

# Town of Alpine

## Accident Prevention & Safety Manual

Origination Date:	January 23, 2019	Revision Date:	February 10, 2026
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## **Town of Alpine Accident Prevention & Safety Manual**

### **1. General Safety Program Administration**

### **2. Employee Safety Handbook**

◆ *Handbook = expectations, not procedures*

### **3. Disciplinary Action Program (STAND-ALONE AUTHORITY)**

### **4. Accident Reporting & Investigation Program**

### **5. OSHA / WYOSH Injury Illness Recordkeeping (29 CFR 1904)**

### **7. Hazard Communication Program (29 CFR 1910.1200)**

### **8. Personal Protective Equipment (PPE) Program (29 CFR 1910 Subpart I)**

### **9. Bloodborne Pathogens Program (29 CFR 1910.1030)**

### **10. Respiratory Protection Program (29 CFR 1910.134)**

### **11. Confined Space Program – Integration Section**

*(Full Permit Program maintained separately)*

### **12. Excavation & Trenching Safety Program (29 CFR 1926 Subpart P)**

### **13. Lockout / Tagout Program (29 CFR 1910.147)**

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- C. Accident Investigation Forms
- D. PPE Hazard Assessments
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# 1. Town of Alpine Safety Policies and Procedures

This Accident Prevention & Safety Manual applies to all Town of Alpine employees, elected officials when performing operational duties, temporary employees, and volunteers performing work on behalf of the Town where exposure to workplace hazards may exist.

This manual is intended to meet the requirements of applicable federal Occupational Safety and Health Administration (OSHA) standards as adopted and enforced by Wyoming Occupational Safety and Health (WYOSH). Where specific operations require additional task-specific procedures or permits, those documents shall supplement—but not replace—this manual.

Nothing in this manual is intended to create a contractual obligation or guarantee of employment. Safety rules and procedures are conditions of employment and may be updated as regulations, operations, or hazards change.

## Town of Alpine Safety Policy Statement

The Town of Alpine is committed to providing a workplace that is free from recognized hazards that may cause injury, illness, or death. Safety is a core value of the Town and is considered equally important with service delivery, quality of work, and fiscal responsibility.

The Town will comply with all applicable federal, state, and local safety and health regulations, including but not limited to:

- Occupational Safety and Health Administration (OSHA) standards as adopted by WYOSH
- Environmental Protection Agency (EPA) regulations
- Department of Transportation (DOT) regulations
- Applicable Wyoming statutes and administrative rules

All injuries, illnesses, and incidents are considered preventable through effective planning, training, supervision, and employee participation. Safety is the responsibility of every employee at every level.

## Types of Written Safety Plans in Place

Because the Town cares about employee safety and strives to provide a safe workplace, multiple written safety plans are in place. These plans provide guidance and direction for the safety issues they address and are incorporated throughout this Accident Prevention & Safety Manual.

## Employer Responsibilities

The Town of Alpine shall:

- Provide a workplace reasonably free from recognized hazards
- Establish, implement, and maintain an effective safety and health program
- Provide required safety training and documentation
- Ensure equipment, facilities, and property are maintained in a safe condition
- Investigate incidents and implement corrective actions

- Enforce safety rules consistently and fairly

Department supervisors and management are responsible for ensuring employees under their supervision understand and follow all applicable safety rules and procedures.

### **Employee Responsibilities**

All Town employees are required to:

- Comply with all applicable safety rules, policies, and procedures
- Perform work in a safe manner and avoid unsafe acts
- Use required personal protective equipment (PPE)
- Report on unsafe conditions, hazards, near-misses, injuries, and illnesses immediately
- Participating in required safety training
- Maintain clean and orderly work areas

Failure to comply with safety requirements may result in disciplinary action.

### **Designated Safety Officer**

The Public Works Director is designated as the Town of Alpine Safety Officer.

The Safety Officer has the authority and responsibility to administer and enforce the Town's safety and health program, including:

- Program implementation and updates
- Incident investigation and reporting
- Safety inspections and audits
- Regulatory compliance monitoring
- Employee safety training coordination

The Safety Officer reports directly to Town Council regarding safety and health matters.

### **Training Policy**

The Town of Alpine will provide safety training to employees as required by regulation and as necessary to perform assigned duties safely.

Training includes:

- New employee orientation
- Job-specific safety training
- Refresher and periodic training
- Training related to new equipment, materials, or procedures

All training shall be documented and retained in accordance with regulatory requirements.

