could be depending on job type/size.
- <sup>(3)</sup> When a vehicle is required in the performance of the work process.
- <sup>(4)</sup> Only needed if service provider is performing a professional service (i.e. engineering, architecture, etc.)
- <sup>(5)</sup> Professional Liability limits may be reduced to 100K/300K if risk is minimal.
- <sup>(6)</sup> If contract work is associated with preexisting pollution at worksite (i.e. removing asbestos, lead-base paint, waste oil, chemical delivery & dispensing).
- <sup>(7)</sup> If contract work is associated with Environmental audit consulting, Phase I/II/III investigation, Environmental permit or compliance consulting, etc.
- <sup>(8)</sup> Required if event will include alcohol.
- <sup>(9)</sup> If inflatables are involved, the policy must not have an inflatables exclusion.

<b>GL - General Liability</b>
<b>WC - Workers Compensation</b>
<b>EL - Employer's Liability</b>
<b>AL - Auto Liability</b>
<b>PL - Professional Liability</b>
<b>EIL - Environmental Impairment Liability</b>
<b>EPL - Environmental Professional Liability</b>
<b>LLL - Liquor Legal Liability</b>

### Definitions

New Building Construction &/or Renovation Projects -	For those firms who are responsible for the construction and/or renovation of City facilities (example: renovation of Police department, construction of new Fire station, construction of new restroom at Parks, etc.)
Demolition Contractors -	Those firms primarily engaging in the wrecking and demolition of buildings and/or removal and disposal of demolition debris.
General Contractors -	Those firms engaging in work involving repair and/or improvements to City property (example: painting, carpentry, concrete, roofing, plumbing, etc.)
General Service Providers -	Those firms who will be providing a service that does not meet the definition of contractor (example: sprinkler inspector, pest control, etc.)
Professional Consultant -	One who provides professional advice and/or acts as an advisor to the City (i.e. Computer Technical assistance, Pay Study, Environmental Study, etc.)
Training Consultant -	One who performs educational instruction to City employees and/or non-City employees on City property.
Architects & Engineering Projects -	Those firms or independent contractors who engage in the design, manufacture, and operation of efficient and economical structures, machines, processes, and systems.
Catering Firm -	Those firms responsible for the processing, delivery and possibly serving of food products for a City sponsored event involving City and/or non-City employees.
Special Event Sponsors and/or Coordinators -	Those agencies designated as the sponsor and/or primary coordinator of a public event for which the City might possess some liability (i.e. event being held on City property). Example: Duncan Hines festival
Vendor/Seller of Products -	Those firms or individuals wishing to perform business on City property for the purpose of profit or other self-interest (example: snow-cone vendor at the Aquatic facility).

## ADDITIONAL LIABILITY INSURANCE REQUIREMENTS FOR MODERATE TO HIGH RISK CONSTRUCTION-RELATED CONTRACTS / SERVICE AGREEMENTS CHART

(Reference Section 17-4.2)

Note: The following matrix is intended to provide guidelines to those who have responsibility for the negotiation and award of City contracts with contractors as it relates to the insurance requirements. Each contract is different, and therefore, great care must be given to the identification and analysis of risks associated therewith. These guidelines are meant to provide a general basis for that process.

High Risk	Moderate Risk	Low Risk
<ul style="list-style-type: none"> <li>• 4+ Stories</li> <li>• Boring or Tunneling</li> <li>• Bridges</li> <li>• Demolition – Major</li> <li>• Elevators</li> <li>• High-Voltage Electric</li> <li>• Power Lines &amp; Poles</li> <li>• Towers</li> <li>• Major Trenching &amp; Excavation</li> <li>• Steel Erection</li> <li>• Major Utility Construction</li> <li>• Major Building Renovation</li> <li>• New Building Construction</li> </ul>	<ul style="list-style-type: none"> <li>• Bleachers, Seating</li> <li>• Concrete - Major</li> <li>• HVAC</li> <li>• Painting Exterior</li> <li>• Paving, Asphalt</li> <li>• Roofing - Major</li> <li>• Plastering</li> <li>• Structural Repairs</li> <li>• Underground Work / Utilities</li> <li>• Welding / Cutting</li> <li>• Tree Trimming</li> <li>• New Building Construction</li> <li>• Moderate Utility Construction</li> <li>• Moderate Building Renovation</li> <li>• Boilers and Steam Generators</li> </ul>	<ul style="list-style-type: none"> <li>• Ceiling Tile</li> <li>• Alarm Systems</li> <li>• Blinds, Drapes</li> <li>• Canopies, Awnings</li> <li>• Casework (cabinets, etc.)</li> <li>• Concrete (minor)</li> <li>• Electrical (minor)</li> <li>• Fencing</li> <li>• Flooring</li> <li>• Furniture Repair</li> <li>• Glass</li> <li>• Interior Remodeling (non-structural and no environmental hazard)</li> <li>• Landscaping (no electrical and no trenching)</li> <li>• Mowing</li> <li>• Moving Equipment</li> <li>• Painting Exterior (remote location)</li> <li>• Painting Interior</li> <li>• Paving Seal if in Low-Traffic Area</li> <li>• Pavement Sealing</li> <li>• Plumbing Minor</li> <li>• Roofing Minor (small or isolated buildings; or repairs)</li> <li>• Sewer</li> <li>• Signs w/ No Welding</li> <li>• Wall Paper / Wall Covering</li> </ul>

## ADDITIONAL LIABILITY INSURANCE REQUIREMENTS FOR MODERATE TO HIGH RISK CONSTRUCTION-RELATED CONTRACTS / SERVICE AGREEMENTS CHART

(Reference Section 17-4.2)

Coverage Type	Type of Contracts Coverage Applicable To	Risk Level	Minimum Limits
General Liability	<ul style="list-style-type: none"> <li>- Construction</li> <li>- Demolition</li> <li>- Renovation</li> <li>- Repair</li> </ul>	Moderate	\$1,000,000 - \$5,000,000 per Occurrence (depending on scope and contract size)
		High	\$5,000,000 - \$25,000,000 (depending on scope and contract size)
Auto Liability	<ul style="list-style-type: none"> <li>- Construction</li> <li>- Demolition</li> <li>- Renovation</li> <li>- Repair</li> </ul>	Low to Moderate	\$1,000,000 Combined Single Limit
		High	\$2,000,000 to \$10,000,000 (depending on scope and contract size)
Professional Liability	New Construction – Mandatory for Design-Build  Architectural & Engineering Services	Low to Moderate	\$1,000,000 Combined Single Limit \$2,000,000 Annual Aggregate
		High & Major	\$5,000,000 to \$10,000,000 (depending on scope and contract size)



# CHAPTER XVIII

## VOLUNTEER SERVICE PROGRAM

### 18-1 Volunteer Service Policy

**18-1.1 General Statement** - This policy is designed to enable the City of Bowling Green to accept volunteers, reduce volunteer risk and protect the interests of the City, its volunteers, and the community it serves. If done correctly, this practice can be very beneficial to both the City and the volunteer. By utilizing volunteers, the City is able to increase workforce productivity without an added burden of expense. The volunteer on the other hand, obtains valuable workforce experience and/or completes an academic or public duty in which he/she has been assigned.

Because the use of volunteers brings forth added exposure, the following policies and procedures have been adopted by the City. When a Department is utilizing volunteers, it will be the Department Director's responsibility to ensure all policies and procedures set forth, will be strictly adhered to at all times.

#### 18-1.2 Definition

**18-1.2.1 Volunteer** – Means an uncompensated individual who performs hours of service for the City, for civic, charitable, or humanitarian reasons, without promise, expectation, or receipt of compensation for services rendered; and offers those services freely and without pressure or coercion; and is not otherwise employed by the City to perform the same type of services as those for which the individual proposes to volunteer. Although volunteers are uncompensated for their services, they may be paid expenses, reasonable benefits, or a nominal fee to perform such services.

**18-1.3 Responsibilities and Rights of the Volunteer** - Volunteers are expected to abide by City policies and procedures, including but not limited to those relating to ethical behavior, safety, confidentiality, protected health information, computer use, financial responsibility, and drug/alcohol use. Volunteers are not covered by the Fair Labor Standard, and are not considered City employees. Therefore, they are not eligible for compensation or any City benefits.

### 18-2 Volunteer Service Application

**18-2.1 Eligibility & Application Process** - Anyone age 14 and older may submit application (via the City website) to provide volunteer services for the City. Volunteers requesting to provide services to the City will be required to complete a [Volunteer Service Application](#). Before a volunteer may begin service, HRRMD must have reviewed and approved their application.

Volunteer services identified by the Safety & Risk Manager (SRM) as being short in duration (generally less than 3 days) and/or low-risk, may be exempted from the [Volunteer Service Application](#) process. To date, only the following activities have been exempted from the City Volunteer Service Application requirement:

- [Special Olympics](#) - Spring Games and Bowling Tournaments
- [Parks Community Center](#) - Holiday Parties
- [After School Programs](#) - Exemption only applies to WKU students volunteering as part of a class project and/or for class credit/experience. The application exemption shall only apply to student volunteer service lasting not more than three days. The student volunteer shall provide college identification along with a letter from WKU staff requesting approval for placement into the volunteer program. If the student anticipates volunteering more than three days, they must complete and submit the [Volunteer Service Application](#).

**Note:** *At no time shall any of the exempted volunteers work more than 3-days without going through the City Volunteer Service Application process and being approved by HRRMD.*

The SRM may amend the list of application exempted volunteer services. Modifications to this list will be communicated with the appropriate Department Director or Department Manager as necessary.

Court ordered work programs or services obtained through the Warren County Jail Inmate Program will not require a Volunteer Service Application (see section on Supervisory Training Requirements for the Use of Inmate Labor).

**18-2.2 Volunteer Service Agreement** - Unless otherwise specified by HRRMD, all positions requiring the completion of a City [Volunteer Service Application](#) will also be required to complete (via City website) a [Volunteer Service Agreement & Release Form](#). Applicants under the age of 18 must obtain parental consent ([Volunteer Service Parental Consent](#)).

**18-2.3 Volunteer Service Background Search** - Volunteer services requiring a [City Volunteer Service Application](#) will also require a background search. After completing the [Volunteer Service Application](#), applicants will be required to complete (via City website) the [Volunteer Service Background Search Form](#). The HRRMD will obtain and review all applicant background search information. The City reserves the right to deny volunteer services based on findings resulting from any background check.

## 18-3 Prohibited Volunteer Services

**18-3.1 General Statement** - City volunteers, those performing work under a court order or jail inmate program workers are prohibited from performing the following activities:

- a. Operating heavy equipment
- b. Operating any vehicle, except as otherwise approved by HRRMD
- c. Working with stored energy (e.g. steam, electricity, hydraulics)
- d. All other activities considered inappropriate for any employee
- e. Entering into any contract on behalf of the City
- f. Working with infectious or potentially infectious agents, including human blood

**18-3.2 Inmate Service Limitations** - Jail inmate program workers may provide services and activities only as approved by HRRMD. Inmate workers are limited to providing only Cemetery Maintenance duties (i.e. weed eating and other general laborer duties).

## 18-4 Procedures for Engaging Volunteer Services

**18-4.1 Procedures** - When selecting and engaging a volunteer, it is the Department Director's responsibility to be certain the volunteer applicant has adequate experience, qualifications, and training for the task he or she will be required to perform. The following procedures are required to engage volunteer services:

- a. Determine if a [Volunteer Service Application](#) will be required (reference [Section 18-2](#)). If the volunteer service to be provided is a new service for which the Department Manager believes might not require a service application, he will discuss the new service with the SRM.
- b. Have the volunteer applicant complete the [Volunteer Service Agreement](#) or if the applicant is under the age of 18, have the applicant's parents complete (via City website) the [Volunteer Service Parental Consent](#).
- c. Have the volunteer applicant complete a [Volunteer Service Background Search Form](#).
- d. HRRMD will notify the appropriate Department regarding volunteer approval.

**Note:** *Unless the volunteer is exempt from the application process (reference 18-2.1), HRRMD must have reviewed and approved the Volunteer Service Application before the volunteer may begin work. Approval of service application includes the background check process.*

- e. HRRMD will retain all forms for a period of three years from the date of the City volunteer's separation.

**18-4.1.1 Previous Engagement of Services** - If the volunteer applicant previously provided volunteer services for the City within the past year, all forms and processes described above may be waived.

## 18-5 Volunteer Use of City Vehicles and Equipment

**18-5.1 General Statement** - Volunteers will not be permitted to operate City vehicles or other motorized equipment unless otherwise approved by the SRM.

## 18-6 City Volunteer Compliment

**18-6.1 General Statement** - Volunteers listed below (except Jail Inmates and Housing Authority) are covered under the City's workers' compensation program. A specific number of maximum volunteer workers has been assigned to each department and that number is scheduled with the City's insurance provider. Without prior approval from the HRRMD, the numbers presented below shall not be exceeded.

<u>Department</u>	<u>Type</u>	<u>Maximum # of Volunteers</u>
Police	Explorers	25
	Chaplains	4
	Senior Workers (Parking Enforcement)	5
	CID	2
	Records	2
Fire Department	Interns (unpaid)	25
Public Works	None	
Parks	Jail Inmates	10
	Summer Youth	20
	Interns (unpaid)	4
	Community Service Workers	10
	Golf Course Volunteers	35
Human Resources	Interns (unpaid)	2
Administration	Interns (unpaid)	2
	Housing Authority	1
Finance	Housing Authority	2
	Interns (unpaid)	2
	PACE	2
NCS	Interns (unpaid)	2

## 18-7 Agency Volunteer Insurance Requirements

**18-7.1 Insurance Requirements** - If an agency or organization other than the Warren County Correctional Facility simply provides and/or otherwise compensates the volunteer for services provided to the City, the City shall require the providing agency produce a certificate of insurance meeting those requirements stipulated in Chapter 17 (Risk Transfer Mechanisms). Agency provided volunteers shall not commence services for the City without the SRM prior review and approval of the involved Agency's certificate of insurance.

## 18-8 Volunteer Training

**18-8.1 Volunteer Training Requirements** - Volunteer service providers will be afforded the same safety consideration as other City employees. The Department Manager will be responsible for seeing that volunteer service providers are provided all necessary safety training and/or personal protective equipment (PPE) prior to the allowance of volunteer services. At minimum, the [Volunteer Safety Orientation Training Form](#) will be reviewed

and completed with each volunteer service provider. Safety orientation training will emphasize the following items:

- a. The hazards associated with the services to be performed, including any PP selection and use requirements
- b. PPE that is required for the volunteer service will be assigned prior to that service being performed. The volunteer shall be familiar with and understand the procedures for proper donning, doffing, adjustment, as well as the limitations and proper maintenance/care of the PPE
- c. Loss Occurrence Reporting Procedures will be reviewed
- d. The Department's Hazard Communication Program, including specific chemical hazards for the type of service to be performed will be reviewed.
- e. Equipment Operator Training – Volunteers shall be provided instruction for the safe and proper operation of any equipment they may be assigned.

The Compliance Team Member (CTM) will send a copy of the completed [Volunteer Safety Orientation Training Form](#) to the SRM and keep the original form within their Compliance Work Book.

**18-8.2 Supervisory Training Requirements for the Use of Inmate Labor** - Department Managers or Supervisors responsible for overseeing inmate labor must complete the "Work Supervisor Training Curriculum" course provided by the Warren County Regional Jail. The "Work Supervisor Training Curriculum" must be adhered to at all times while supervising inmate labor.

Incidents involving an inmate (i.e. personal injury, property damage, personnel problems, etc.) must be reported to the Warren County Regional Jail and the HRRMD immediately.

Jail Inmate workers will be provided the same safety orientation training as volunteer service providers. This training will be documented using the [Volunteer Safety Orientation Training Form](#).



# VOLUNTEER ORIENTATION/SAFETY TRAINING DOCUMENTATION

The items listed below are to be reviewed with all non-City employee workers prior to their assignment of work activities. A check shall be placed in the space provided to the left of each item as it is reviewed with the worker. All completed forms shall be forwarded to the Human Resources & Risk Management Department no later than the same day in which the worker begins work activities. Any questions the worker may have regarding the review of the items listed below may be directed to the Safety & Risk Manager.

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Hazards associated with the task(s) to be performed were reviewed, and PPE selection/use was discussed and reviewed.
- Procedures for proper donning, doffing, adjustment, as well as the limitations and proper maintenance/care of the PPE were also reviewed and discussed.
- PPE was assigned, and included the following items:

Check if assigned:

- Safety Glasses       Hard Hat       Safety Vest       Gloves       Hearing Protection
- Steel Toe Boots       Other

## ACCIDENT/INJURY REPORTING PROCEDURES

- City's Accident/Injury Reporting Procedures for employees was reviewed and discussed.

## HAZARD COMMUNICATION PROGRAM

- Department's Hazard Communication Plan was reviewed, including discussion of the following: Location of Safety Data Sheets (SDS) and How to Use a SDS, How to Read labels, and specific chemical hazards for the type of work to be performed.

## EQUIPMENT OPERATOR TRAINING

- Instruction for the safe and proper operation of the following equipment types was performed and reviewed with the worker (safety instructions are to be reviewed as described in the equipment owner's manual). The worker is familiar with the equipment and confident that he/she can operate the equipment

List Equipment Type: \_\_\_\_\_

I have been instructed on all items checked above and have been given the opportunity to ask questions and have obtained answers to those questions. I understand that I am not obligated to perform any task I feel is a threat to my health or wellbeing, until such task can be reviewed by the City's Safety & Risk Manager.

\_\_\_\_\_  
Volunteer Name (print)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor/Supervisor Name (print)

\_\_\_\_\_  
Instructor/Supervisor Signature

\_\_\_\_\_  
Date



# CHAPTER XIX

## WORK ZONE & TRAFFIC CONTROL SAFETY

### V19-1 Work Zone Traffic Control Safety Policy

**19-1.1 Policy** – The City of Bowling Green recognizes that it will become necessary during certain situations for City personnel to establish a temporary traffic control (TTC) zone for purposes of providing safe and efficient movement of vehicles, bicyclists, and pedestrians through or around a work zone or incident management area, and protection of road workers, emergency responders and any associated equipment.

This Chapter summarizes guidelines for protecting City employees when they must perform work within an area that is shared with or in close proximity to vehicular traffic. The guidelines presented within this Chapter focus on the generalities of performing safe traffic control that meet or exceed the requirements of Part 6 of the Manual on Uniform Traffic Control Devices (MUTCD) and the American National Standards (ANSI) for High Visible Apparel (ANSI/SEA 107-2004). The MUTCD is the national standard for all traffic control devices used during construction, maintenance and incident management activities. City employees shall comply with traffic control requirements listed in the MUTCD when traffic control activities require more than the general guidance provided within this Chapter.

This Chapter shall be reviewed annually and updated as needed by the Safety/Risk Manager (SRM) and all affected Departments.

This policy will play an integral part in the operations/response of several City departments and may need to be incorporated into or made part of an existing department policy or standard operating procedure guidelines

**19-1.1.1 Policy Exception** - This policy does not apply when Public Safety personnel must completely close a public roadway during an emergency situation that could pose a hazard to road users and/or the general public.

### 19-2 Traffic Control Principles

**19-2.1 General Statement** – The control of road users through a temporary traffic control (TTC) zone shall be an essential part roadway construction, maintenance work or incident management area. TTC decisions shall be performed with highest priority given to road user and worker safety. Road user movement should be inhibited as little as practical and TTC shall provide clear and positive guidance for drivers, bicyclists and pedestrians. Every traffic control zone situation will be different, so TTC needs will be based on a number of factors that the Department Manager or Supervisor will need to consider before making final TTC determination.

**19-2.1.1 Work Zone Positioning** – The location of the actual work zone or incident management area will be a basis for determining the need and type of TTC. The employee responsible for TTC setup should determine if the work or incident response will be performed on the roadway shoulder, on the roadway itself or off the roadway altogether.

**19-2.1.2 Type of Road** – The type of roadway being affected will have an impact on both the need and type of TTC. Depending on the type of roadway (i.e. one-way, two-way, multiple lane), TTC requirements could vary greatly.

**19-2.1.3 Speed of Traffic** – The speed of traffic around the work zone or incident management area will determine type and spacing of TTC and type of protective clothing workers will be required to wear. The actual posted speed limit within the area of the work zone or incident management area will be a factor in making decisions on needed TTC.

**19-2.1.4 Traffic Volume** – The scheduler of work to be performed within or adjacent to a roadway shall consider both the location and time at which the work and associated TTC will be needed. When feasible, consideration shall be given to scheduling work during a time period that traffic volumes are lowest.

**19-2.1.5 Duration of Work** – The duration of work to be performed or amount of time employees will be involved in an incident management response situation will determine the type of TTC setup and which Department will assume TTC duties. The City will utilize the following definitions of duration when making determinations for TTC type and TTC responsibilities. Responsibility of and procedures for deploying TTC are described further in [Section 19-4](#).

**19-2.1.5.1 General Work Zone – Duration Defined**

- Long-term Stationary – Work that occupies a location for more than three days.
- Intermediate-term Stationary – Work that occupies a location more than 1 daylight period up to 3 days, or nighttime work lasting more than 1-hour.
- Short-Term Stationary - Daytime work that occupies a location from 1 to 12-hours.
- Short Duration – Work that occupies a location up to 1-hour.
- Mobile – Work that moves intermittently or continuously.

**19-2.1.5.2 Incident Management Area – Duration Defined**

- Major – Over 2-hour on-the-scene.
- Intermediate – 30-minutes to 2-hours on-the-scene.
- Minor – Under 30-minutes on-the-scene.

## 19-3 Components of Temporary Traffic Control (TTC) Zone

**19-3.1 General Statement** – A TTC zone is generally divided into four basic components. When it becomes necessary to implement TTC, the responsible party shall consider each of the components (described below) during TTC design and set up. Depiction of the [Components of a TTC for a Work Zone and Incident Management Area](#) are provided at the end of this Chapter.

**19-3.2 Advanced Warning Area** – This component includes the distance ahead of the work zone or incident location and is designed to communicate to drivers, the expected TTC conditions ahead. This component of the TTC zone generally includes the distance between the first posted sign and the beginning of the transition area (described below). The length of the advanced warning area is designed to provide drivers with adequate time for responding to the conditions ahead. Guidelines for placing signage are provided in the University of Kentucky, Kentucky Transportation Center, “Guidelines for Traffic control in Work Zones” handbook. Typical application diagrams and a summary of layout dimensions for sign spacing are provided within the handbook. Departments responsible for setting up TTC devices within the Advanced Warning area shall have proper signage available for prompt deployment.

**19-3.3 Transition Area** - This component includes the area between the Advanced Warning Area and the Activity Area (described below) and generally includes the area responsible for moving traffic out of its normal path of travel. Depending on the TTC situation, the Transition Area typically includes some form of taper (merging, shifting, shoulder or one lane-two way). The required taper distance follows guidelines provided in the attached [TTC Spacing Chart](#) and is dependent upon the type of taper being used. The [TTC Spacing Chart](#) provides not only the required length of merging taper but also the spacing between channelizing devices (cones) for various posted speed limits.

**19-3.3.1 Merging Taper** – Requires drivers to merge into a common road space prior to reaching the work zone or incident management area. The merging taper should be long enough to provide adequate advance warning and have sufficient length so drivers may adjust their speeds while merging into a single lane of traffic. The merging taper length shall be no less than that listed on the [TTC Spacing Chart](#).

**19-3.3.2 Shifting Taper** – Requires drivers to shift laterally as they approach the work zone or incident management area. The shifting taper shall have a length of no less than 0.5 times the length listed on the [TTC Spacing Chart](#).

**19-3.3.3 Shoulder Taper** – Used on a roadway when the shoulder is part of the activity area and closed to traffic or when improved shoulders might be mistaken as a driving lane. The shoulder taper shall have a length of no less than 0.33 times the length listed on the [TTC Spacing Chart](#).

**19-3.3.4 One-Lane, Two-Way Taper** – Used in advance of an activity area that occupies part of a two-way roadway that requires a portion of the road to be used alternately by traffic in each direction. The one-lane, two-way taper shall have a maximum length of 100' with channelizing devices (cones) spaced approximately 20' apart. The one-lane, two-way taper will require flaggers.

**19-3.4 Activity Area** - This component includes the area where work or incident management is taking place. The activity area may also include an optional lateral and or longitudinal buffer space. A buffer space provides workers with additional protection for traffic and workers. The length (for longitudinal buffer space) and width (for lateral buffer space) shall be determined by the on-site TTC Certified Supervisor and should be used when space is available. Longitudinal buffer space is required when a flagger is used for TTC and may be used when certain mobile or short duration work is performed. Longitudinal buffer space dimensions for personnel performing flagging operations are provided in the [TTC Spacing Chart](#).

**19-3.5 Termination Area** - This component includes the area where traffic begins to resume normal operations. The termination area may include a downstream taper and signage alerting traffic that roadwork or incident management area has ended.

**19-3.5.1 Downstream Taper** – Used to provide a visual clue to the driver that access is available to the original lane or path of travel that was closed due to the work or incident management activity. The downstream taper should have a maximum length of 100' (regardless of the posted speed limit) and devices (usually cones) shall be spaced approximately 20' apart.

## 19-4 Procedures for Establishing TTC

**19-4.1 General Statement** – Prior to setting up a work zone or when responding to an incident, decisions as to the need and extent of TTC measures must be made. Outlined within this Section is a general process Supervisors may use to help them with the TTC decision process.

**19-4.2 Provide Immediate Warning to Drivers** – Prior to setting up a work zone or during incident response, traffic shall be alerted to pending TTC measures through the activation of vehicle emergency strobe lighting. The activation of vehicle emergency lighting shall serve as an advanced warning to vehicles until standard traffic control devices are deployed.

**19-4.3 Initial Vehicle Placement** – When it is necessary to place vehicles within a work zone or incident management area, they shall be positioned with the safety of personnel and road users in mind. During placement of vehicles, consideration should be given to the following:

- The front wheels of any parked vehicle should be directed away from the actual area of work activity.
- Where possible, vehicles should be placed at a 45 degree angle away from the curbside, so to direct traffic around the working area.
- Place vehicles so that there is enough room within the work zone or incident management area for personnel to work safely. This distance should be sufficient to also provide a shield of protection from oncoming traffic.
- The parking brake should be applied prior to the driver exiting the vehicle.
- The direction of vehicle headlights should be considered and positioned in a manner so that other motorists are not blinded as they approach the work zone or incident management area. It may be necessary to turn headlights off and reduce to yellow parking lights with emergency flashers.

**Note:** *Public Safety employees will be provided additional training on proper placement of vehicles at incident management scenes.*

**19-4.4 Determine Need for TTC** – Supervisors responsible for activities to take place within a work zone or incident management area will assess the needs for TTC using the criteria listed in [Section 19-2 Traffic Control Principles](#).

**19-4.5 Duty to Deploy TTC for General Work Zone** – Once it is established that there is a need for TTC, the duty to deploy TTC within a general work zone will depend upon the length of time spent within the work zone. When it is necessary to establish TTC, the design and/or deployment responsibilities will be determined as described below:

**19-4.5.1 Long-term Stationary Work Zone** – Work that occupies a location for more than 3 days shall have TTC designed by the Public Works Engineering Division and deployed by any employee trained and certified as a Work Zone Traffic Control Technician.

**19-4.5.2 Intermediate-term Stationary Work Zone** – Work that occupies a location more than 1 daylight period up to 3 days, or nighttime work lasting more than 1-hour (except for planned police checkpoint stations), shall have TTC designed and deployed by an employee(s) certified as a Work Zone Traffic Control Technician.

**19-4.5.3 Short-Term Stationary Work Zone** - Daytime work that occupies a location from 1 to 12-hours (except for planned Police Checkpoint Stations) shall have TTC designed and deployed by an employee trained and certified as a Work Zone Traffic Control Technician.

**19-4.5.4 Short Duration Work Zone** – Work that occupies a location up to 1-hour shall have TTC designed and deployed by any City employee trained and certified as a Work Zone Traffic Technician.

**19-4.5.5 Mobile Work Zone** – Any work that moves intermittently or continuously shall have TTC designed and deployed by an employee trained and certified as a Work Zone Traffic Control Technician.

**Note:** *Planned Police checkpoint stations shall be designed and deployed by BYPD personnel who have been specifically trained to establish TTC for a checkpoint station.*

**19-4.6 Duty to Deploy TTC for Incident Management Area** - The duty to deploy TTC within an incident management area will depend upon the length of time spent within the incident management area. The duties to design and/or deploy TTC are provided below:

**19-4.6.1 Major Incident** – Incidents occurring on the expressway or other State maintained road where on-the-scene response is anticipated to be greater than 2-hours, shall have TTC designed and deployed by the Kentucky Transportation Cabinet (KYTC). The responding Department will notify KYTC via Dispatch immediately when response time is anticipated to be “Major” in duration.

“Major” incidents occurring on City roadways shall have TTC designed and deployed by the Public Works Department. The responding Public Safety Department will notify the Public Works Department via Dispatch immediately when on-the-scene response time is anticipated to be “Major” in duration.

**19-4.6.2 Intermediate Incident** – Incidents occurring on the expressway or other State maintained road where on-the-scene response is anticipated to be 30-minutes to 2-hours, shall have TTC designed and deployed by the Kentucky Transportation Cabinet (KYTC). The responding Public Safety Department will notify KYTC via Dispatch immediately when on-the-scene response time is anticipated to be “Intermediate” in duration.

“Intermediate” incidents occurring on City roadways and anticipated to last more than 1-hour, shall have TTC designed and deployed by the Public Works Department. The responding Public Safety Department will notify the Public Works Department via Dispatch immediately when on-the-scene response time is anticipated to be greater than 1-hour in duration.

**Note:** *A post-incident response review including all involved Departments may be conducted following incidents classified as major or intermediate. The post-incident review shall be scheduled on an as needed basis by a Public Safety Officer or the Public Works*

**Department Operations Manager. When a post-incident response review is deemed necessary, it shall be performed as soon as practical after any such event.**

**19-4.6.3 Minor Incident** – Incident involving on-the-scene response time of less than 1-hour. The responding Public Safety Department will establish TTC using on-scene vehicles and emergency lighting and/or TTC devices and will (if necessary) stop traffic. Additionally, the responding Public Safety Department may place advanced warning signs, with such wording as “Accident/Emergency Ahead” at a distance of 500’ in front of the incident management area (1,000’ for any 4 lane roadway with speed limits of 55 mph or greater).

**Note:** For all incident types, vehicle lighting shall be used to provide advance warning to drivers until standard temporary traffic control devices become available and deployed.

**19-4.7 State Maintained Roads** – Provided below is a listing of State maintained roadways for which the Kentucky Transportation Cabinet will be responsible for initiating necessary TTC.

Adams Street	Fairview Avenue	Morgantown Road	Stubbins Street - Glen Lily Rd. to W. 12th
Blue Level Road	Glen Lily Road	Nashville Road	
Campbell Lane	Gordon Avenue	Old Louisville Road	Three Springs Road
Cemetery Road		Old Scottsville Road	University Boulevard
Clay Street - 12 <sup>th</sup> to W. Main Ave.	Interstate 65	Plum Springs Loop - Plum Springs to Proctor Trail	US 31-W Bypass
	Interstate Drive		Veterans Memorial Blvd.
Cumberland Trace	Kentucky Street	Porter Pike	W. 12 <sup>th</sup> Avenue - Stubbins St. to Clay St.
E. 6 <sup>th</sup> Avenue	Louisville Road	Russellville Road	
E. 7 <sup>th</sup> Avenue	Lovers Lane	Scottsville Road	William Natcher Parkway

**19-4.8 Monitoring and Adjusting TTC** – After TTC has been placed, the Certified Work Zone Traffic Control Technician shall observe traffic flow and determine if sign location and/or flagger adjustments are needed. While observing the flow of traffic, the Technician’s attention should be focused on any traffic bottlenecks, remembering however that any corrections should keep the safety of workers and road users as first priority. Once the TTC setup has been established and efficient traffic flow through the TTC area has been accomplished, the TTC area shall be periodically inspected.

**19-4.8.1 TTC Inspections** – It is the Work Zone or Incident Management Area Supervisor’s responsibility to inspect all TTC setups at the beginning, during and end of each work period. For work zone TTC duration labeled “stationary”, or an incident management area where TTC is in place for at least 1-hour, the Supervisor shall document inspections using the [TTC Inspection Documentation Form](#). Inspection forms will be kept for a period of 1-year.

**19-4.9 TTC Removal** – TTC can be removed when all activity within the work zone or incident management area has been completed and when all equipment, crew and vehicles have been removed from same area. Removal of TTC shall be in the following sequence:

- 1) Remove crew & equipment
- 2) Remove all unnecessary vehicles
- 3) Remove all channelizing devices (i.e. cones, barricades)
- 4) Remove flagger
- 5) Remove warning signs

## 19-5 Temporary Traffic Control (TTC) Devices

**19-5.1 General Statement** – There are many types of temporary traffic control (TTC) devices from which to choose for protection of a work zone or incident management area. TTC device selection will depend on the component of TTC zone that is being protected.

**19-5.1.1 Arrow Panels** – Flashing arrow panels are effective day and night, for moving traffic out of a lane to the left or right, and may be used for tapered lane closures and moving operations.

**Note:** *If arrow panel(s) is to be used, Section 6F.56 of the MUTCD shall be consulted for further use requirements.*

**19-5.1.2 Channelizing Devices** – Channelizing devices are used to warn road users of conditions created by work activities in or near the roadway and to guide road users. Cones, tubular markers, vertical panels, drums and barricades are some examples of channelizing devices. All channelizing devices used by the City of Bowling Green shall have retro reflective bands and may or may not be equipped with warning lights. Traffic cones measuring a minimum of 28 inches, shall be used during night time operations. Traffic cones and drums shall be kept clean and bright for maximum target value. When used for tapering, channeling devices (traffic cones) shall be spaced no more than 1.0 times the posted speed limit and 2.0 times the speed limit when used for tangent channelization (space located between the transition and termination area). Channelizing devices should be crash worthy and replaced when damaged or have lost a significant amount of their retroreflectivity.

**Note:** *The MUTCD shall be consulted for further instruction if warning lights, shadow vehicles or other lighting devices are to be used with channelizing devices.*

**19-5.1.3 Warning Signs** – Warning signs are generally used in the Advance Warning Area component of the TTC zone. Warning signs in TTC zones notify road users of specific situations or conditions on or adjacent to a roadway that might not otherwise be apparent. Signs should normally be located on the right side of the roadway. Where special emphasis is needed, signs may be placed on both the left and right sides of the roadway. Neither portable nor permanent sign supports should be located on sidewalks, bicycle lanes, or areas designated for pedestrian or bicycle traffic. Signs mounted on portable supports should not be used for more than duration of 3-days. Signs shall be replaced when show signs of wear or weathering.

**19-5.1.3.1 Warning Sign Color & Size** - TTC warning signs for work zones shall be diamond-shaped with a black symbol or message and border on an orange background. TTC warning signs for incident management areas shall be diamond-shaped with a black symbol or message and border on a fluorescent pink background. All advance warning signs shall be 48" x 48" in size.

**19-5.1.3.2 Sign Spacing** – The distance from the first sign to the start of the transition area for a stationary work zone or incident management area should be long enough to give motorists adequate time to respond to the conditions.

- a) Urban (<45 mph) – Spacing of 100' between signs and between sign and transition area.
- b) Urban (Eq. or >45 mph) - Spacing of 350' between signs and 350' between sign and transition area.
- c) Rural Area - Spacing of 500' between signs and 500' between sign and transition area.
- d) Expressway/Freeway – Should TTC be needed on the expressway/freeway, the KTC would likely perform these activities. The MUTCD provides additional guidance for sign spacing distances. Placement of signs for Public Safety Department for response to a "minor" duration incident, will place advanced warning signs, with such wording as "Accident/Emergency Ahead" at distances of 1,000' for any 4 lane roadway with speed limits of 55 mph or greater.

**19-5.1.4 Guide and Regulatory Signs** – Guide signs are meant to provide road users with information as they travel through the TTC zone and might include information such as standard route markings, street name, directional signs and special guide signs relating to the condition of work being done. Regulatory signs might include traffic laws or regulations indicating legal requirements within the TTC that would not otherwise be apparent to the road user.

**Note:** *When needed, guide and regulatory signs will be selected and installed by the Public Works Department, using MUTCD guidelines.*

**19-5.2 TTC Device Placement Order** – Personnel whose responsibilities include placement or retrieval of TTC devices, shall do so while facing oncoming traffic and shall wear retroreflective clothing as described in Section 19-7. TTC device placement shall be performed in the following order:

- 1) Advance warning sign(s) shall be placed, beginning with the sign closest to the work zone and then moving away from the working area toward approaching traffic
- 2) Flagger(s) (if using) shall be positioned
- 3) Channelization devices shall be placed
- 4) Except for incident management, work shall not commence until all TTC devices have been placed.

## 19-6 Flagger & Flagging Requirements

**19-6.1 General Statement** – A flagger is a person who provides temporary traffic control. Flaggers are generally used in areas where there is a one-lane, two-way taper roadway that requires a portion of the road to be used alternately by traffic in each direction. Because flagging involves the use of people for TTC, there are special precautions that need to be exercised prior to carrying out flagging operations.

**19-6.2 Flagger Minimum Qualifications** – A flagger should possess the following minimum qualifications:

- They must have a sense of responsibility for safety of public and workers
- Completed and passed the Certified Flagger Course as prescribed in Section 19-9.2.2
- Be in good physical condition, having good sight, mobility and hearing
- Have a personality that is courteous but firm
- Have neat appearance

**19-6.3 Hand Signaling Devices** – A sign paddle bearing the message, STOP and/or SLOW that is at octagonal in shape, at least 18” in width and having 6” letters. The sign paddle shall be retro reflectorized for night time use. The paddle will provides road users with guidance and shall be the primary hand signaling device whenever there is need for a TTC involving a flagger. The use of flags as a hand signaling device will not be permitted.

**19-6.4 Flagger Station** – Flagger stations shall be located far enough in advance of the work space so that approaching road users will have sufficient distance to stop at an intended stopping point. The position of the flagger will generally be located at the start of the taper, standing on either shoulder adjacent to the road user being controlled or in the closed lane prior to stopping road users.

**19-6.5 Flagging Procedures** – Flagging procedures outlined in the Kentucky Transportation Center’s “Guidelines for Traffic Control in Work Zones” will be provided to and utilized by all City employees performing flagging operations. The guidebook will be distributed and the employee trained prior to any flagging assignment. New hire employees have a minimum of six months of maintenance/highway work experience before supervisors assign flagging duties. Flaggers shall not use personal cell phones, stereo headphones, video games, or other distracting devices while flagging.

**19-6.6 Flagger PPE** – Required flagger equipment consists of ANSI 107-2004 Class II approved high-visibility apparel (See Section XXX), hard hat and STOP/SLOW paddle. For nighttime operations, a flashlight with red cone shall be used and high-visibility apparel shall be of Class III rating.

## 19-7 High Visual Clothing Requirements

**19-7.1 General Statement** – High visual retro-reflective safety clothing (sometimes referred to as “Safety Vests”) provide the necessary visual awareness to operators of vehicles so that personnel working within the right-of-way of any roadway may be easily seen.

**19-7.2 Approved Clothing** - All high-visibility safety apparel shall meet Performance Class 2 or Class 3 of ANSI/ISEA 107-2004, or equivalent revisions. The [High Visible Clothing Reference Chart](#) will provide clarification on the various classes of required clothing. When high visibility clothing is required, only Class 2 or 3 high-visibility clothing shall be considered acceptable.

**19-7.3 Application** – This policy applies to City personnel whose duties place them within the right of way of any roadway open to public travel, including roads on private property, and whose duties expose them to off-road vehicles, equipment or machinery. Duties including construction, maintenance, survey crews, engineering, mowing crews, crossing guards as well as first responders and law enforcement personnel responding to incidents or other traffic-related issues within the right of way of any public roadway (i.e. investigating traffic collisions, directing traffic) may apply.

**19-7.4 Fire Department - High Visible Clothing Wear Exception** - When engaged in activities that could expose a firefighter or emergency responder to flame, fire, heat or hazardous conditions and materials, retro-reflective turnout suits may be worn without additional high visible clothing.

**19-7.5 Police Department - High Visible Clothing Wear Exception** - Law enforcement personnel conducting routine traffic stops may do so without first donning high visible clothing when standard Police protocol regarding the proper parking and exiting/entering the vehicle is followed. Additionally, law enforcement personnel are exempt from the high visible clothing requirement when they are required to respond to an emergency or other situation when their immediate need is critical and/or the high visibility clothing might compromise an otherwise inconspicuous position.

## 19-8 Temporary Traffic Control for Special Events

**19-8.1 General Statement** – When it becomes necessary to control traffic during special events, the Special Event Coordinator shall endeavor to notify the Public Works Department not less than 2-weeks prior to the event date(s). The Public Works Department shall determine the strategy and duty for deploying TTC and shall be responsible for setup and teardown of all special event related TTC devices. The TTC plan for an event lasting longer than 3 days shall be reviewed and approved by the Public Works Department - Traffic Control Engineer.

## 19-9 Training Requirements

**19-9.1 General Statement** – The Kentucky Transportation Cabinet issued a policy and procedure for safe mobility through work zones with a primary goal of reducing crashes and injuries in and around highway work zones. City personnel engaged in work that takes place within the right-of-way of any roadway, including employees actually performing temporary traffic control activities and/or responding to incidents, are required to attend specific training course(s) designed to provide the employee with the necessary knowledge needed to perform work safely. Only persons completing approved work zone traffic control training courses and possessing the appropriate valid and verifiable accreditation card will be allowed to design, deploy and/or oversee temporary traffic control activities.

**19-9.2 Training Types** – Training is divided into four different levels, each described below. In addition to training associated with traffic control, a person adequately trained to render first aid shall be present on all jobsites for the duration of any job requiring TTC.

**19-9.2.1 General Awareness Training** – Employees engaged in work that takes place within a road right-of-way but not in the actual setup of TTC devices (except for TTC used within an incident management area requiring “Minor” duration) or flagging operations, shall have a general understanding and awareness of this Chapter. General awareness training will take place during New Employee safety orientation (new employees) or at some other time prior to assignment to such duties. During general awareness training, a copy of this Chapter will be provided to the employee and applicable sections will be explained. Training will be documented by initialing the New Employee Safety Orientation Manual (for new employees) or signing the [Traffic Work Zone & Traffic Control Safety Training Document](#).

**19-9.2.2 Basic Work Zone and Flagger Qualification Training** – This training is intended for individuals who perform flagging and need a general knowledge of TTC activities on City roadways. Training will include an explanation of proper personal protective equipment, the different work zone components and types of operations, flagging procedures, and proper/improper flagging operations to include the desired methods for communicating with workers and the driving public. Trainee qualification will be documented using the [Traffic Work Zone & Traffic Control Safety Training Document](#) or documented through a recognized professional training institute. Employees requiring this training shall obtain this training every two years.

**19-9.2.3 Work Zone Traffic Control Technician Certification** – This training is required for employees who place, monitor, and maintain traffic control devices on public roadways. Included in the curriculum are concepts, techniques; and practices in the installation and maintenance of traffic control devices. Tort liability and risk management are discussed, as well as recognition and identification of deficiencies during the course of a construction or maintenance project. Training will be documented using the [Traffic Work Zone & Traffic Control Safety Training Document](#) or documented through a recognized professional training institute. Employees requiring this training shall obtain certification every five years.

**19-9.2.4 Work Zone Traffic Control Supervisor Certification** – This training is required for employees who supervise traffic control technicians and other field personnel and who are responsible for implementing the Traffic Work Zone & Traffic Control Safety Plan. The training provides comprehensive training on work zone standards, guidelines, installation and removal procedures, inspection, and documentation. Employees taking this class will be taught how to read and interpret traffic control plans for implementation in the field, and how to correct and document deficiencies. Training will be documented using the [Traffic Work Zone & Traffic Control Safety Training Document](#) or documented through a recognized professional training institute. Employees requiring this training shall obtain certification every five years.

# High Visible Clothing Reference Chart

(Reference Section 19-7)

<i>Type of Required High Visible Clothing</i>	<i>Applications</i>	<i>Nearby Vehicle &amp; Equipment Speed</i>	<i>Example Situations</i>
Class 2	On or near roadways and non-roads where visibility is required	0 to 50 mph & non-road applications	Roadway Construction Survey Crews Law Enforcement School Crossing Guards High Volume Parking Lot Emergency Response Accident Investigators Off-Road Use Inside Structures
Class 3	High Speed Traffic situations.	> 50 mph	Roadway Construction Survey Crews Law Enforcement Emergency Response Accident Investigators

# TTC SPACING CHART

(Reference Section 19-3)

## Merging Taper Length (L)\*

Posted Speed Limit (MPH)	Lane Width (Feet)		
	10'	11'	12'
25	105	115	125
35	205	225	245
45	450	495	540
55	550	605	660
65	650	715	780

### \*Formulas for Calculating Taper Length

<u>Posted Speed</u>	<u>Formula</u>
40 MPH or Less	$L = WS^2/60$
45 MPH or Greater	$L = WS$
Downstream Taper	L = minimum 100'

L = Taper Length  
 S = Posted Speed Limit  
 W = Width of Lane

## Channelizing Device Spacing

Spacing required between cones or other channelizing devices:

Lane Type	Taper	Buffer/Work Space
Two-Lane	20'	2 x Speed Limit
Multi-Lane	Speed Limit	2 x Speed Limit

## Flagger Station or Buffer Space Distances

Posted Speed Limit	Flagger Station – Observable Distance by Oncoming Traffic	Longitudinal Buffer Space (optional)
25	155	155
35	250	250
45	360	360
55	495	495
65	645	645

# TTC Inspection Documentation Form

(Reference Section 19-6)

For work zone TTC duration labeled “stationary”, or an incident management area where TTC is in place for at least 1-hour, the Supervisor shall document inspections at the beginning, during and end of each work period.

Place a check  in the corresponding box after inspecting TTC devices within each component of the work zone or incident management area.

Inspection Criteria	OK	Correction Needed	Date/Time of Inspection	Comments
<b>Advance Warning Area</b> All warning signs are in place and properly spaced	<input type="checkbox"/>	<input type="checkbox"/>	/ / /	
<b>Transition Area</b> Taper length and spacing of devices (i.e. cones) is adequate.	<input type="checkbox"/>	<input type="checkbox"/>	/ / /	
<b>Activity Area</b> Buffer spacing (both longitudinal and lateral) is established when practical and there is enough work space for workers and equipment maneuverability.	<input type="checkbox"/>	<input type="checkbox"/>	/ / /	
<b>Termination Area</b> Downstream taper is present (if applicable) and/or End Road Work sign is set.	<input type="checkbox"/>	<input type="checkbox"/>	/ / /	
<b>Flagging Area</b> Flagger(s) is in correct position, wearing retro reflective clothing and has stop paddle.	<input type="checkbox"/>	<input type="checkbox"/>	/ / /	

*Inspection forms shall be kept for a period of 1-year.*

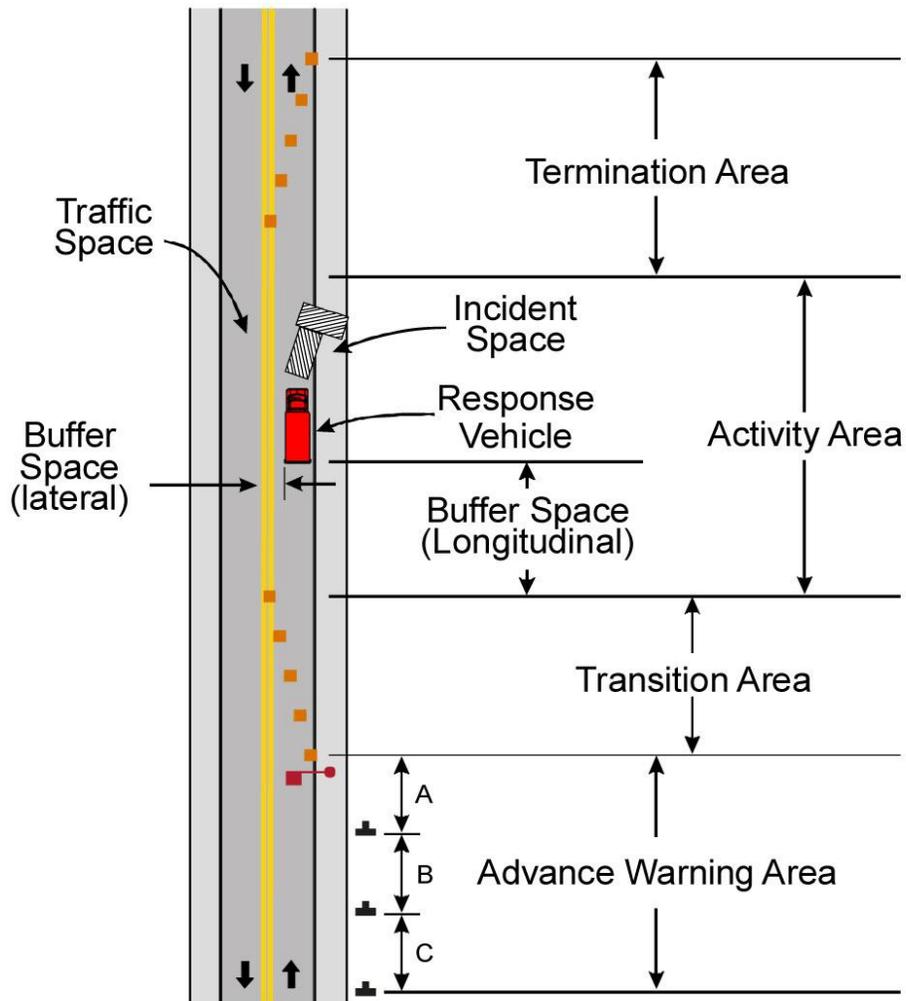
Name of Inspector: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

# Components of a TTC for a Work Zone and Incident Management Area

(Reference Section 19-6)

## COMPONENTS OF INCIDENT MANAGEMENT AREA





# CHAPTER XX

## FALL PROTECTION PROGRAM

### 20-1 Fall Protection Program

**20-1.1 Purpose** - The City shall establish a means to analyze elevated work tasks and determine appropriate personal protection against falls in accordance with Kentucky Occupational Safety and Health (KYOSH) regulations.

**20-1.2 Policy** - The City's Fall Protection Program shall apply to all employees who are exposed to unprotected sides or edges of surfaces that present a falling hazard of four feet or more to a lower level. Employees will not be required, nor allowed to perform any duties which require the employee to get closer than six feet to an unprotected edge, platform or walkway of any building or utilize elevated equipment unless the employee is properly protected from falling. All employees shall control fall hazards in their work area by maintaining good housekeeping and shall report conditions that may lead to slips, trips and falls to the appropriate facilities maintenance unit.

Fall hazards must first be controlled through engineering controls if feasible. When engineering controls are not feasible, then a fall protection system/device, administrative controls and training will be instituted.

**20-1.2.1 Policy Exceptions** - Employees may use portable ladders without fall protection equipment up to 24 feet in height. Employees may work on scaffolds and aerial lifts up to 6 feet in height and on the edge of an excavation up to 6 feet in depth without fall protection. Also excluded is the performance of inspections, investigations, or assessments of existing conditions as long as there is not already an established means of fall protective measures already in place (i.e. lifeline, anchorage, etc.).

### 20-2 Definitions

**20-2.1 Anchor Point** - A secure point of attachment designed for lifelines, lanyards, or deceleration devices. An anchor point must be capable of supporting at least 5,000 pounds (3,600 pounds if engineered/certified by a qualified person) per person and must be independent of any anchorage being used to support or suspend platforms.

**20-2.2 Authorized Person** - a person approved or assigned by the employer to perform a specific type of duty or duties or to be at a specific location or locations at the jobsite.

**20-2.3 Competent Person** – One who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate such working conditions. Only a “competent person” shall be authorized to perform the following duties:

- Certify safety net systems;
- Inspect personal fall arrest systems and components subjected to impact loading immediately after use to determine if they are undamaged and suitable for use.
- Perform the duties of the Safety Monitor when a Safety Monitor system is used;
- Coordinate and/or assist with the implementation of a fall protection plan prepared by a qualified person when conventional fall protection equipment is infeasible; and provide training to employees who are exposed to fall hazards.

**20-2.4 Controlled Access Zone** – An area in which certain work (e.g., overhand bricklaying) may take place without the use of guardrail systems, personal fall arrest systems, or safety net systems and access to the zone is controlled.

**20-2.5 Connector** - A device used to couple (connect) parts of the personal fall arrest system together.

**20-2.6 Deceleration Device** - Any mechanism, such as a rope grab, rip-stitch lanyard, a specially woven lanyard, tearing or deforming lanyards, automatic self-retracting lanyards, etc., which serves to dissipate a substantial amount of energy during a fall arrest.

**20-2.7 Deceleration Distance** - The additional vertical distance a falling employee travels, excluding lifeline elongation and free fall distance, before stopping, from the point at which the deceleration device begins to operate. It is measured as the distance between the location of an employee's body harness attachment point at the moment of activation of the deceleration device during a fall, and the location of that attachment point after the employee comes to a full stop.

**20-2.8 Free Fall** - The act of falling before a personal fall arrest system begins to apply force to arrest the fall.

**20-2.9 Free Fall Distance** - The vertical displacement of the fall arrest attachment point on the employee's body harness between the onset of the fall, and just before the system begins to apply force to arrest the fall. Free fall distance must not exceed 6 feet. **This distance excludes deceleration distance and lifeline/lanyard elongation distance.**

**20-2.10 Total Fall Distance** - The maximum vertical change in distance from the bottom of an individual's feet at the onset of a fall, to the position of the feet after the fall is arrested - including free fall distance and deceleration distance.

**20-2.11 Full Body Harness** - Webbing/straps which are secured about an employee's body in a manner that will distribute the fall arrest forces over at least the thighs, pelvis, waist, chest, and shoulders with means for attaching it to other components of a personal fall arrest system, preferably at the shoulders and/or middle of the back.

**20-2.12 Guardrail System** - A barrier erected to prevent employees from falling to lower levels. This system includes a mid-rail and toe-board able to withstand 200 pounds applied to the top rail in any direction.

**20-2.13 Lanyard** - A flexible line of rope or strap that has self-locking snap hook connectors at each end for connecting to body harnesses, deceleration devices, and anchor points.

**20-2.14 Leading Edge** - The edge of a floor, roof, or other walking/working surface, which changes location as additional floor, roof, etc., is placed or constructed. A leading edge is considered an unprotected side or edge when not under active construction.

**20-2.15 Lifeline** - A component consisting of a flexible line for connection to an anchorage at one end to hang vertically (vertical lifeline), or for connection to anchorages at both ends to stretch horizontally (horizontal lifeline), and which serves as a means for connecting other components of a personal fall arrest system to the anchorage.

**20-2.16 Low-slope Roof** - A roof having a slope of less than or equal to 4 in 12 (vertical to horizontal) or slope of ~19.5 degree or less.

**20-2.17 Personal Fall Arrest System** - A system used to arrest (catch) an employee in a fall from a working level. It consists of an anchorage location, connectors, a body harness, and may include a lanyard, deceleration device, lifeline or any combination thereof and capable of supporting at least 5,000 pounds.

**20-2.18 Qualified Person** – One who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training, and experience, has successfully demonstrated his ability to solve or resolve problems related to the subject matter, the work, or the project. The City's "qualified person" shall include but not be limited to the Risk Manager and/or City Engineer. Only a "qualified person" shall be authorized to perform the following duties:

- Prepare and develop a fall protection plan (when conventional fall protection equipment is infeasible) for a specific site;
- Assure that anchorages being used for personal fall arrest systems are capable of supporting at least 5000 pounds per employee.
- Delegate "qualified person" duties to those meeting the definition of a "qualified person".

**20-2.19 Rope Grab** - A deceleration device, which travels on a lifeline and automatically, by friction, engages the lifeline and locks to arrest the fall of an employee.

**20-2.20 Roof Work** - The hoisting, storage, installation, repair, and/or removal of materials or equipment on a roof.

**20-2.21 Safety Monitoring System** - A safety system in which a competent person is responsible for recognizing and warning employees of fall hazards. All other fall protection systems must be deemed “infeasible” (through SRM infeasibility study/review) to select/use a safety monitoring system.

**20-2.22 Snap Hook** - A connector comprised of a hook-shaped member with a closed keeper which may be opened to permit the hook to receive an object and when released, automatically closes to retain the object. Snap hooks must be self-closing with a self-locking keeper which remains closed and locked until unlocked and pressed open for connection or disconnection, thus preventing the opportunity for the object to “rollout” of the snap hook.

**20-2.23 Steep Roof** - A roof having a slope greater than 4 in 12 (vertical to horizontal) or a slope greater than 19.5 degrees.

**20-2.24 Toe board** - A low protective barrier that will prevent the fall of materials and equipment to lower levels, usually 4” or greater in height.

**20-2.25 Unprotected Sides and Edges** - Any side or edge of a walking or working surface, e.g., floor, roof, ramp, runway, etc., where there is no guardrail at least 39 inches high.

**20-2.26 Warning Line System**: A barrier erected on a roof to warn employees that they are approaching an unprotected roof side or edge, and which designates an area in which work can be conducted without the use of guardrails, personal fall arrest systems, or safety nets to protect employees in the area. This will be utilized on any roof greater than 50” wide and in conjunction with a safety monitor only where the other forms of fall protection have been deemed infeasible to use.

## 20-3 Duties and Responsibilities

### 20.3.1 Supervisor or Management Level Duties and Responsibilities

- Assure employees covered by the plan attend necessary training
- Assure that all necessary fall protection equipment is maintained in a good state of repair
- Endorse and enforce the fall protection plan
- Identify the activities and locations where fall hazards exist
- Delegate the authority necessary for proper implementation of the plan.
- The CTM shall notify the SRM of any new potential fall hazard that arises during the course of the year.

### 20.3.2 Safety & Risk Management Duties and Responsibilities

- Perform the duties of a “Competent Person” and/or training and designating others to perform duties of a “Competent Person”.
- Perform the duties of a “Qualified Person” or for obtaining and delegating a “Qualified Person” to perform those essential duties.
- Develop a written fall protection plan and perform periodic reviews to assure plan effectiveness
- With the assistance of the CTM, annually assess known fall hazards encountered during normal City work activities and inventory using the [Fall Hazard Location Form](#).
- Assist the Supervisor or Manager with assessing each fall hazard and determine and document fall hazard control procedures for protecting employee health using the [Fall Hazard Control Procedures Worksheet](#).
- Provide guidance and technical assistance to departments as needed
- Provide employees an opportunity to direct suggestions, complaints and concerns

- Maintain a database of fall related injuries and investigate as necessary
  - Appropriate the necessary resources required for plan implementation
  - Purchase the necessary equipment for approved fall protection systems
- Communicate with Public Works – Engineering Division or other outside engineering firm to verify the loading capability of fall arrest systems. This is only necessary when the loading capacity of the system has not already been rated by the manufacturer.

**Note:** *The Fire Department shall designate their own “Competent Person” who shall be responsible for the selection and purchase of fall protection equipment and training related to emergency rescue.*

### 20-3.3 Non-Supervisory Personnel Duties and Responsibilities

- Abide by the Fall Protection Program and follow the procedures for protecting oneself from fall hazards by following the written [Fall Hazard Control Procedure](#) for specific tasks.
- Complete fall protection training requirements as instructed and ask questions if unclear about any part of the program.
- Conduct assigned tasks in a safe manner
- Wear only assigned personal protective equipment
- Report to the Supervisor, any unsafe or unhealthy work condition considered a potential fall hazard.

## 20-4 Fall Hazard Categories

**20-4.1 Unprotected Sides and Edges (29 CFR 1926.501 (b)(1))** - Employees working on a walking/working surface with an unprotected side or edge of 6 feet or more above a lower level shall be protected from falling.

**20-4.2 Leading Edge Work (29 CFR 1926.501 (b)(2))** - Any employee working in an area of a leading edge 6 feet or more above a lower level shall be protected from falling by a guardrail system, safety net system, or personal fall arrest system.

**Exception:** When the employer can demonstrate that it is not feasible or creates a greater hazard to use these systems, the employer can develop and implement a fall protection plan that meets the requirements of 29 CFR 1926.502(k). However, there is a presumption that it is feasible and will not create a greater hazard to implement at least one of the above listed fall protection systems. accordingly, the burden of proof is on the employer to establish that it is appropriate to implement the fall protection plan only.

**Note:** *The use of a fall protection plan in lieu of a fall protection system must be approved by the SRM prior to initiation of work.*

**20-4.3 Hoist Areas (29 CFR 1926.501 (b)(3))** - When work is performed in a hoisting area, the following provisions shall be followed to prevent employee(s) from falling:

- Supervisors shall verify that each employee in a hoist area is protected from falling 6 feet or more to lower levels by guardrail systems or personal fall arrest systems.
- Supervisors shall review work practices to verify if chains, gates, guardrail systems, or portions thereof must be removed to facilitate the hoist (e.g., during materials handling) and if employee(s) must work within 6’ of the unprotected edge of the mezzanine (e.g., to receive or guide materials). If either of these are the case, then the employee must be protected from fall hazards with the use of a personal fall arrest system.

**20-4.4 Holes (29 CFR 1926.501 (b)(4))** - Employees on walking/working surfaces with holes shall be protected from falling. Supervisors shall:

- Verify that each employee on walking/working surfaces is protected from falling through holes (including skylights) more than 6 ft. above lower levels by personal fall arrest systems or covers or Guardrail systems erected over or around such holes.
- Verify that each employee on a walking/working surface is protected from tripping in or stepping into or through holes (including skylights) by providing and installing (when necessary) covers.

**20-4.5 Ramps or Runways (29 CFR 1926.501(b)(6))** - Employees performing work on ramps, runways, and other walkways shall be protected from falling as follows:

- Both the CTM and the SRM shall perform periodic inspections that will include the review of all ramps, runways, and other walkways to assure that employees are protected from falling 6 ft. or more to lower levels. The inspection shall include the review of existing guardrail systems.

**20-4.6 Edge of Excavations (29 CFR 1926.501 (b)(7))** - Employees at the edge of excavations greater than 6' shall be protected from falling. The Supervisors shall:

- Verify that each employee at the edge of excavations equaling 6 feet or more in depth is protected from falling by guardrail systems, fences or barricades when the excavations are not readily seen because of plant growth or other visual barrier.
- Verify that each employee at the edge of a well, pit, shaft, and similar excavation equaling 6 feet or more in depth is protected from falling by guardrail systems, fences, barricades, or covers.

**20-4.7 Work Performed Above Dangerous Equipment (29 CFR 1926.501 (b)(8))** - Employees performing work above dangerous equipment must be protected from falling. Supervisors shall:

- Verify that each employee less than 6 feet above dangerous equipment is protected from falling into or onto the equipment by the use of guardrails systems or by equipment guards.
- Verify that each employee more than 6 feet above dangerous equipment is protected from fall hazards by guardrail systems, personal fall arrest systems, or safety net systems.

**20-4.8 Low Sloped Roofing & Overhand Brick Laying Work** - Employees performing overhand brick laying, roofing, and related work 6 feet or more above lower levels, shall be protected from falling by guardrail systems, safety net systems, or personal fall arrest system.

- Fall protection is not needed if an employee or employees are on a low slope roof (less than 4/12 pitch) and performing only inspection/observation.
- Low Sloped Roofing workers may also be protected from falling with a combination of warning line and guardrail system, warning line and safety net system, or warning line and personal fall arrest system, or warning line and safety monitor system.

**Note:** *A Safety Monitoring System may be used independent of any other system, but only if roofing work involves low-sloped roofs and the roof is less than 50 feet in width. However, the use of a Safety Monitor system in lieu of other fall protection systems must be approved by the SRM.*

- Overhand Brick Laying work may be performed in a controlled access zone. Supervisors overseeing roofing or overhand bricklaying (or related) work, shall assure that:
  - No material shall be stored within 6 feet of the working edge.
  - Excess mortar broken or scattered masonry units, and all other debris shall be kept clear from the work area by removal at regular intervals.
  - Materials stacked near the roof edge shall be stable and self-supporting.
  - Canopies, when used as falling object protection, shall be strong enough to prevent collapse and to prevent penetration by any object that may fall onto the canopy.

**20-4.9 Steep Roof Work (29 CFR 1926.50 (b)(11))** - Employees on a steep roof must be protected from falling. When work is to be performed on a steep roof, the Supervisor shall:

- Verify that each employee working on a steep roof with unprotected sides and edges 6 feet or more above lower levels is protected from falling by guardrail systems with toe boards, safety net systems or personal fall arrest systems.

**20-4.10 Pre-cast Concrete Members (29 CFR 1926.501(b)(12)** - Employees engaged in the erection of pre-cast concrete members shall be protected from falling. Supervisor shall:

- Verify that each employee who is engaged in the erection of pre-cast concrete members (including but not limited to the erection of wall panels, columns beams, and floor and roof "tees") and related operations (such as grouting of pre-cast concrete members) and who is 6 feet or more above lower levels is protected from falling with the use of a guardrail, safety net, or personal fall arrest system.

**Exception:** When it is demonstrated that it is infeasible or creates a greater hazard to use these systems, a fall protection plan that meets the requirements of 29 CFR 1926.502(k) may be developed. However, there is a presumption that it is feasible and will not create a greater hazard to implement at least one of the above listed fall protection systems, accordingly, the burden of proof is on the employer to establish that it is appropriate to implement the fall protection plan only.

**Note:** *The use of a fall protection plan in lieu of a fall protection system must be approved by the SRM prior to initiation of work.*

**20-4.11 Wall Openings (29 CFR 1926.501(b)(13)** - Employees working on, at, above, or near wall openings (including those with chutes attached) where the outside bottom edge of the wall opening is 6 ft. or more above lower levels and the inside bottom edge of the wall opening is less than 39 inches above the walking/working surface is protected from falling by a guardrail, safety net, or personal fall arrest system.

## 20-5 Fall Protection Types

**20-5.1 General** - Prior to the selection of any fall protection system or method, the Supervisor shall determine if the walking/working surface is capable of safely supporting the expected load. Employees are only allowed to work on those surfaces when the surfaces have the requisite strength and structural integrity. Depending on the particular fall hazard present, one or more fall protection types may be required. The Supervisor of any job task involving the need for protecting employees from a fall shall be responsible for assuring that the employees are properly protected through the use of one or more of the fall protection types identified in this section. When it is necessary to protect workers from a fall hazard with one or more of the listed protection types, the Manager or Supervisor shall assess the hazard by completing a [Fall Hazard Control Procedures Worksheet](#).

**20-5.2 Passive Versus Active Fall Protection** – A “passive” fall protection system refers to a system that is non-dynamic, stationary, and does not move, adapt, or change when in or out of use. Passive systems don’t require the use of personal protective equipment or active participation from the worker. Typically, passive systems include netting, handrails and guardrails. Active fall protection systems are dynamic and require the use of special equipment as well as worker participation. There are two types of active fall protection systems, fall restraint and fall arrest systems. All active fall protection systems share the common feature of securing a harnessed worker to an anchorage point with a lanyard. Fall restraint systems typically use a fixed-length lanyard to keep a worker’s center of gravity from going over a fall hazard leading edge. Active fall protection systems are sometimes referred to as a PFAS or a Personal Fall Arrest System.

**20-5.2.1 Personal Fall Arresting System (PFAS)** – A personal fall arresting system is designed to arrest (catch) an employee in a fall from a working level. It consists of an anchorage location, connectors, a body harness and may include a lanyard, deceleration device, lifeline or any combination thereof and capable of supporting at least 5,000 pounds.

**20-5.2.2 Fall Restraint System** - Fall restraint is an acceptable form of fall protection and shares the components of a personal fall arrest system. The primary difference between the two systems is that a fall restraint system allows a worker to reach an unprotected side and edge but prohibits a fall (zero free-fall).

It is normally composed of a body harness attached to a tether or restraint line (with hardware), attached to an anchor point or multiple anchor points. The restraint line must always be kept short enough to prevent the worker from falling over the edge.

**20-5.2.3 Guardrail Systems** - Passive fall protection systems like guardrails, are one of the most overlooked, yet frequently one of the best ways to eliminate fall hazards. They function to block workers from reaching the leading edge of a fall hazard, thereby removing the danger of falling. When a proper guardrail system can be installed, fall arrest systems may not be necessary.

See the attached [Guidelines for Guardrails](#) for detailed information on proper installation and use.

**20-5.2.4 Covers** – A cover shall be used when there is a hole that poses a fall hazard. They shall be capable of withstanding (without failure) at least twice the expected maximum load anticipated to be placed upon them at any one time. Covers shall be secured to prevent accidental displacement and either color coded or labeled “HOLE” or “COVER”. The project Supervisor shall when necessary, contact the Public Works Engineering Division to obtain load ratings for planned covers. When determining the expected maximum load rating, Public Works shall consider both the expected concentrated load and impact loadings that will be placed upon the cover.

**Note:** *This provision does not apply to cast iron manhole covers or steel grates used on streets or roadways.*

**20-5.2.5 Safety Nets** – Netting is a passive fall protection system designed to catch the worker who has fallen off the leading edge. The netting is connected to the side of the building and stretched out, being supported by panels and wires. The mesh of the netting can be no more than 6” wide. The netting should be installed as near the working surface as possible but no farther than 30’ below. It must withstand the force of a 400 pound bag of sand 30” in diameter being dropped from the working surface.

**Note:** *The City’s use of a safety net is not anticipated. Prior to the use of this passive fall protective device, the Supervisor shall notify the SRM of such intention.*

**20-5.2.6 Warning Line Systems** - A Warning Line System is sometimes used during low-sloped roofing work with unprotected sides and edges 6 feet or more above lower levels. The warning line system may be used in conjunction with a guardrail system, safety net system, personal arrest system, or safety monitoring system.

All work on a flat roof greater than 50 feet wide, which is performed 6 feet or further back from the edge of the roof can be completed by installing a Warning Line and using a Safety Monitor. If the roof is flat and less than 50 feet wide, a Safety Monitor may be used. Warning Lines will consist of the following:

- 1) Will be erected 6 feet from the edge of the roof.
- 2) Be constructed of stationary posts made of wood or metal.
- 3) Wire or nylon rope and “Caution” tape will be strung from post to post and must be able to withstand 16 pounds of force.
- 4) The warning line will guard the entire perimeter of the roof where work is being performed.

If an employee must access an area within 6 feet of the roof’s edge, for reasons other than exiting the roof via a ladder or fixed industrial ladder, another employee must monitor that individual and warn him/her of any dangers. If another employee is not available to act as a safety monitor, then the employee must don a full body harness and attach a fall restraint lanyard to an approved anchor point to prevent reaching the edge of the roof.

**20-5.2.7 Safety Monitoring System** - This system utilizes a competent individual (the safety monitor) whose job is to recognize fall hazards and warn the “at-risk” individual if they are acting in an unsafe manner or are unaware of a fall hazard. The safety monitor is stationed on the same walking/working surface as other at-risk individuals and must be able to see the other individuals at all times. In addition,

the safety monitor is to have no other work duties and be close enough to be able to orally communicate with at risk individuals.

- The Safety Monitoring system may only be used in roofing work involving low-sloped roofs having a width of less than 50 feet. On low sloped roofs having a width of greater than 50 feet, this system may be used but only in conjunction with a Warning Line system.

**Note:** *The use of a Safety Monitor system in lieu of other fall protection systems must first be approved by the Safety Manager.*

**20-5.2.8 Controlled Access Zones (CAZ)** - The controlled access zone defines an area where workers can do leading edge, overhand bricklaying and related work, or work under a fall protection plan without using conventional fall protection. All others are prohibited from entering a controlled access zone. The zone is created by erecting a control line, or lines, to restrict access to the area. The control line warns workers that access to the zone is limited to authorized persons. Control lines must meet the following criteria:

- Consist of ropes, wires, tapes, or equivalent materials and supporting stanchions
- Be flagged at least every 6 feet with high visibility material
- Be no less than 39 inches from the working surface at its lowest point and no more than 45 inches from the working surface at its highest point (50 inches in overhand bricklaying operations)
- Have a minimum breaking strength of 200 lbs.

CFR 1926.502 (g) includes the design and performance requirements for controlled access zones.

**20-5.2.9 Fall Protection Plan** - When fall protection is deemed infeasible or creates a greater hazard, the Risk Manager along with the appropriate Compliance Team Member (CTM) will develop a fall protection plan that meets the requirements of 29 CFR 1926.502(k). The fall protection plan shall be developed prior to the commencement of any work, utilizing Appendix E of 29 CFR 1926.502 Subpart M as a plan guide.

**Note:** *There is a presumption that it is feasible to implement one or more of the mentioned fall protection types and not create a greater hazard; accordingly, the burden of proof is on the City to establish that it is appropriate to implement the fall protection plan only. THE USE OF A FALL PROTECTION PLAN IN LIEU OF OTHER FALL PROTECTION TYPES MUST BE APPROVED BY THE SRM PRIOR TO INITIATION OF WORK. The use of the Fall Protection Plan option is available only to employees engaged in leading edge work, pre-cast concrete erection work, or residential construction work.*

## 20-6 Protecting Workers from Falling Objects

**20-6.1 General** - Those who work on elevated surfaces must be familiar with systems and methods that control their exposure to fall hazards; they must also ensure that their equipment and tools don't endanger those working at a lower level. Methods to protect workers from falling objects include;

- Canopies suspended above the work area
- Barricades and fences to keep people from entering unsafe areas
- Screens, guardrail systems, and toe boards to prevent materials from falling to lower levels.
- If canopies are used as falling object protection, they must be constructed in a manner that they won't collapse or tear from an object's impact.
- When overhand bricklaying work is performed, material and equipment – except masonry and mortar – shall be kept at least four feet from the working edge. Excess mortar, masonry and other debris must be removed regularly.

- When roofing work is being performed, materials and equipment must be kept at least six feet from the roof edge unless there are guardrails along the edge. All piled, grouped, or stacked material near the roof edge must be stable and self-supporting.

**20-6.2 Toe-Board Protection** - When work is performed on levels above which employees may be subject to falling objects, the following provisions must be taken:

- Toe-boards must be erected along the edge of the overhead walking/working surface for a distance sufficient to protect employees below and be capable of withstanding, without failure, a force of at least 50 pounds applied in any downward or outward direction at any point along the toe-board.
- Toe-boards shall be at least 3 ½ inches in vertical height from their top edge to the level of the walking/working surface, and shall not have more than ¼ inch opening space between the bottom of the toe-board and the walking/working surface.
- Toe-boards shall be made of a solid material, not having an opening of more than 1 inch in greatest dimension.

If equipment is positioned higher than the toe-board, then a screen mesh or paneling shall be erected from the walking/working surface or toe-board, to the top of a guardrail system's top rail or mid-rail. The screen mesh or paneling must be erected in sufficient distance to protect those working at the lower level.

## 20-7 Fall Protection Equipment Selection & Purchasing

**20-7.1 General Selection & Purchasing** - All personal fall arrest and restraint equipment shall be purchased by the SRM or Fire Department Manager (FDM). The SRM or FDM shall purchase personal fall arrest equipment from a single manufacturer and all equipment to be used for a particular fall hazard shall be tested as a system; the substitution of one or more equipment component(s) from different manufacturer(s) is unacceptable. Personal fall arresting equipment and associated system components are designed for a combined weight (employee plus tools, etc.) of 310 lbs. If the combined weight exceeds 310 lbs., system modifications may be necessary and the SRM, FDM or other designated department personnel must be notified.

**20-7.2 Fall Distance** – When selecting equipment, consideration must be given to the total distance the employee may fall. When calculating the total fall distance, it must be noted that the maximum free-fall distance shall not exceed 6 feet. The following factors can affect total fall distance:

- Length of all means of connection (i.e., lanyard, carabineer(s), snap hooks, etc.)
- Position and height of anchorage relative to work platform/area (always keep anchor point above the head whenever possible).
- Position of attachment and D-ring slide on the full body harness.
- Full deployment of shock absorber (max. 42").
- Movement in the lifeline (if applicable).
- Initial position of worker before free fall occurs (i.e., sitting, standing, etc.).

**20-7.2.1 Calculating Total Fall Distance** - The total fall distance = the length of shock absorbing lanyard or greatest locking distance for a self-retractable lanyard + height of the employee + the location distance of the D-ring from the work surface or platform. The calculation must also include an additional 6' clearance above the ground level or above the tallest object the falling individual could come into contact.

## 20-8 Fall Protection Equipment Usage

**20-8.1 Fall Arrest or Fall Restraint Systems** – All fall protection equipment shall be used according to manufacturer recommendations, as provided in the equipment user's manual. In addition, the following City policies apply when conditions require personal fall arrest or restraint system usage:

- When using a fall arrest or fall restraint system, a full body harness will be used at all times.

- Only shock absorbing lanyards or retractable lanyards are to be used so as to keep impact forces to a minimum.
- Only nylon rope or nylon straps with locking snap hooks are to be used for restraints.
- All lanyards will have self-locking snap hooks.
- Fall protection equipment shall be used for employee protection only.
- Fall protection equipment subjected to impact loading shall be immediately removed from service until inspected by the Risk Manager or other designated competent person.
- An approved anchorage point will be utilized.

**20-8.2 Anchorage, Tie-Offs, Lifelines** – All anchorage systems used for fall arrest and restraint systems shall be independent of any anchorage being used to support or suspend platforms and be capable of supporting at least 5,000 pounds per employee attached and designed as part of a complete personal fall arrest system which maintains a safety factor of at least two and is installed and used as prescribed by the SRM.

**20-8.3 Positioning Devices** – Positioning devices do not provide fall protection but rather allow an employee to work with both hands free while being supported on an elevated vertical surface. Use of positioning devices must be approved by the SRM or FDM.

**20-8.4 Equipment Maintenance & Storage** - Always consult the manufacturer's recommendations for cleaning, maintenance and storage information. In general, fall protection devices should be washed in warm water using a mild detergent, rinsed thoroughly in clean warm water and allowed to dry at room temperature. Fall protection equipment shall be stored in a manner that prevents it from abrasion, cutting, oil and grease contact, impact from other objects, sunlight, contact with chemicals or corrosives, and extreme temperatures. Designated areas and/containers shall be designated specifically for storing fall protection equipment.

## 20-9 Fall Protection Equipment Inspection

**20-9.1 Fall Protection System Inspection** – A competent person will complete an annual inspection of all fall protection systems, including tie-offs, anchorages and lifelines. The annual inspection will be documented and maintained in the SRM's office. Prior to fall protection system usage, a visual inspection shall be performed by the user of the system.

**20-9.2 Personal Fall Arrest/Restraint Equipment Inspections** - Visual inspections of fall protection equipment shall be performed by the user and documented using the equipment inspection forms provided within this policy ([Body Harness, Lanyard, Snap hooks & Carabiners, Self-Retracting Lifeline](#)) or other similar inspection forms. Criteria provided in the following sections will be utilized to maintain all equipment in good working condition:

**20-9.2.1 Full Body Harness** – Body Harnesses shall be inspected before each use and may include the following items:

- Nylon webbing shall be examined to ensure there are no burn marks which could weaken the material and there are no torn, frayed or broken fibers, pulled stitches, or frayed edges.
- The D-ring shall be examined for excessive wear, pits, deterioration, or cracks.
- Verify that buckles are not deformed, cracked, and operate correctly.
- Check to see that each grommet (if grommets are part of the equipment) is secure and in good condition.
- The harness should never have additional punched holes for buckling use.
- All rivets should be tight and not deformed.
- Check tongue/straps for excessive wear from repeated buckling.

**20-9.2.2 Lanyards/Shock Absorbing Lanyards** – Lanyards shall be inspected before each use and may include the following items:

- Check lanyard material for cuts, burns, abrasions, kinks, knots, broken stitches and excessive wear.
- Inspect the snap hooks for distortions in the hook, locks, and eye.
- Check carabiner for excessive wear, distortion, and lock operation.

- Ensure that all locking mechanisms seat and lock properly.
- Once locked, locking mechanism should prevent hook from opening.
- Visually inspect shock absorber for any signs of damage, paying close attention to where the shock absorber attaches to the lanyard.
- Verify that points where the lanyard attaches to the snap hooks are free of defects.
- Inspect snap hook for any hook and eye distortions.
- Verify there are no cracks or pitted surfaces.
- The keeper latch should not be bent, distorted, or obstructed.
- Verify that the keeper latch seats into the nose without binding.
- Verify that the keeper spring securely closes the keeper latch.
- Test the locking mechanism to verify that the keeper latch locks properly.

**20-9.2.3 Self-Retracting Lanyards/Lifelines** – Self-Retracting Lanyards/Lifelines shall be inspected before each use and may include the following items:

- Visually inspect the body to ensure there is no physical damage to the body.
- Make sure all nuts and rivets are tight.
- Make sure the entire length of the nylon strap/wire rope is free from any cuts, burns, abrasions, kinks, knots, broken stitches/strands, excessive wear and retracts freely.
- Test the unit by pulling sharply on the lanyard/lifeline to verify that the locking mechanism is operating correctly.
- If the manufacturer requires, make certain the retractable lanyard is returned to the manufacturer for scheduled annual inspections.

**20-9.3 Equipment Removal from Service** – Fall protection equipment subjected to impact loading or other fall protection equipment found to be damaged or showing signs of wear shall be removed from service or made so that they are not able to be used until inspected by a competent person or manufacturer. Similarly, tie-offs, anchorages and lifelines subjected to impact loading or found to be damaged or showing signs of wear shall not be used until inspected by a competent person and deemed undamaged and/or is repaired by the manufacturer or repaired according to manufacturer recommendations by a competent person.

## 20-10 Fall Rescue

**20-10.1 General** - At the beginning of any work activity where fall protection is an issue, rescue plans must be identified and discussed with all employees. In all cases, prompt rescue shall be provided for personnel who have fallen by contacting 911 or radioing for help. On-site personnel should only attempt a rescue if conditions allow for it to be performed in a safe manner.

In the event of a fall, the following notification sequence shall take place:

1. Contact Rescue Personnel (Fire Department) by calling 911
2. Notify the Supervisor and/or Division Manager
3. Notify the SRM

**IMPORTANT:** *Any employee involved in a fall will be sent for medical evaluation regardless of injury severity.*

No work shall be performed where an emergency cannot be immediately observed and prompt rescue assistance summoned.

## 20-11 New Construction or Renovation of City Buildings

**20-11.1 General** - All new construction and renovation of City buildings must provide fall protection in accordance with applicable building codes. Provisions should also be made to design and construct fall protection for future building maintenance activities (i.e. window cleaning, roofing work, permanently attached ladders). The project manager of new construction or renovation projects shall consult with the SRM during project design or development phase to discuss the need for fall protection.

**20-11.2 Posting of Fall Hazards** - Fixed (non-transient) fall hazards that are routinely encountered should be posted with signs stating "Fall Protection Required". The sign(s) shall be posted at a location where the fall hazard is first encountered. If there are multiple entry points where the fall hazard is encountered, each location should be posted. Sign(s) shall be posted by the respective department having control of the fall hazard.

**20-11.3 Off-Site Fall Hazards** - Employees engaged in work activity on non-City property shall be trained to not engage in work activities that might expose them to unprotected fall hazards and to report any such work condition to their immediate supervisor.

## 20-12 Fall Protection Training

**20-12.1 General** – The City will act to minimize fall hazards by training workers so that they are familiar with the fall protection they will use. A competent person shall provide training that ensures workers will recognize fall hazards and use appropriate procedures to minimize exposure to the hazards and will provide information sufficient to cover the following areas:

- How to wear assigned fall protection equipment, including the proper hookup and attachment methods for the equipment
- Inspection and storage procedures for the equipment
- Self-rescue procedures and techniques (if applicable)
- The nature of fall hazards in the work area
- The correct procedures for erecting, maintaining, disassembling, and inspecting the fall protection systems to be used
- The role of each employee in the safety monitoring system (when this system is used)
- The limitations on the use of mechanical equipment during the performance of roofing work on low sloped roofs
- The correct procedures for the handling and storage of equipment and materials and the erection of overhead protection (if applicable)
- The role of employees in fall protection plans
- The requirements contained in 29 CFR 1926 Subpart M that are relevant to work being performed.

**20-12.1.1 Fall Protection Retraining** - Employees shall be trained at intervals not exceeding every 4-year, or a supervisor has reason to believe than an employee lacks the skill or understanding needed for safe work involving fall protection. When a supervisor suspects a lack of skill or understanding, he/she shall arrange for that employee to be retrained so that requisite proficiency is regained. Retraining is also required if changes at the work site or changes in the type of equipment render the previous training obsolete.

All training shall be documented using the [Fall Protection Training Documentation Form](#). Records of training shall be kept in the Risk Managers office.



## Fall Hazard Locations

(Reference 20-3.2)

Facility/Equipment	Location	Work To Be Performed	Associated Hazard
Riverview Park	Along the fence row and rock wall; adjacent to the river bluff.	Removal of vegetation	Unprotected Sides & Edges
Hobson House	Rooftop	Roof/Gutter Maintenance	Low Sloped Roof
Drill Rig	Location may vary	Various Work from Mast	Unprotected Sides & Edges
Bucket Truck	Location may vary.	Changing out traffic bulbs, hanging Christmas decorations, removal of small tree limbs, other misc. work.	Aerial Lift
JLG Scissor Lift	Location may vary.	Change a light bulb indoors/outdoors, assist with construction project, work on antenna, perform work on electrical/plumbing at heights greater than 6 feet.	Aerial Lift
Parks & Recreation Man Lift	Parks & Recreation – Gym	Change light bulbs and perform general maintenance duties at heights greater than 6 feet.	Aerial Lift
Rough Terrain Fork Lift – Work Platform	Various Building Projects	Construction	Aerial Lift
Aerial Lift -Articulating Boom Platform (rental)	Landscape division park facilities	Christmas decorations & cleaning fountain.	Aerial Lift
Fire Department – Materials Handling in Mezzanine Area	Southside and Westside Fire Stations	Materials Handling	Unprotected Sides & Edges
Reserved			
Reserved			

## Fall Hazard Control Procedures Worksheet

(Reference 20-5.1)

When it is necessary to protect a worker from a fall hazard, the Supervisor or Manager shall identify all hazard categories and determine fall protection measures to be used for protecting the employee from the activity to be performed. If the type of hazard category and fall protection measure is already protected addressed through the use of a passive stationary system, this worksheet need not be completed. If the type of hazard category and fall protection measure involves work that is routine and on-going for a particular task, only one worksheet needs to be completed. The completed worksheet shall be kept in the Compliance Workbook.

**Hazard Location: Riverwalk Park**

**Activity to be performed: Weed eating along river bluff.**

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

**Are Walking & Working Surfaces Capable of Supporting the Intended Load**    Yes     No

### Hazard Category

*Highlight the hazard category that fits the hazard location and the activity that is to be performed.*

Steep Roof	Low Sloped Roof	<b>Leading Edge Work</b>	
Hole	Low Sloped Roof w/ width of <50 feet	Edge of Excavation	
Wall Opening	Unprotected Sides & Edges	Overhand Bricklaying or Similar Work	Work Performed Above Dangerous Equipment
Hoist Area	Ramp or Runway	Pre-cast Concrete Members	Other: _____

### Fall Protection Measures To Be Used

*Highlight all protection measure to be used for protecting employees from the activity to be performed.*

<b>Fall Arrest</b>	Cover	Guardrail	Monitoring System	Controlled Access Zone (CAZ)
Fall Restraint	Warning Line	Safety Net	Fall Protection Program	Other: _____

#### Rescue Provisions

Has the following rescue provisions been completed?

Check When Complete:

Rescue Plans Have Been Identified and Discussed With Employees.

Emergency Can Be Immediately Observed & Prompt Rescue Assistance Summoned.

Fall protection equipment and written procedures for their proper use are listed on the back of this page.

## Fall Hazard Control Procedures Worksheet

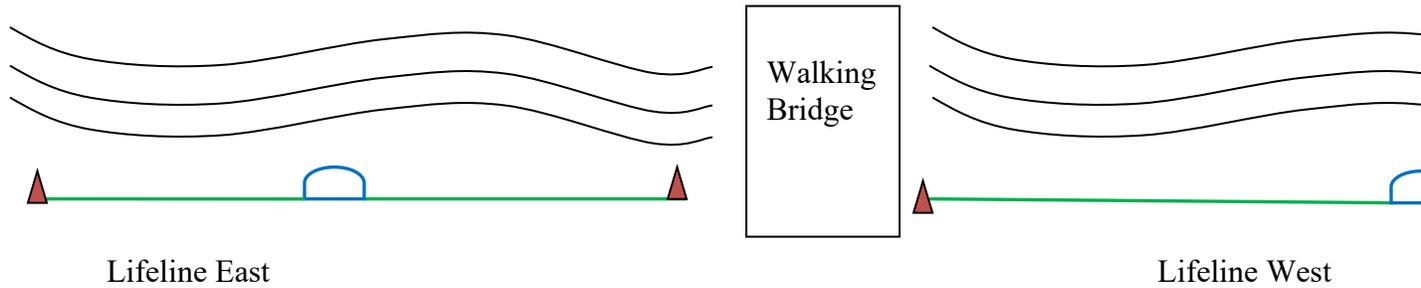
(Reference 20-5.1)

<b>Equipment To Be Used For Fall Protection</b>				
List all equipment types and models to be used for fall protection.				
Equipment	Make	Model	Size	Comments
Horizontal Lifeline	Miller			Stainless wire along bluff
Body Harness	Miller			
Lanyard	Miller			
Shuttle	Miller			

### Sample Fall Protection Written Procedures

- 1) Inspect all equipment prior to donning.
- 2) Don all required equipment as trained and as written in the owner's manual.
- 3) Inspect all system components (shuttle, carabiners, lifeline, etc.) before connecting to lifeline, anchor point, rope grab, etc.

### Diagram/Photo of Work Area and Anchor Points



The orange triangles represent the end-of-lifeline attachment/detachment points. Only the lifeline identified in green (above) shall be utilized. The horizontal lifeline extension that goes around the outside of the overlooks (identified in blue) shall only be utilized if walking surface conditions are in a condition that permits safe travel.

# Lanyard Inspection

(Reference 20-9.2)

Lanyard Model/Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Date of Manufacture: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Factors	Accepted/Rejected	Supportive Details/Comments
1) <b>Hardware:</b> (includes snap hooks, carabiners, adjusters, keepers, thimbles and D-rings) Inspect for damage, distortion, sharp edges, burrs, cracks, corrosion and proper operation.	Accepted  Rejected	
2) <b>Webbing:</b> Inspect for cuts, burns, tears, abrasions, frays, excessive soiling and discoloration.	Accepted  Rejected	
3) <b>Stitching:</b> Inspect for pulled or cut stitches	Accepted  Rejected	
4) <b>Synthetic Rope:</b> Inspect for pulled or cut yarns, burns, abrasions, knots, excessive soiling and discoloration.	Accepted  Rejected	
5) <b>Energy Absorbing Component:</b> Inspect for elongation, tears and excessive soiling.	Accepted  Rejected	
6) <b>Labels:</b> Inspect, making certain all labels are securely held in place and are legible.	Accepted  Rejected	
<b>Overall Disposition:</b>	Accepted  Rejected	<b>Inspected By:</b> _____  <b>Inspection Date:</b> _____

# Full Body Harness Inspection

(Reference 20-9.2)

Harness Model/Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Date of Manufacture: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Factors	Accepted/Rejected	Supportive Details/Comments
1) <b>Hardware:</b> includes D-rings, buckles, keepers and back pads. Inspect for damage, distortion, sharp edges, burrs, cracks and corrosion.	Accepted  Rejected	
2) <b>Webbing:</b> Inspect for cuts, burns, tears, abrasions, frays, excessive soiling and discoloration.	Accepted  Rejected	
3) <b>Stitching:</b> Inspect for pulled or cut stitches.	Accepted  Rejected	
4) <b>Labels:</b> Inspect, making certain all labels are securely held in place and are legible.	Accepted  Rejected	
5) Other:	Accepted  Rejected	
6) Other:	Accepted  Rejected	
7)  <b>Overall Disposition:</b>	Accepted  Rejected	<b>Inspected By:</b> _____  <b>Inspection Date:</b> _____

# Self-Retracting Lanyard/Lifeline Inspection

(Reference 20-9.2)

Self-Retracting Lanyard/Lifeline Model/Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Date of Manufacture: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Department/Location: \_\_\_\_\_

Comments: \_\_\_\_\_

General Factors	Accepted/Rejected	Supportive Details/Comments
1) <b>Impact Indicator:</b> Inspect indicator for activation (rupture of red stitching, elongated indicator, etc.).	Accepted Rejected	
2) <b>Screws/Fasteners:</b> Inspect for damage and make certain all screws and fasteners are tight.	Accepted Rejected	
3) <b>Housing:</b> Inspect for distortion, cracks and other damage. Inspect anchoring loop for distortion or damage.	Accepted Rejected	
4) <b>Lanyard/Lifeline:</b> Inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration. (See impact indicator section.)	Accepted Rejected	
5) <b>Locking Action:</b> Inspect for proper lock-up of brake mechanism.	Accepted Rejected	
6) <b>Retraction/Extension:</b> Inspect spring tension by pulling lanyard out fully and allowing to retract fully (lifeline must be taut with no slack).	Accepted Rejected	
7) <b>Hooks/Carabiners/Shuttle:</b> Inspect for physical damage, corrosion, proper orientation and markings and proper operation.	Accepted Rejected	
8) <b>Labels:</b> Inspect, making certain all labels are securely held in place and are legible.	Accepted Rejected	
<b>Overall Disposition:</b>	Accepted Rejected	<b>Inspected By:</b> _____ <b>Inspection Date:</b> _____



## **GUIDELINES ON GUARDRAILS - 29 CFR 1926.502(b)** (Reference 20-5.2.3)

Verify that the top edge of top rails or equivalent guardrail system members is 42 inches  $\pm$  3 inches above the walking/working level. When conditions warrant, the height of the top edge may exceed the 45inch limit, provided the guardrail system meets all other criteria.

**ALSO:** When employees are using stilts, the height of the top edge of the top rail or equivalent member must be increased an amount equal to the height of the stilts.

Verify that mid rails, screens, mesh, intermediate vertical members, or equivalent intermediate structural members are installed between the top edge of the guardrail system and the walking/working surface when there is no wall or parapet wall, at least 21 inches high. Mid rails and other intermediate structural members must meet the following requirements:

- 1) When used, mid rails must be installed midway between the top edge of the guardrail system and the walking/working level.
- 2) When used, screens and mesh must extend from the top rail to the walking,/working level and along the entire opening between top rail supports.
- 3) When used between posts, intermediate members (such as balusters) must be not more than 19 inches apart.
- 4) Other structural members (such as additional mid rails and architectural panels) must be installed such that there are no openings in the guardrail system that are more than 19 inches wide.
- 5) Verify that all Guardrail systems are capable of withstanding, without failure, a force of at least 200 lb. applied within 2 inches of the top edge, in any outward or downward direction, at any point along the top edge.
- 6) Verify that when the 200 lb. test load is applied in a downward direction, the top edge of the guardrail does not deflect to a height less than 39 inches above the walking/working level. (Guardrail system components selected and constructed in accordance with Appendix B to 29 CFR 1926 Subpart M meet this requirement.)
- 7) Verify that mid rails, screens, mesh, intermediate vertical members, solid panels, and equivalent structural members are capable of withstanding, without failure, a force of at least 150 lb. applied in any downward or outward direction at any point along the mid rail or other member.
- 8) Verify that guardrail systems are surfaced to prevent injury to an employee from punctures or lacerations and to prevent snagging of clothing.
- 9) Verify that the ends of all top rails and mid rails do not overhang the terminal posts.
- 10) Verify that steel banding and plastic banding are not used as top rails or mid rails.
- 11) Verify that manila, plastic, or synthetic rope being used for top rails or mid rails is inspected as frequently as necessary to verify that it continues to meet the strength requirements of 29 CFR 1926.502(b)(3).
- 12) Verify that top rails and mid rails are at least 0.25 inch nominal diameter or 0.25 inch thick to prevent cuts and lacerations.
- 13) If wire rope is used for top rails, verify that it is flagged at not more than 6ft intervals with high visibility material.
- 14) When guardrail systems are used at hoisting areas, verify that a chain, gate, or removable Guardrail section is placed across the access opening between guardrail sections when hoisting operations are not taking place.
- 15) When guardrail systems are used at holes, verify that they are erected on all unprotected sides or edges of the hole.
- 16) When guardrail systems are used around holes used for the passage of materials, verify that the hole has not more than two sides provided with removable Guardrail sections to allow the passage of materials. When the hole is not in use, it must be closed over with a cover or a guardrail system must be provided along all unprotected sides or edges.
- 17) When Guardrail systems are used around holes that are used as points of access (such as ladder ways), verify that they are provided with a gate, or are so offset that a person cannot walk directly into the hole.
- 18) Verify that Guardrail systems used on ramps and runways are erected along each unprotected side or edge.

## **Lifeline Requirements - 29 CFR 1926.502(d)(7) to (d)(14)**

(Reference 20-5.2.3)

- 1) Verify that on suspended scaffolds or similar work platforms with horizontal lifelines that may become vertical lifelines, the devices used to connect to a horizontal lifeline are capable of locking in both directions on the lifeline.
- 2) Verify that horizontal lifelines are designed, installed, and used under the supervision of a qualified person as part of a complete personal fall arrest system that maintains a safety factor of at least 2.
- 3) Verify that lanyards and vertical lifelines have a minimum breaking strength of 5,000 lbs.
- 4) Verify that when vertical lifelines are used, each employee is attached to a separate lifeline.
- 5) Verify that self-retracting lifelines and lanyards that automatically limit free fall distance to 2 ft. or less are capable of sustaining a minimum tensile load of 3,000 lbs. applied to the device with the lifeline or lanyard in the fully extended position.
- 6) Verify that self-retracting lifelines and lanyards that do not limit free fall distance to 2 ft. or less, rip stitch lanyards, and tearing and deforming lanyards are capable of sustaining a minimum tensile load of 5,000 lbs. applied to the device with the lifeline or lanyard in the fully extended position.
- 7) Verify that ropes and straps (webbing) used in lanyards, lifelines, and strength components of body harnesses are made from synthetic fibers.

# CHAPTER XXI

## LADDERS, AERIAL LIFTS & SCAFFOLDING

### 21-1 Ladders, Aerial Lifts and Scaffolding

**21-1.1 General** – The City recognizes that the improper use of ladders, aerial lifts and scaffolding can lead to serious injury including death. For this reason, each affected Department shall adhere to the following policy and procedure for the safe use, maintenance, inspection and training of these types of equipment.

**21-1.2 Exception** – The application of this policy for governing certain types of equipment within the Fire Department may differ from other departments (Example: Fire Truck Ladder and Aerial Truck Equipment Inspections). For this reason, the Fire Department Manager (FDM) may choose to utilize only those parts of this policy that are deemed applicable to the Department. The FDM shall be responsible for assuring the safe use, inspection and maintenance of all types of equipment falling within the jurisdiction of the Fire Department.

### 21-2 Ladders

**21-2.1 Equipment Selection** – It is the department/division's responsibility to select the proper ladder for the task. In general, the following are to be considered general rules for the selection of a proper ladder:

- The ladder must be strong enough to provide access to the work area without necessitating standing on the top two steps of a stepladder or the top three rungs of a straight ladder.
- The ladder selected must be sufficient for the weight of the employee plus the weight of any tools and materials:
  - Type 1AA Extra Heavy Duty industrial ladder will support 375 pounds.
  - Type 1A – Extra Heavy Duty industrial ladder will support 300 pounds.
  - Type 1 – Heavy Duty commercial ladder will support 250 pounds.
  - Type 2 – Medium Duty commercial ladder will support 225 pounds.
  - Type 3 – Light Duty household ladder will support 200 pounds.

**21-2.2 Safe Ladder Usage Requirements** - City employees engaged in activities involving the use of a ladder (whether fixed or portable), shall adhere to safe usage requirements provided in the following sections.

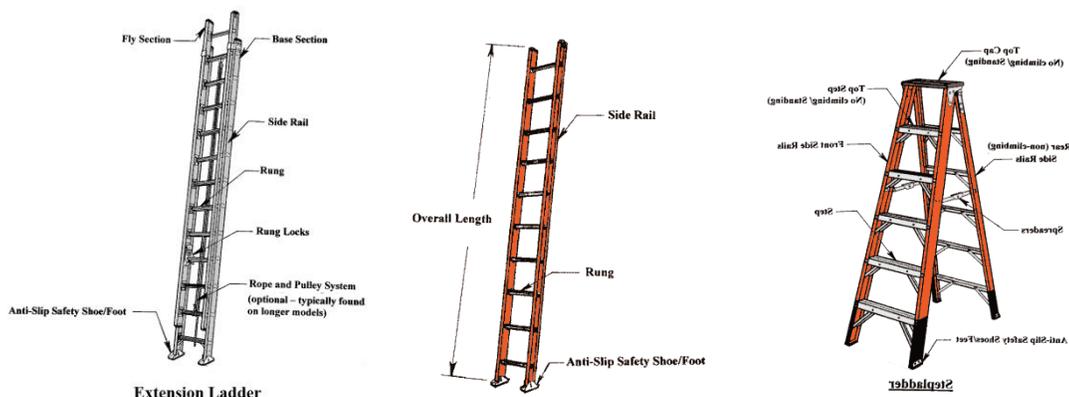
**21-2.2.1 General Ladder Use Requirements** - The following usage requirements apply to all ladder types:

- Ladders shall be maintained free of oil, grease, and other slipping hazards.
- Ladders shall not be loaded beyond the maximum intended load for which they were built, nor loaded beyond their manufacturer's rated capacity.
- Ladders shall only be used for the purpose for which they are designed.
- Ladders are not to be used horizontally as platforms, runways, or scaffolds.
- Wood job-made ladders are not allowed.
- The area around the top and bottom of the ladder shall be kept clear.
- The top or top step of a step ladder shall not be used as a step.
- The user of the ladder should always face the ladder when ascending or descending.
- Employees shall always maintain at least 3 points of contact (two feet and one hand or one foot and two hands) while ascending or descending a ladder.
- Employees shall not carry any object or load that could cause the employee to lose balance and fall.
- Employees shall keep their body positioned between the two side rails, not extending a reach that would place their mid-section (belly button) beyond the side of the rail.
- If you feel tired or dizzy, or are prone to losing your balance, stay off the ladder. Users who tire easily or who have physical limitations that inhibit safe climbing such as fainting and/or under medication or prescription drugs which may cause physical impairment are not permitted to use portable or fixed ladders.
- Do not use ladders in high winds or storms.

- Wear clean slip-resistant shoes. Shoes with leather soles are not appropriate for ladder use since they are not considered sufficiently slip-resistant. Flat-soled shoes are not appropriate, and footwear with heels when climbing Fixed Ladders is mandatory.
- Wearing greasy or slippery gloves and/or footwear is not permitted during climbing.
- Never jump or slide down from a ladder or climb more than one rung/step at a time.

**21-2.2.3 Portable Ladder Usage Requirements** – Portable ladders include stepladders, single ladders, combination ladders, extension ladders and mobile ladder stands. When using portable ladders, the following safety guidelines shall be utilized:

- When portable ladders are used to gain access to an upper landing surface, the ladder side rails shall extend at least 3 feet above the upper landing surface to which the ladder is used to gain access.
- Extension ladders shall always be handled using two employees.
- Before climbing an extension ladder, make sure that both automatic locks are in proper position.
- Straight ladders exceeding 10-feet may be held by another person for steadying purposes.
- Non-self-supporting ladders shall be used at an angle such that the horizontal distance from the top support to the foot of the ladder is approximately one-quarter of the working length of the ladder (the distance along the ladder between the foot and the top support).
- Ladders shall be used only on stable and level surfaces unless secured to prevent accidental displacement.
- Ladders shall not be used on slippery surfaces unless secured or provided with slip-resistant feet to prevent accidental displacement. Slip-resistant feet shall not be used as a substitute for care in placing, lashing, or holding a ladder that is used upon slippery surfaces including, but not limited to, flat metal or concrete surfaces that are constructed so they cannot be prevented from becoming slippery.
- Ladders placed in any location where they can be displaced by workplace activities or traffic, such as in passageways, doorways, or driveways shall be secured to prevent accidental displacement, or a barricade shall be used to keep the activities or traffic away from the ladder.
- The top of a non-self-supporting ladder shall be placed with the two rails supported equally unless it is equipped with a single support attachment.
- Ladders shall not be moved, shifted, or extended while occupied.
- Ladders shall have nonconductive side rails if they are used where the employee or the ladder could contact exposed energized electrical equipment.
- Cross-bracing on the rear section of stepladders shall not be used for climbing unless the ladders are designed and provided with steps for climbing on both front and rear sections.



**21-2.2.4 Fixed Ladder Usage Requirements** – A fixed ladder is a non-self-supporting ladder that is non-adjustable in length and permanently attached to a structure at a pitch ranging from 60 to 90 degrees from the horizontal. Fixed ladders shall be designed and constructed in accordance with 29 CFR 1926.1053. The SRM shall be notified prior to the installation or renovation of a fixed ladder. The following usage requirements apply to fixed ladders:

## 21-3 Ladder Maintenance & Inspection

**21-3.1 General Ladder Maintenance** – The following ladder maintenance activities shall be performed by the Department/Division responsible for the said ladder:

- Ladder components shall be maintained so as to prevent injury to an employee from punctures or lacerations, and to prevent snagging of clothing.
- Ladders found to have structural defects shall be locked/tagged out of service and discarded or repaired by the manufacturer.
- Repairs to ladders shall be performed to restore the ladder to a condition meeting its original design criteria, before the ladder is returned to use.
- Field repairs and the fabrication of improvised ladders are prohibited.
- Ladders shall be kept clean and free of debris (oil, grease, etc.).
- Fixed ladders shall be kept painted or treated with a preservative to resist deterioration.

**21-3.2 Visual & Periodic Ladder Inspections** - Prior to each use, ladders shall be visually inspected by the user for the following possible defects:

- Broken or missing rungs or cleats
- Broken side rails and/or other damaged parts
- If the ladder is equipped with feet, they should be secure and without defect
- The joint between the steps and side rails must be tight, and all hardware and fittings should be attached firmly
- All movable parts should operate freely without binding or having undue play
- All wood parts must be free of sharp edges and splinters
- Ladder should be free of sharp edges, burrs and corrosion
  - Ladder should be free of dents or bends in side rails, rungs or cleats

The CTM or other designated competent person shall perform periodic inspections on all ladders located within their facility and document the inspection using the [City Facility Periodic Self-Inspection](#) form. Additionally, ladders shall also be inspected immediately following any occurrence that could affect their safe use.

**21-3.3 Ladder Repairs** - Where structural defects are identified, the ladder shall be taken out of service, blocked, fenced or removed until repairs are completed by a competent person. Repair materials should be at least the equivalent of the original construction. If the ladder cannot be repaired to manufacturer's specifications, it shall be properly discarded.

## 21-4 Ladder Training

**21-4.1 General** – Employees whose job may include the use of ladders shall be provided training to include but not limited to the following:

- Types of ladders used at the City and their general load ratings.
- When and how to use each type of ladder.
- General ladder safety guidelines.
- How to properly inspect and store a ladder.

**21-4.1.1 Ladder Retraining** - Employees shall be trained at intervals not exceeding every 4-year, or when a supervisor has reason to believe that an employee lacks the skill or understanding needed for safe work involving the use of ladders. When a supervisor suspects a lack of skill or understanding, he/she shall arrange for that employee to be retrained so that requisite proficiency is regained. Retraining is also required if changes at the work site present a hazard which an employee has not been previously trained or where changes in the type of ladder or other related equipment present a hazard which an employee has not been previously trained.

## 21-5 Aerial Lift Devices

**21-5.1 General** - Aerial lifts include the following types of vehicle mounted aerial devices used to elevate personnel to job sites above ground:

- Articulating Boom Platforms – designed to reach up and over objects.
- Extensible Boom Platforms – may extend over 100 feet.
- Vehicle Mounted Bucket Lift – on-the-road bucket truck aerial lift
- Personal Man Lift – lightweight and designed for one person indoor use.
- Scissor Lift – a connected series of levers to raise and lower a platform straight up.

**21-5.2 Aerial Lift Device Specific Use Requirements** - Listed below are specific requirements for using aerial lift devices. This list does not take the place of any other existing written standard, nor is it meant to replace any existing manufacturer's manual of recommendations.

- **When an aerial lift device is in use, there must be someone on ground level to be able to observe and respond in the event of an emergency. Therefore, the use of an aerial lift device requires at least 2 persons to be present (one in aerial lift and one on the ground).**
- Aerial ladders (ladder trucks and tower trucks) shall be secured in the lower traveling position before the truck is moved for highway travel. Before moving an aerial lift for travel, the boom(s) shall be inspected to see that it is properly cradled and outriggers are in stowed position.
- Lift controls for all extensible and articulating boom platforms shall be tested prior to each days use to determine that such controls are in safe working condition.
- Controls on all type lifts shall be readily identifiable and easily read.
- Only authorized and trained personnel may operate an aerial lift device. See requirements for "Aerial Lift Device Training" provided within this Chapter.
- Never position the aerial lift device against another object to steady the elevated platform.
- Do not use aerial lift devices as a crane or other lifting device.
- During the use of aerial lift devices, the operator shall never tie off to an adjacent pole, structure, or other piece of equipment.
- Limit travel speeds of aerial lift devices according the conditions of the ground surface, congestion, visibility, slope, location of personnel and other factors that may cause hazards to other nearby personnel.
- Shut down the aerial life device engine prior to fueling. Fuel engines or charge fuel cylinders in well ventilated areas free of flames, sparks or other hazards that may cause fires or explosions.
- Charge batteries in well ventilated areas free of flames, sparks or other hazards that may cause fires or explosions.
- Be sure to maintain a clear view of the path of travel, maintain a safe distance from other obstacles, debris, drop-offs, holes, depressions, slopes and other hazards. Maintain a safe distance from overhead obstacles (including overhead electrical power lines).
- The City has selected a minimum safe approach distance to energized power lines and power equipment equal or greater than 15'. If a closer approach is necessary, the supervisor shall obtain prior approval by the SRM or an authorized agent of the utility involved (i.e. BGMU).
- Stunt driving and horseplay are prohibited.
- Do not position booms and elevated platform devices in an attempt to jack the wheels off the ground.
- Do not operate aerial lift devices on grades, side slopes or ramps that exceed the manufacturer's recommendations.
- If elevated platforms or elevated work areas become caught, snagged or otherwise do not operate properly, remove personnel from the platform prior to freeing the elevated platform using ground controls.
- Do not alter the insulated portion of an aerial lift device in any manner that might reduce its insulating effectiveness.
- Insure the area surrounding the elevated platform is clear of personnel and equipment prior to lowering the elevated platform.
- Employees shall always stand firmly on the floor of the basket, and shall not sit or climb on the edge of the basket or use planks, ladders, or other devices for work positioning.
- A body harness shall be worn and a lanyard attached to the boom or basket when working from an aerial lift with approved manufacturer identified anchorage points.

- Boom and basket load limits specified by the manufacturer shall not be exceeded.
- When applicable, brakes shall be set when outriggers are used and shall be positioned on pads or a solid surface. Wheel chocks shall be installed before using an aerial lift on incline, provided they can be safely installed.
- An aerial lift shall not be moved when the boom is elevated in a working position and the basket is occupied, except for aerial lift equipment which is specifically designed for this type of operation.
- Articulating boom and extensible boom platforms, primarily designed as personnel carriers, shall have both platform (upper) and lower controls. Upper controls shall be in or beside the platform within easy reach of the operator. Lower controls shall provide for overriding the upper controls. Lower level controls shall not be operated unless permission has been obtained from the employee in the lift, except in case of emergency.
- Climbers shall not be worn while performing work from an aerial lift.
- The insulated portion of an aerial lift shall not be altered in any manner that might reduce its insulating value.
- Electrical testing of aerial lifts shall be performed according to manufacturers' specifications.

**21-5.3 Rented Aerial Lift Device Equipment** – Rented aerial lifts are usually of the articulating boom platform or extensible boom platform type and are usually rented for non-routine type jobs. As an added safety measure, the [General Safety Check List for Rented Aerial Lifts](#) or similar checklist shall be completed prior to using these type lifts.

**21-5.4 Modification of an Aerial Lift Device** - Aerial lift devices may be “field modified” for uses other than those intended by the manufacturer provided the modification has been certified in writing by the manufacturer or by any other equivalent entity. All modifications must have prior approval by the SRM.

**21-5.5 Aerial Lift Work Platform** - Work platforms used with high or low lift trucks, or rough terrain fork lift trucks must meet ANSI B56.1 and/or ANSI B56.6 for design and use. Because the City infrequently uses these types of devices, any such use must first be approved by the SRM.

## 21-6 Aerial Lift Inspections

**21-6.1 Pre-Use Inspection** – Prior to using City owned aerial lift devices, an [Aerial Lift Pre-Use Inspection Form](#) or other similar document shall be completed as recommended by the manufacturer. Items requiring pre-use inspection shall include those listed by the manufacturer and provided on the [Aerial Lift Pre-Use Inspection Form](#). Blank copies of the [Aerial Lift Pre-Use Inspection Form](#) and all prior completed copies of the form shall be stored with the operator’s manual located on the respective aerial lift device.

**21-6.2 Annual Inspections** - All City owned aerial lifts shall be inspected annually by a certified aerial lift inspector. The SRM or SRM designated employee shall be responsible for coordinating annual aerial lift inspections.

**21-6.3 Aerial Lift Repairs** – Needed repairs identified during pre-trip and/or annual inspections shall be performed by qualified mechanics. If repairs cannot be performed immediately, the aerial lift device shall be locked or tagged out of service until such repairs are completed.

## 21-7 Aerial Lift Training

**21-7.1 General** - Before an employee may operate an aerial lift device, they shall first be trained on and be familiar with this policy and the respective equipment operation manual. The Department or Division Supervisor shall document training completion for those employees he/she deems is fully competent. Training shall be documented using the [Equipment/Vehicle Operator Training Document](#) found in [Chapter VI - Driving Rules & Regulations](#).

**21-7.1.1 Aerial Lift Device Retraining** - Employees shall be retrained at intervals not exceeding every 4 -years, or when the Supervisor has reason to believe that an employee lacks the skill or

understanding needed for safe work involving the use of aerial lifts. Retraining is also required if changes at the work site present new hazards that could affect the safe operation of the aerial lift.

## **21-8 Scaffolding Work**

**21-8.1 General** - City staff has historically engaged in little work activity involving scaffolding and is not trained to safely erect or conduct work activity with such equipment. For this reason, any work activity requiring the use of scaffolds shall be contracted to a company having the proper training and experience with such equipment. If necessary, City of Bowling Green employees may conduct work using scaffolding, but only after notifying the SRM and arranging for proper training to be conducted.

## General Safety Checklist for Rented Aerial Lifts

(Reference 21-5.3)

<p>This checklist serves to remind the aerial lift user of safety guidelines during activities involving the use of rented aerial devices during non-routine job activities. This checklist or other similar checklist is to be completed prior to the use of any rented aerial lift device. Work with rented aerial lift devices shall only commence after this checklist has been completed and all applicable items are checked as being "okay".</p>	 If Item is okay.	"X" If item is Not Applicable
Operator of the aerial lift is trained in the operation of the equipment being used and the training is documented.		
Test lift controls prior to each days use to determine that controls are in safe working condition.		
Controls are easily identifiable and easily read (labels present and in good condition).		
Aerial device will not be positioned against another object in order to steady the elevated platform.		
The aerial lift device will not be used as a crane or other lifting device.		
The operator does not plan to be tied off to another pole, structure, or other piece of equipment.		
The aerial truck shall be operated at a speed that is safe for the current conditions.		
The booms and elevated platform devices are not positioned as to raise the wheels off of the ground.		
Lift device is not being operated on grades, side slopes or ramps that exceed manufacturer's specifications.		
If the lift device gets caught, snagged or otherwise does not operate properly, personnel will be removed from the platform using ground controls prior to moving the elevated.		
Area surrounding aerial platform is clear prior to lowering.		
Employees are not to sit or climb on the edge of the basket or use planks, ladders, or other devices for work positioning inside the lift platform. Both feet must be firmly on the floor of the basket or work platform at all times.		
A body harness shall be worn and a lanyard attached to manufacturer designed anchorage points.		
Boom and basket load limits specified by the manufacturer shall not be exceeded.		
Prior to raising the elevated platform or basket, all braking mechanisms are set according to manufacturer's recommendation.		
When outriggers are used, they shall be positioned on pads or a solid surface.		
Wheel chocks are used when using an aerial lift on an incline (provided they can be safely installed).		
The truck shall not be moved when there are men in the basket or work platform (except for equipment specifically designed for this purpose).		
Inspect the area of work to make sure that the aerial lift will not be within 15' of any electrical line. The SRM or BGMU shall be notified prior to any work taking place within 15' of an electrical line.		
Before moving the aerial lift for transport, all booms and outriggers shall be in the transport position.		

**Inspector's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



# AERIAL LIFT PRE-USE INSPECTION FORM – JLG 1432

(Reference 21-6.1)

It is required that all necessary inspections be completed successfully before placing the machine into service. These procedures will aid in obtaining maximum service life and safe operation of the aerial lift equipment.

<b>Daily or Pre-Use Inspection Items – Performed by User</b>	<b>Check  item if “Okay”</b>
<b>1. Steer Cylinder and Linkage</b> – No loose or missing parts, no visible damage. No steer cylinder leaks or damage.	
<b>2. Hydraulic Filter</b> – No visible damage, properly secured, no evidence of leakage.	
<b>3. Steer/Drive Wheel and Tire Assembly, Left Front</b> – Properly secured, no loose or missing lug nuts, no visible damage.	
<b>4. Drive Motor, Left Front</b> – No visible damage, no evidence of leakage.	
<b>5. High Drive Limit Switch</b> – Properly secured, no visible damage.	
<b>6. Manual Descent Cable and Pull Ring</b> – Properly secured, no loose or missing parts, no visible damage.	
<b>7. Control Valve Installation</b> – No loose or missing parts, no evidence of leakage. No unsupported wires or hoses, no damaged or broken wires.	
<b>8. Ground Controls</b> – Switches operable, no visible damage, placards secure and legible.	
<b>9. Battery Switch</b> – Properly secured, no visible damage, placard in place and legible.	
<b>10. Cushion Cylinder (Accumulator)</b> – Properly secured, no visible damage, no evidence of leakage.	
<b>11. Motor/Pump Unit</b> – Properly secured, no visible damage, no evidence of hydraulic leaks.	
<b>12. Battery Installation</b> – Proper electrolyte level, cables secure, no damage or corrosion. Hold-downs secure.	
<b>13. Safety Prop</b> – Stored securely, no visible damage or missing parts.	
<b>14. Wheel and Tire Assembly, Left Rear</b> – Properly secured, no loose or missing lug nuts, no visible damage.	
<b>15. Battery Charger</b> – No damage, properly secured.	
<b>16. Parking Brake</b> – Brake cylinder secure, no loose or missing parts, no visible damage or cylinder leaks.	
<b>17. Wheel and Tire Assembly, Right Rear</b> – Properly secured, no loose or missing lug nuts, no visible damage.	
<b>18. Battery Installation</b> – Proper electrolyte level, cables secure, no damage or corrosion. Hold-downs secure.	
<b>19. Lift Cylinder</b> – Properly secured, no visible damage, no loose or missing parts, no evidence of leakage.	
<b>20. Scissor Arms and Sliding Wear Pads</b> – Properly secured, no visible damage, and evidence of proper lubrication. Inspect scissor arm guards for damage and proper installation.	
<b>21. Hydraulic Reservoir</b> – No visible damage or missing parts, no evidence of leaks. Recommended hydraulic fluid level on dipstick (Cold fluid, system shut down, machine in stowed position.). Breather cap secure and working.	
<b>22. Tilt Alarm (if equipped)</b> – Properly secured, no loose or missing parts, no visible damage.	
<b>23. Steer/Drive Wheel and Tire Assembly, Right Front</b> – Properly secured, no loose or missing lug nuts, no visible damage.	
<b>24. Drive Motor, Right Front</b> – No visible damage, no evidence of leakage.	
<b>25. Handrail Installation</b> – All railings securely attached, no visible damage, no missing parts, and chain in proper working order.	
<b>26. Platform Assembly</b> – No loose or missing parts, no visible damage, platform deck extension operates properly.	
<b>27. Platform Controls</b> – Properly secured, no loose or missing parts, no visible damage. Placards secure and legible, controls switches return to neutral. Control markings legible, manual in manual storage box.	
<b>28. Functional Check</b> - Perform pre-load functional check by, 1) Raise and lower platform several times. Check for smooth elevation and lowering. Check for High Drive cut-out as platform begins to rise. 2) Drive forward and reverse, check for proper operation. 3) Check that drive brake engages properly and holds. 4) Check for proper operation of steering (right and left). 5) Check hydraulic reservoir dipstick after functional check is completed.	

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Inspector’s Signature \_\_\_\_\_

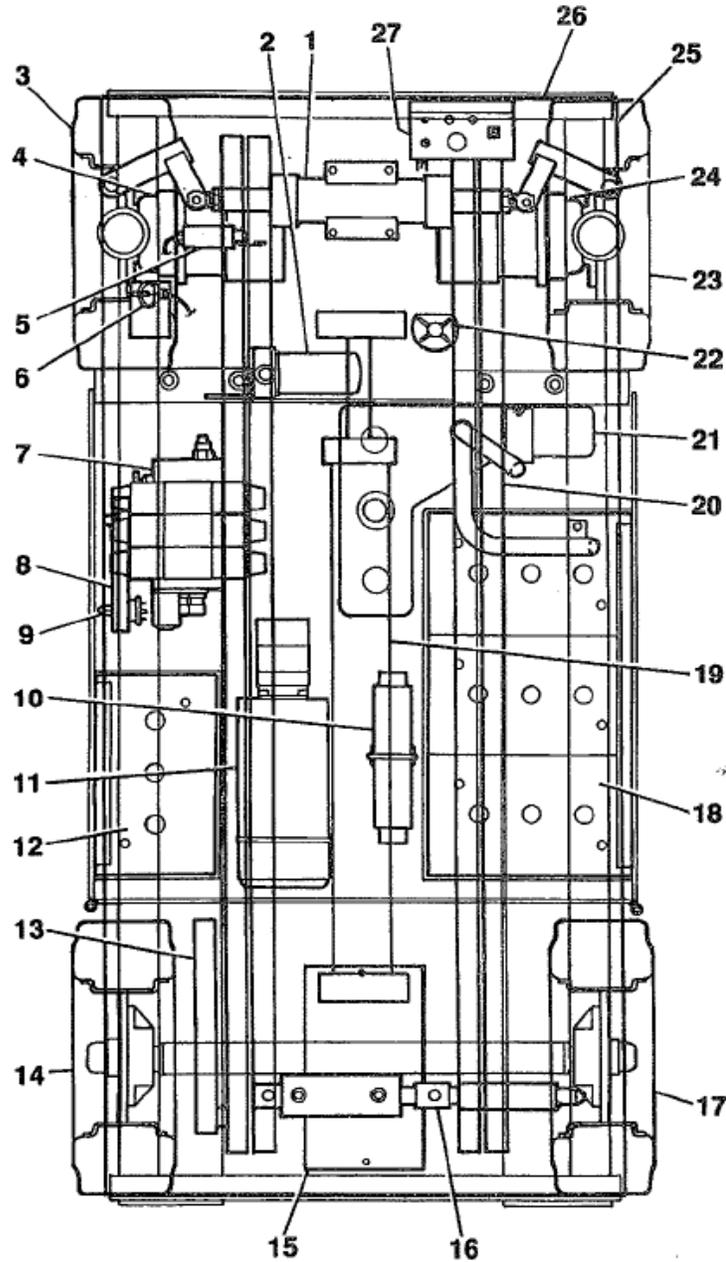
Date \_\_\_\_\_

**WARNING TO AVOID INJURY DO NOT OPERATE MACHINE UNTIL ALL MALFUNCTIONS HAVE BEEN CORRECTED. USE OF A MALFUNCTIONING MACHINE IS A SAFETY VIOLATION.**

# AERIAL LIFT PRE-USE INSPECTION FORM – JLG 1432

(Reference 21-5.1 )

## Daily or Pre-Use Walk-Around Inspection Item Diagram



Begin the “Walk-Around Inspection” at Item #1, as noted on this diagram. Continue to the right (counterclockwise viewed from top) checking each item in sequence for conditions listed in the “Walk-Around Inspection Checklist”.

**⚠ WARNING**

**TO AVOID POSSIBLE INJURY, BE SURE MACHINE POWER IS “OFF” DURING “WALK-AROUND INSPECTION”.**

## CHAPTER XXII

# AIRBORNE PATHOGEN EXPOSURE CONTROL

### 22-1 Airborne Pathogen Exposure Control Plan

**22-1.1 Policy** – The City of Bowling Green recognizes that Public Safety personnel, in the normal course of their duties, may come into contact with airborne pathogens. Airborne pathogens include but are not limited to influenza (including coronavirus, whooping cough, meningitis and tuberculosis. This plan focuses on airborne hazards with an emphasis on tuberculosis. In accordance with the Occupational Safety and Health Act of 1970, and the Center for Disease Control's "Guidelines for Preventing the Transmission of Tuberculosis in Health Care Settings", the Bowling Green Police Department has established the following procedures for its employees.

The Fire Department's Standard Operating Procedures Manual provides Fire personnel guidance for compliance with this Chapter. Notwithstanding, protocol concerning tuberculin skin testing (PPD test) for City employees and all related documentation shall be administered and maintained by the Human Resources and Risk Management Department (HRRMD).

The Barren River District Health Department (BRDHD) assesses on a yearly basis the overall risk of airborne pathogen and particularly tuberculosis exposure within the Barren River District. The SRM will endeavor to annually obtain airborne transmitted disease trend data (including the number of TB skin test conversions) documented for the Warren and surrounding county area, and information on the sociodemographic groups at highest risk for the airborne disease infection.

The Safety & Risk Manager (SRM) shall utilize the most current information to annually review, update and maintain this written exposure control plan and educate employees on the policy and procedures contained within this Chapter.

#### 22-1.2 Definitions

**22-1.2.1 Airborne Disease** – is a disease caused by pathogenic microbes small enough to be discharged from an infected person via coughing, sneezing, laughing and close personal contact or aerosolization of the microbe. Viruses, bacteria and fungus may be to blame for causing airborne disease. Other than M. tuberculosis, other common airborne diseases requiring precautionary measures include but are not limited to: Measles, Severe Acute Respiratory Syndrome (SARS), Varicella (chickenpox), Influenza (Flu), and Coronavirus. Symptoms commonly associated with most airborne disease infections include an onset of high fever, aching muscles, headache and severe malaise (a feeling of discomfort), non-productive cough, sore throat and rhinitis (symptoms of a common cold).

**22-1.2.1.1 Undetermined Airborne Disease** refers to a situation in which an individual states they have influenza or other airborne transmitted disease that requires precautionary measures but they are unable to provide evidence of medication or any other information to verify their statement.

**22-1.2.1.2 Suspected Airborne Disease** refers to a potential disease state in which an individual presents common signs or symptoms for influenza or another airborne disease that would require precautionary measures.

**22-1.2.1.3 Confirmed Airborne Disease** means an infectious case of influenza or other airborne disease that requires precautionary measures and has been identified by the individual's private physician or by the Health Department (through positive culture or other approved method) confirming the airborne disease to be present and the disease state is reported to be capable of being transmitted.

- 22-1.2.2 Blood Assay for Mycobacterium tuberculosis** or BAMT means a diagnostic blood test that assesses for the presence of infection with M. tuberculosis.
- 22-1.2.3 Coronavirus** means an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention.
- 22-1.2.4 Influenza** is one of the most common airborne diseases and affects mainly the nose, throat, bronchi, and occasionally the lungs. Influenza infection usually lasts for about a week, and is characterized by sudden onset of high fever, aching muscles, headache and severe malaise (a feeling of discomfort), non-productive cough, sore throat and rhinitis (symptoms of a common cold).
- 22-1.2.5 Limited Ventilated Work Space** means a work area that has limited natural or mechanical ventilation and has potential for accumulation of hazardous air contaminants.
- 22-1.2.6 Occupational Exposure** means the reasonably anticipated contact with airborne disease resulting from the performance of an employee's duties.
- 22-1.2.7 Occupational Exposure Incident** means Limited Ventilated Work Space contact with a suspected or confirmed case of an airborne disease or contact with an undetermined case of airborne disease that is later determined to be suspected, confirmed or otherwise infectious and contact was without the benefit of applicable exposure control measures required by this Chapter.
- 22-1.2.8 Personal Protective Equipment** refers to specialized clothing or equipment worn by an employee for protection against a particular hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) intended to function as protection against a hazard is not considered to be personal protective equipment.
- 22-1.2.9 Particulate Mask** may also be referred to as a surgical mask and covers the nose and mouth to prevent large droplets of bodily fluids that may contain viruses from escaping via the nose and mouth. These masks also protect the wearer against splashes and sprays from others, such as those from sneezes and coughs. The particulate or surgical mask is not for preventing the inhalation of small, airborne contaminants.
- 22-1.2.10 Precautionary Measures** are those actions taken to reduce the likelihood of infection from an airborne pathogen. Actions generally include engineering measures (i.e. assuring fresh air ventilation) and the wearing of certain personal protective equipment.
- 22-1.2.11 Respirator** also called N95 respirator masks, are designed to protect the wearer from small particles in the air that may contain viruses. They are certified by the CDC and the National Institute for Occupational Safety and Health (NIOSH). The name comes from the fact that they can filter 95 percent of airborne particles.

**22-1.2.12 Tuberculosis** is a systematic disease caused by *M. tuberculosis* and most commonly affects the lungs.

**Common symptoms of tuberculosis disease include:**

- Productive cough of greater than 3 weeks duration
- Coughing up blood
- Weight loss
- Loss of appetite
- Lethargy (more than usual tiredness/weakness)
- Night sweats
- Fever

**22-1.2.12.1 Undetermined Tuberculosis** refers to a situation in which an individual states they have TB and/or had a positive skin test but they are unable to provide evidence of medication or any other information to document the information.

**22-1.2.12.2 Suspected Infectious Tuberculosis** refers to a potential disease state in which an individual:

- a) presents (physically) five or more sign or symptoms of active TB (listed above);
- b) is known to be infected with *M. tuberculosis* and presents (physically) one or more sign(s) or symptom(s) of active TB (listed above); or
- c) A persistent cough lasting 3 or more weeks and presents (physically) two or more symptoms of active TB (listed above).

**22-1.2.12.3 Confirmed Infectious Tuberculosis** means an infectious case of tuberculosis has been identified by the individual's private physician or by the Health Department (through positive culture or other approved method) confirming *M. tuberculosis* in body fluid or tissue and the disease state is capable of being transmitted.

**22-1.2.12 Tuberculosis Disease** means a condition in which living *M. tuberculosis* bacilli are present in the body, producing clinical illness. The individual may or may not be infectious.

**22-1.2.13 Tuberculosis Infection** means a condition in which living *M. tuberculosis* bacilli are present in the body without producing clinically active disease. The infected individual has a positive tuberculin skin test reaction but he or she may have no symptoms related to the infection and may not be capable of transmitting the disease.

**22-1.2.14 Tuberculin Skin Test (PPD Test)** is a method used to evaluate the likelihood that a person is infected with *M. tuberculosis*. The method utilizes an intradermal injection of tuberculin antigen with subsequent measurement of the reaction induration. It is also referred to as a PPD skin test.

## 22-2 Airborne Pathogens Protection

**22-2.1 Work Place Controls** – The following practices and/or controls will be implemented at the department level:

- Employees having occupational exposure will be provided with hand washing facilities that are readily accessible. When provisions for hand washing facilities are not feasible, employees will be provided with either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic wipes.
- Employees who may be involved in emergency response measures including the administration of CPR and First Aid will be provided pocket masks equipped with a one-way valve.

**22-2.2 Personal Protective Equipment (PPE)** – Departments with employees whose job tasks may require the need to take precautionary measures for protection against airborne pathogens shall provide employees with the following PPE:

- disposable nitrile gloves
- safety glasses
- filtering face piece respirator
- particulate “surgical” mask

## 22-3 Medical Surveillance & Screening

**22-3.1 General** – Due to the severity of the M. tuberculosis disease, medical surveillance and screening shall be performed for purposes of early diagnosis and treatment of M. tuberculosis. Screening employees who have occupational exposure potential to airborne pathogen hazards provides a medical and work history obtained from clinical processes. Due to the severity of acquiring an airborne infection, a systematic assessment which includes medical testing and analysis shall be performed as stated within this section. The HRRMD shall coordinate the scheduling and all associated administration of the M. tuberculosis screening process.

**22-3.2 Jobs Classifications with Occupational Exposure** – Job classifications with reasonably anticipated occupational exposure to airborne hazards and in particular M. tuberculosis include:

- Sworn Police Personnel
- Sworn Fire Personnel

**22-3.4 Initial PPD or BAMT Testing** – Employees having a position listed as having occupational exposure for airborne pathogen hazards will be given a PPD Test (TB skin test) or BAMT as part of their initial employment physical. If an employee presents documented medical proof that they have previously tested positive for TB, the initial test will not be required.

**22-3.5 Subsequent PPD or BAMT Testing** – Sworn Fire Department personnel are required to have a PPD or BAMT test administered and read annually. At this time and unless infectious disease trending data reflects a need, subsequent testing for Sworn Police Department personnel is not required.

**22-3.6 General PPD Testing Policies** - A reading of the PPD test injection site must be performed 48 – 72 hours after initial injection. It is the employee’s responsibility to have their test read by the HRRMD assigned health care facility or by the Barren River District Health Department.

Employees will be provided written documentation of administered skin or blood test results.

Employees required to be annually tested who have experienced a previous positive PPD or BAMT test or those who can produce documentation of having a negative PPD or BAMT test within the prior 3 months will not be required to test.

The SRM shall reference the Center for Disease Control (CDC) and information obtained from the BRDHD for determining criteria regarding recommended policy, including testing frequency and target employee groups. Affected employees will be provided information on PPD and/or BAMT testing and testing will be offered free of charge to those listed as having potential for occupational exposure. Payment for follow up testing or other recommended medical services resulting from initial or subsequent M. tuberculosis testing will be the responsibility of the affected employee unless a workers’ compensation claim has been filed and accepted due to a previous related exposure event or there is evidence that the medical condition is work related.

## 22-4 Case Interaction Guidelines

**22-4.1 General** – Public Safety personnel shall assess individuals they come into contact with on a case by case basis and determine through observation and/or other reliable information, the potential presence of an airborne pathogen hazard. When assessing a case in which the exposure to TB or other airborne pathogen hazard might exist, personnel shall categorize the potential case and interact with the case subject accordingly

(see interaction guidelines listed below). Due to interaction preparation time limitations, the Police Department guidelines vary from those expected from the Fire Department.

**Undetermined TB or Airborne Pathogen Hazard Case** – When there is interaction with a case subject classified as “UNDETERMINED”, the subject should be given a particle/surgical type mask to wear and if possible the individual should be moved to a well ventilated area. If transportation is required using a City vehicle, it is recommended that the front windows be opened and the non-recirculating fan be set on high to allow circulation of fresh air into the vehicle.

**Suspected TB or Airborne Pathogen Hazard Case** – When there is interaction with a case subject classified as “SUSPECTED”, the individual should be given a particle/surgical type mask to wear and if possible the individual should be moved to a well ventilated area. Transportation of a SUSPECTED case should be performed in an ambulance. Police Officers required to transport or be within limited ventilated workspace contact with a SUSPECTED case should if possible, don an N95 respirator. Firefighters required to treat, transport or be within limited ventilated workspace contact with a SUSPECTED case shall use an N95 respirator. If Police personnel have prior knowledge that they will be encountering a SUSPECTED case and time permits, they shall be fit tested with an N95 respirator prior to the encounter and use of the N95 would be required.

**Confirmed TB or Airborne Pathogen Hazard Case** – When there is interaction with a case subject classified as “CONFIRMED”, the individual should be given a particle mask to wear and if possible the individual should be moved to a well ventilated area. Transportation of a CONFIRMED case should be performed in an ambulance. Firefighters required to treat, transport or be within limited ventilated workspace contact with a CONFIRMED case shall use a N95 respirator. If Police personnel have prior knowledge that they will be encountering a CONFIRMED case and time permits, they shall be fit tested with a N95 respirator prior to the encounter and use of the N95 would be required.

## 22-5 Airborne Hazard Post-Exposure Response

**22-5.1 General** – Immediately following an employee exposure event related to an airborne pathogen case as defined within this Chapter, the exposed employee should immediately take specific action to reduce the likelihood of infection.

### 22-5.2 Post-Exposure Protocol for a Suspected or Confirmed Non-TB Airborne Pathogen

- a) Wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand sanitizer.
- b) The exposed employee shall report the incident to their immediate Supervisor.
- c) The Employee and Supervisor shall follow all injury/illness reporting policies/procedures identified in Chapter IVX (Loss Occurrence Reporting Policies) and in addition, complete an [Airborne Exposure Report Form](#).
- d) Seek treatment and/or monitor health conditions for a period of time prescribed by a practicing licensed health care provider (PLHCP).
- e) If the exposed employee is monitoring health conditions per PLHCP recommendation and symptoms develop during this time period, medical treatment should be sought immediately.

**Note:** *If treatment is sought for symptoms alleged to be the result of a documented exposure to influenza or other airborne disease and evaluation confirms infection, care must be taken to only allow the employee to return to work duty after a physician provides written documentation identifying the employee as non-infectious.*

- f) Item(s)/surfaces that were in direct contact with or located within a limited workspace area of a case subject will need to be decontaminated/disinfected as prescribed within this Chapter.

**Note:** *PPE used for decontamination of surfaces/items will generally consist of nitrile gloves. In some cases there may be a need for additional PPE such as an N95 respirator or Tyvek protective suit. In cases where the type of PPE to be used is uncertain, the SRM should be consulted prior to performing the decontamination process.*

- g) The City's Infection Control Officer or designee will correspond with associated health care provider's infection control personnel and obtain a physician's written report regarding the exposure incident and/or may correspond with the BRDHD to obtain infection status of case subject. The City's Infection Control Officer or designee shall provide the physician's written report to the exposed employee.

### **22-5.3 Post-Exposure Protocol for a Suspected or Confirmed TB Case**

- a) Wash hands thoroughly with soap and water. If soap and water are not immediately available, use an alcohol-based hand sanitizer until a facility with water and soap is available.
- b) The exposed employee shall report the incident to their immediate Supervisor.
- c) The Employee and Supervisor shall follow all injury/illness reporting policies/procedures identified in Chapter IVX (Loss Occurrence Reporting Policies) and in addition, complete an [Airborne Exposure Report Form](#).
- d) Employee shall seek immediate health evaluation/treatment at an authorized health care facility and provide health care personnel with a copy of the [Airborne Exposure Report Form](#).
- e) Item(s)/surfaces that were in direct contact with or located within a limited workspace area of a case subject will need to be decontaminated/disinfected as prescribed within this Chapter.

**Note:** *PPE used for decontamination of surfaces/items will generally consist of nitrile gloves. In some cases there may be a need for additional PPE such as a N95 respirator or Tyvek protective suit. In cases where the type of PPE to be used is uncertain, the SRM should be consulted prior to performing the decontamination process.*

- f) The exposed employee may undergo a PPD or BAMT test (case dependent).  
**Note:** *It is the employee's responsibility to have their PPD test read according to the health care provider's prescribed timeframe.*
- g) The City's Infection Control Officer or designee will correspond with associated health care provider's infection control personnel and obtain a physician's written report regarding the exposure incident and/or may correspond with the BRDHD to obtain infection status of case subject. The City's Infection Control Officer or designee shall provide the physician's written report to the exposed employee.

## **22-6 Item/Vehicle Decontamination**

**22-6.1 General** – Item(s)/surfaces that were in direct contact with or located within a limited workspace area of a case subject identified as “suspect or confirmed” for an airborne pathogen or initially identified as “undetermined” and changed to “confirmed”, will need to be decontaminated/disinfected. Whenever decontamination/disinfection is required, it must be performed as soon as practical so that potential exposure resulting from employee contact with the item or area is limited.

**22-6.2 Item/Surface Decontamination** – When the airborne hazard requires decontamination/disinfection, objects/surfaces located in limited workspace environments where the case subject was present or came in direct contact shall be disinfected using an appropriate anti-viral/bacterial agent or a hypochlorite solution consisting of ¼ cup bleach to 1 gallon of cool water. Item(s) that cannot be immediately decontaminated must be placed inside a plastic bag and the bag secured to prevent spillage. Depending on the airborne hazard, the bag containing the potentially contaminated item(s) may need to be labeled with a biohazard symbol. Only after proper decontamination may an item(s) be returned to service and the plastic bag which held the item(s) discarded as non-infectious solid waste.

**22-6.3 Vehicle Decontamination** – When the airborne hazard requires decontamination/disinfection, the vehicle used to transport said subject shall be decommissioned, allowed to air out for 1-hour and the interior of the transport section of the vehicle wiped down/disinfected using an appropriate anti-viral/bacterial agent or a hypochlorite solution consisting of ¼ cup bleach to 1 gallon of cool water. The vehicle shall be decontaminated prior to being placed back into service. If a vehicle cannot be immediately decontaminated, it must be taken out of

service and reasoning for removal from service shall be posted in a conspicuous location to warn of potential exposure.

## 22-7 Airborne Hazard Training

**22-7.1 General** – Personnel having occupational exposure to airborne pathogens will receive a copy of this Chapter and be trained on its content. Training shall include information on the types of general airborne hazards and in particular, M. tuberculosis, the etiology, modes of transmission and methodologies for preventing infection. Related respirator and respiratory protection usage requirements relating to airborne hazards is defined in Chapter XVI (Respiratory Protection).

**22-7.2 Training Frequency** – Upon initial hire, Public Safety personnel will receive a copy of this Chapter and be trained on its content. Subsequent training shall be scheduled by the SRM or Public Safety Supervisor. Subsequent training will be based on need, performed when there is policy or procedural change or when employee knowledge inadequacies are evident.

**22-7.2 N95 Respirator Training & Fit Testing** – Personnel provided N95 respirators will be trained in accordance with [Chapter XVI - Respiratory Protection Program](#).

## 22-8 Record Keeping

**22-8.1 General** – Medical records including medical surveillance/screening results and/or airborne pathogen exposure records will be kept confidential and be maintained by the HRRMD. Upon written request, medical records shall be made available to the respective employee.

# EXPOSURE REPORT FORM

(Please use the version located on the "CLICK" and complete the form using computer)  
(Reference Section 22-5.2 & 22-5.3)

City of Bowling Green, Kentucky AIRBORNE PATHOGEN EXPOSURE REPORT FORM				
<b>Step 1: Employee Completes the Following:</b>				
<p>Name of Employee: _____</p> <p><b>Instructions to the Employee:</b> This form is to be completed following an exposure incident. Before completing this form, please review the definition of an exposure Incident (below). If after reading the definition of exposure incident (below) you are unsure as to whether an actual exposure took place, please complete this form and treat as an exposure incident.</p> <p style="text-align: center;"><i>If your incident does meet the definition of "exposure", YOU MUST FOLLOW STRICT POST-EXPOSURE PROTOCOL AS OUTLINED BELOW.</i></p> <div style="border: 2px solid red; padding: 5px; margin: 5px 0;"> <p><b>Exposure Incident:</b> Limited Ventilated Work Space contact with a suspected or confirmed case of tuberculosis or airborne disease or contact with an undetermined case of tuberculosis or airborne disease that is later determined to be suspected, confirmed or otherwise infectious and contact was without the benefit of applicable exposure control measures required by policy.</p> </div> <p>Time of Exposure: _____ Date of Exposure: _____  <small>Military Time;</small></p> <p style="text-align: center;">Vehicle Transport    Indoor Room    Close Contact (i.e. CPR/First Aid)</p> <p>Identify location of exposure (check all that apply):    <input type="checkbox"/>    <input type="checkbox"/>    <input type="checkbox"/>    Other: _____</p> <p>How much time was spent in limited work space contact with the subject case? _____</p> <p>List the task being performed at the time of exposure and describe in detail how the exposure occurred:            _____</p> <p style="text-align: right;">Yes    No</p> <p>Was a filtering face piece (N95) used by the employee during contact with case individual?    <input type="checkbox"/>    <input type="checkbox"/>    Yes    No</p> <p style="text-align: right;">Yes    No</p> <p>Was source individual provided a particulate (surgical) mask?    <input type="checkbox"/>    <input type="checkbox"/>    Yes    No</p> <p style="text-align: right;">Yes    No</p> <p>Did source individual wear the particulate mask?    <input type="checkbox"/>    <input type="checkbox"/></p>				
<p><b>EXPOSURE PROTOCOL</b></p> <p>Immediately following any exposure incident, the exposed employee shall:</p> <ol style="list-style-type: none"> <li>1) Wash hands with soap and water.</li> <li>2) Report the airborne pathogen exposure to your immediate Supervisor.</li> <li>3) Follow all injury/illness reporting policies/procedures and Notify the City Infection Control Officer or Safety &amp; Risk Manager.</li> <li>4) Seek immediate health evaluation/treatment at an authorized health care facility and provide health care personnel with a copy of this report.</li> </ol>				
<b>Step 2: Supervisor Completes the Following:</b>				
<p>Name of Supervisor: _____</p> <p><b>Supervisor Instructions:</b> This form is to be e-mailed to Safety &amp; Risk Management (<a href="mailto:david.weisbrodt@bgky.org">david.weisbrodt@bgky.org</a> and <a href="mailto:kim.ives@bgky.org">kim.ives@bgky.org</a>) immediately following an exposure incident (<b>DO NOT Wait for Department Head Comment/Signature</b>). <b>Reminder: An occupational exposure incident involving airborne pathogens shall initiate all workers' compensation reporting requirements.</b></p> <p>Supervisor's Comments:            _____</p> <p>Supervisor's Name: _____ Supervisor's Signature: _____ Date: _____</p> <p>Department Head Comments:            _____</p> <p>Department Head Name: _____ Department Head Signature: _____ Date: _____</p>				
<p style="text-align: center;"><b>REQUEST FOR NOTIFICATION OF INFECTIOUS DISEASE</b></p> <p>TO: Health Care Provider (i.e. The Medical Center; FAX: 270-745-1188)</p> <p>Date: _____</p> <p>On _____ (date), a City of Bowling Green employee was exposed to airborne pathogens from a known individual (source). The individual was evaluated at your facility on _____ (date), at approximately _____ (time).</p> <p><i>The City of Bowling Green Infection Control Officer requests notification of source individual infectious disease results be reported to the following:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>David Weisbrodt Safety &amp; Risk Manager Phone: (270) 393-3629 Cell: (270) 202-6776 Home: (270) 618-6776</p> </td> <td style="width: 33%; vertical-align: top; text-align: center;"> <p>or</p> <p>Lori Gray Benefits Manager &amp; Privacy Officer Phone: (270) 393-3644</p> </td> <td style="width: 33%; vertical-align: top; border: 2px solid red; padding: 5px;"> <p style="text-align: center;"><b>Results may be faxed to:</b></p> <p style="text-align: center;">Fax: (270) 901-3162</p> </td> </tr> </table> <p>The Safety &amp; Risk Manager shall communicate the source individual's results with the exposed employee's health care provider (if applicable). If you have any questions or need additional information, please do not hesitate to call.</p> <p>Sincerely, David Weisbrodt Safety &amp; Risk Manager</p>		<p>David Weisbrodt Safety &amp; Risk Manager Phone: (270) 393-3629 Cell: (270) 202-6776 Home: (270) 618-6776</p>	<p>or</p> <p>Lori Gray Benefits Manager &amp; Privacy Officer Phone: (270) 393-3644</p>	<p style="text-align: center;"><b>Results may be faxed to:</b></p> <p style="text-align: center;">Fax: (270) 901-3162</p>
<p>David Weisbrodt Safety &amp; Risk Manager Phone: (270) 393-3629 Cell: (270) 202-6776 Home: (270) 618-6776</p>	<p>or</p> <p>Lori Gray Benefits Manager &amp; Privacy Officer Phone: (270) 393-3644</p>	<p style="text-align: center;"><b>Results may be faxed to:</b></p> <p style="text-align: center;">Fax: (270) 901-3162</p>		
<p><b>PLEASE FORWARD A COPY OF THIS FORM TO YOUR INFECTION CONTROL DEPARTMENT</b></p>				

# CHAPTER XXIII

## PEST CONTROL PLAN

### 23-1 Pest Control Plan

**23-1.1 Policy** – The City of Bowling Green recognizes that Public Safety personnel, in the normal course of their duties, may come into contact with various pests that could be determined as a health hazard or at minimum a general nuisance. Pests of particular concern include but are not limited to bed bugs, roaches, fleas, mites, ticks, rodents, etc. This plan focuses mainly on bed bugs due to their recent proliferation and the increasing risk emergency response personnel face with carrying these pests into vehicles, City facilities and even to their personal place of residence. In an effort to reduce the chance of contact with various pests and the potential health hazards and/or general nuisances they create, the City has adopted the following procedures.

The Safety & Risk Manager (SRM) shall utilize the most current information to annually review, update and maintain this written Pest Control Plan and educate employees on the policy and procedures contained within this Chapter. While this plan mainly addresses the concern of bed bugs, additional Sections may be added to this Chapter in the future if other pest concerns develop.

#### 23-1.2 Definitions

- 23-1.2.1 **Bed Bugs** – a small, brownish, flattened insects that feed solely on the blood of animals.
- 23-1.2.2 **Decontamination** – the neutralization or removal of dangerous substances, radioactivity, or germs from an area, object, or person.
- 23-1.2.3 **Infestation** – the presence of an unusually large number of insects or animals in a place, typically so as to cause damage or disease.
- 23-1.2.4 **HEPA** – High-efficiency particulate air.
- 23-1.2.5 **Pest** – a plant or animal detrimental to humans or human concerns.

### 23-2 Bed Bugs

**23-2.1 General** – Over roughly the past decade, bed bugs have made a dramatic comeback in the U.S.— they're appearing increasingly in homes, apartments, hotels, health care facilities, dormitories, shelters, schools and public transportation. Other places where bed bugs sometimes occur include movie theaters, laundries, rental furniture, and office buildings. The following guidelines have been developed to help minimize the potential for emergency services personnel from transporting bed bugs from an infested premises to the workplace, home or into the community. Following these guidelines will also limit the potential for transporting other pests such as cockroaches or fleas from an infested premises.

### 23-3 Housekeeping Policy

**23-3.1 Housekeeping Policy** – Housekeeping policy measures are a key precautionary component for proactively preventing the introduction and spread of pests and in particular, bed bugs. Specific housekeeping measures have been developed and implemented for City facilities whose employees have potential contact with pest infestation.

**23-3.2 Item Storage** – The method in which items are stored and the amount and type of items may contribute to the housing and proliferation of pests. Bed bugs for instance are active mainly at night and during the daytime they prefer to hide close to where people sleep. Their flattened bodies enable them to fit into tiny crevices, especially those associated with mattresses, box springs, bed frames and headboards. Bed bugs do not have nests like ants or bees, but do tend to congregate in habitual hiding places created sometimes by the

method items are stored. The following storage practices are to be followed to reduce the chance of bed bug infestation.

### **Storage Practices**

- BGFDF floors and BGPD locker room floors are to be free of cardboard, loose linens/fabrics.
- Items not placed in a personal lockers shall be placed in plastic totes with closing lids or other Department approved container.
- Items found on the floor and not contained within a plastic tote or other approved container(s) shall be removed to a designated location.

**Note:** *Items removed from BGFDF floors are to be taken to a designated location within the station truck bay. Items removed and placed within this designated location must be claimed in a timely manner by the owner. Items not claimed within a timely manner will be discarded.*

**23-3.3 General Cleaning & Survey** – Cleaning practices whether performed by outside contractor or City personnel shall be performed to an extent that precludes the opportunity for bed bug infestation. Employees whose general duties include various cleaning assignments shall be able to recognize signs of bed bug infestations and shall survey the facility for infestation during general cleaning operations.

**23-3.3.1 BGFDF Specific Cleaning Protocol** – Living quarters shall be swept daily and each crew's assigned clean-up area shall be thoroughly cleaned every Friday they are on duty. A thorough clean-up includes, but is not limited to:

- Floors mopped with disinfectant solution.
- Walls and furniture wiped down with a disinfectant solution.
- Carpeted floors vacuumed.

**23-3.3.2 Bedding** – Where bedding is provided by the City, mattresses shall be fitted with impermeable covers. Employees requiring sleeping quarters shall launder personal bed linens not less than once per week. Bed linens shall be laundered using hot water and dried for not less than 20 minutes on high heat. During linen change out, employees are to survey bed linens and mattress coverings for signs of infestation.

## **23-4 Pest Contact Protocol**

**23-4.1 General** – Public Safety personnel will have the greatest chance of coming into contact with pests during a residential visit. Additionally, all employees in general should be vigilant when travelling and particularly when staying at hotels/motels as pests and particularly bed bugs are commonly known to infest places where overnight stay is commonplace. To reduce chance of contact and possible transfer of pests, employees will be made aware through training, the basics of bed bugs and other pests – what they look like and how to identify signs of an infestation.

**23-4.2 Precautions for Pest Contact Prevention** – All emergency personnel should enter a residence with the mind-set of "precaution", rationalizing the experience by assuming beds, furniture, and other items may be infested with pests. In extreme infestation cases, bed bugs for instance will climb onto and hide on/in equipment, personnel and victims/patients. With this mind-set, emergency response personnel should consider the following precautions to help minimize pest contact:

1. Avoid wearing pants with cuffs or shoes with laces.
2. Try to limit the amount of items you take with you into the residence.
3. Never place items directly on a bed, cloth furniture or carpeting.
4. If you need to sit down during a visit, choose a wooden, plastic or metal chair, as bed bugs prefer soft upholstered furniture in which to hide.

5. Be aware of your surroundings and be careful of coming into contact with fabric, furniture, bedding, and walls.
6. After returning to your vehicle, do a quick self-inspection prior to entering.

**23-4.3 Pest Contact Precautions for Locations w/ Suspected or Confirmed Infestation** – When infestation at a particular residence is suspected due to observed infestation evidence and/or location history, personnel should take the following additional precautions:

**Prior to Entry:**

- a) Pant legs shall be tucked into boots or rolled so that they do not touch the top of the shoe/boot.
- b) If available, don protective shoe covers (“booties”) prior to entry.
- c) Insecticide spray may be applied to the lower extremity area (feet/legs) prior to entry.
- d) In cases of extreme infestation (where contact with pests is unavoidable and unmanageable), disposable coveralls (i.e. Tyvek suite) may be donned prior to entry.
- e) Plastic sheeting may be taken into the residence to be placed on the floor surface prior to employee kneeling or sitting to minimize employee direct pest contact.

**Note:** *Pest contact prevention precautions should be taken but only as long as they are done in a manner that is expedient and does not jeopardize patient care and/or hinder the efficiency and effectiveness of the emergency response.*

**After Exiting Residence**

- f) Personnel shall take themselves out of service by notifying dispatch.
- g) Loose items (i.e. equipment) taken into the residence should be treated with insecticide and place into tightly sealed plastic bag(s) prior to placing them in the vehicle.
- h) Remove and properly contain/bag any PPE protective gear (Tyvek/Booties).
- i) Perform a self-inspection and treat lower pants legs and shoes with bed bug spray/insecticide prior to entering the vehicle.

**Note:** *Fire Department bunker gear must stay within the station bay or gear room and shall not be taken or worn into the dorm or other living or BGFAD administrative areas.*

**Arrival at Station**

- j) All contained/bagged items shall be properly decontaminated.
- k) Fire apparatus seats and the surrounding interior shall be properly disinfected.
- l) Shoes/boots shall be placed on the gear dryer rack and heated for 20 minutes. Use caution when using dryer rack to avoid overheating/melting items.
- m) Decontaminate bunker pants, coats, etc.
- n) After all items are decontaminated, personnel shall proceed to the laundering room, remove outer clothing and place into dryer for proper decontamination.
- o) Personnel shall shower.

**Note:** *Personnel shall not enter living quarters and shall not sit on any furniture prior to completing items “j” thru “o” (above). Employees shall ensure they have extra uniform clothing and shoes available so that out of service time is limited.*

**23-4.4 Decontamination** – Items that come in contact with or have potentially come into contact with pests, shall be properly contained, cleaned and disinfected. Proper containment, cleaning and disinfection shall consist of the following:

- **Containment** – Items that have potential for transporting bed bugs due to contact with a pest infestation shall be contained within sealed plastic bags prior to transport.
- **Cleaning** – Items that have had contact with a pest infestation shall be sprayed with an insecticide specifically formulated to kill bed bugs. Non-porous items (i.e. equipment) shall be

sprayed with insecticide and then washed with soap and water. Porous items such as clothing are to be laundered and placed into a drier using high heat (at least 120 degrees) for not less than 20 minutes.

**23-4.5 Personal Protective Equipment (PPE)** – Departments with employees whose job tasks may require the need to take precautionary measures for protection against pests shall provide and train employees on the use, care, maintenance and limitations of the following PPE:

- Disposable nitrile gloves
- Safety glasses
- Tyvek or equivalent type suit covering
- Tyvek or equivalent boot covering

## 23-5 Pest Infestation Protocol

**23-5.1 Bed Bug Infestation Observed at City Facility** - If bed bugs are found to be present at a City facility, the area in which infestation was observed shall undergo the following:

- a) The immediate and surrounding area should be surveyed by City employees trained to identify bed bug infestations. Regardless of where the bed bug(s) are observed to be present, if a sleeping quarters is present (i.e. BGF D Fire Stations), all mattresses, bed rails, headboards or other bed hardware and surrounding walls/baseboards/outlets shall be examined for signs of infestation.
- b) The BGF D Shift Officer or acting BGF D Sergeant shall be notified of survey findings and the findings shall be immediately reported to the Chief and Safety/Risk Manager. The Chief and/or the Safety/Risk Manager will consider all facts surrounding the infestation survey findings and will determine the need for involving a professional exterminator.

**Note:** *The proper cleanup/extermination actions will depend on the extent of infestation found during the facility survey. If the extent of infestation is confined and limited in such a manner that a professional exterminator is determined to be not necessary, City personnel will perform initial general cleaning/extermination actions, including those listed below.*

**Note:** *If the infestation is found to be more than just a confined problem, a professional exterminator will be immediately consulted. If a professional exterminator is consulted and their response will be within 6-hours, the exterminator shall determine the need for cleaning and other extermination type activities. If an immediate response cannot be reasonably obtained, City employees will proceed with the performance of items “c” thru “g”.*

- c) The floors located within the area where infestation was observed shall be vacuumed using a HEPA filter and mopped. When completed, the HEPA vacuum bag should be sealed and immediately taken to an outdoor trash receptacle. The vacuum cleaner should then be disinfected thoroughly with bed bug insecticide following its use.
- d) Drapery and any other linens such as clothing shall be immediately collected, removed from the room and decontaminated using the cleaning process found in Section 23-4.4.
- e) Walls and baseboards shall be “wiped down” with a disinfectant cleaner.
- f) Following cleaning and disinfection of infested area, place bed bug traps at locations and in numbers recommended by the trap manufacturer.

g) Monitor traps and sleeping quarters regularly to identify further infestation.

**23-5.2 Bed Bug Infestation at Employee Residence** – If an employee knows or has reason to believe their home has been infested with bed bugs, it is expected that the employee take appropriate actions to prevent the spread of bed bugs and particularly the transporting of bed bugs to City property.

**23-5.2.1 Bed Bug Reporting Requirements** – Due to unique work/living/sleeping arrangements, BGFDF employees are to immediately report any evidence of bed bug infestation of their own residence to their respective supervisor. Upon notification that infestation exists at a particular employee's place of residence, the City may implement return to work restrictions until the employee provides documentation from a reputable exterminator, identifying successful bed bug treatment/eradication.

**23-5.2.2 Bed Bug Employee Residence Inspection** – Should confirmed bed bug infestation be identified at a City facility, the City may suggest and request effected employee(s) have their home inspected for bed bugs by a professional exterminator. The purpose for such inspection is to verify that the bed bugs identified in the employee's working environment have not been transported to the employee's residence. Effected employee(s) are defined as those whose office or sleeping quarters was found to be infested and/or any other employee(s) who are assigned to the same facility and/or may work or sleep near the area of confirmed infestation. Should the City determine a need to suggest and request such inspection, the City would pay for the initial inspection. The extermination of bed bugs from a City employee residence would be paid for by the City if the infestation is determined to be the cause of employee's working environment.

**22-5 Professional Extermination** – Following an observance of infestation at a City facility, the Safety & Risk Manager and/or Department Head shall determine if a professional pest control company should be contracted.

## 23-6 Pest Training

**23-6.1 General** – This training is especially important for Public Safety Personnel and for those employees whose positions requires occasional travel assignments that require overnight stay at hotels. All full-time City employees and particularly those within the Public Safety sector will receive a copy of this Chapter, training on its content and provided the "basics of bed bugs" – appearance, how to identify signs of an infestation, and how to protect oneself and prevent the transport from an infested location

**23-6.2 Training Frequency** – Upon hire, applicable personnel will receive a copy of this Chapter and be trained on its content. Subsequent training shall be scheduled by the SRM or Public Safety Supervisor. Subsequent training will be based on need, performed when there is policy or procedural change or when employee knowledge inadequacies are evident.

## 23-7 Handling/Storage of Donated or Second-Hand Items

**23-7.1 General** – Donations of clothing, shoes, coats, toys and other personal belongings are vital to many programs that help individuals within The City of Bowling Green community and many times City personnel are involved with the collection and distribution efforts involving these items. When collecting second-hand items for distribution, City personnel should take the following precautions:

- The use of City vehicles or buildings as staging/collection points for donated items is discouraged.
- When collecting donations, advise that donations not be dropped off in cardboard containers. Insist instead that plastic bags be utilized. Bed bugs like to hide inside cardboard boxes.
- It is preferable that donated items be sorted at a non-City location. If however, City personnel are responsible for sorting donated items on City property, items should be sorted carefully on clean linoleum floor and in a separate room from already sorted and inspected items. To prevent escape of bed bugs (should they be present) during sorting activity, items should be placed inside of perimeter of strategically placed double sided carpet tape.

- After sorting is completed and or the removal of donated items is complete, the room and/or vehicle where items were stored/sorted should be thoroughly vacuumed and cleaned using techniques that will protect the spread of infestation. If bed bugs are identified within the area items were sorted/stored, decontamination techniques described within this Chapter shall be utilized to render the area clean.
- Before distribution, items such as clothes, backpacks, coats, linens, blankets and soft stuffed toys should be washed and dried using highest heat.

## 23-8 Record Keeping

**23-8.1 BGFDF Reporting Requirement** – The BGFDF Report Writer shall inform their Officer-in-charge of the address of observed bed bug infestation evidence. The Officer-in-charge shall notify the BGFDF Dispatch Coordinator via e-mail of the bed bug infestation address so that the information may be added to caution notes for future use by emergency response personnel.

**23-8.2 BGFDF Dispatch Reporting Requirement** – After receiving a report of infestation at a residence, BGFDF Dispatch should add caution notes to the CAD system so that potential infestation information is available to emergency personnel during any future emergency response.