## **Policy Statement**

Employees need to know the Town's position on safety and health and what we expect of them. They need a clear understanding of the rules and the consequences of breaking those rules. This is true in all areas of work, but it is especially important for workers' safety and health. As part of the policy statement, and in the employee safety handbook, the Town has a written statement setting forth its disciplinary policy. Company managers and supervisors will always be on the lookout for safety violations and will conscientiously and vigorously enforce the Town's commitment to safety.

## **2. Employee Safety Handbook**

### **General Health & Safety Policies**

The Town of Alpine is committed to providing all employees with a safe and healthy workplace. Hazards may be identified during planning and design, routine workplace inspections, job hazard analyses, or through employee reports.

All recognized safety and health hazards shall be eliminated or controlled as promptly as feasible, with priority given based on the level of risk posed. Engineering controls and substitution of less hazardous processes or materials are the preferred methods of hazard abatement. Personal protective equipment (PPE) shall be used when other control measures are not feasible or as an additional protective measure.

Safety rules have been developed with input from supervisors and employees. These rules address behaviors and work practices that can lead to accidents and injuries. All employees are expected to become familiar with and follow applicable safety rules. Supervisors are responsible for enforcing safe work practices.

Most accidents are preventable when employees follow safety rules and use required protective equipment.

### **THINK SAFE — WORK SAFE — BE SAFE**

#### **Why Work Safely?**

- Your safety protects the people who matter most—your family.
- A work-related injury can impact your ability to work, participate in daily activities, and enjoy life outside of work.
- Working safely protects you, your coworkers, and the community.

#### **What Does Working Safely Mean?**

- Wearing required personal protective equipment.
- Performing tasks correctly and avoiding unsafe shortcuts.
- Staying alert and focused on the task at hand.
- Asking your supervisor for instructions before performing unfamiliar tasks.

#### **Your Safety Rights**

Employees have the following rights under federal and state law:

- The right to a workplace is free from recognized hazards.
- The right to receive information about workplace hazards and how to protect yourself.
- The right to know about chemical hazards and access Safety Data Sheets (SDS).
- The right to question instructions that may place you or others in danger.
- The right to access your medical and exposure records.

- The right to report safety concerns without fear of retaliation.

## **Your Safety Responsibilities**

Employees are responsible for:

- Reporting all work-related injuries, illnesses, and near misses immediately.
- Following safety rules and safe work practices.
- Reporting unsafe conditions or hazards.
- Helping coworkers recognize unsafe conditions or behaviors.
- Asking questions when safety requirements are unclear.

## **Employee Safety Rules**

Not all safety rules can be listed in one document. Employees must follow all general and department-specific safety rules and ask their supervisor for guidance when assigned unfamiliar tasks.

## **Access to Employee Exposure & Medical Records**

Employees or their designated representatives may request access to medical or exposure records. Access will be provided within a reasonable time, not to exceed fifteen (15) working days. Requests may be made through the **Safety Officer**.

## **General Safety Rules**

- Read and follow posted safety notices and instructions.
- Obey all warning signs and operating procedures.
- Assist coworkers when necessary to perform work safely.
- Horseplay, pranks, or unsafe behavior are strictly prohibited.
- Clean up spills immediately or report them.
- Report unsafe conditions or damaged equipment immediately.
- Wear required PPE at all times.
- Use ladders or step stools—never furniture.
- Do not report to work under the influence of alcohol or illegal drugs.

## **Hazard Communication**

- All hazardous chemicals must be properly labeled.
- Safety Data Sheets (SDS) are available through supervisors or the Safety Officer.
- Use required PPE when handling chemicals.

## **Lockout/Tagout**

- Never operate equipment with a lock or tag.
- Never remove locks or tags.
- Only authorized employees may perform lockout/tagout.

## **Electrical Safety**

- Only trained personnel may perform electrical work.
- Do not use damaged cords or equipment.
- Do not use electrical equipment in wet conditions.

## **Machine Safety & Guarding**

- Never operate equipment without training.
- Never remove or bypass guards.
- Report missing or damaged guards immediately.

## **Lifting & Material Handling**

- Assess weight before lifting.
- Use assistance or equipment when needed.
- Lift with legs, not back.
- Avoid twisting while carrying loads.

## **Fire Safety**

- Attempt to extinguish only very small fires if trained.
- For larger fires: activate alarm and evacuate.
- Assemble designated areas and report missing personnel.

## **Fire Extinguisher Use (PASS)**

- Pull the pin
- Aim at the base
- Squeeze the handle
- Sweep side to side

## **Horseplay**

Horseplay, pranks, scuffling, or throwing objects is prohibited and may result in disciplinary action.

## **Personal Protective Equipment (PPE)**

Supervisors will identify required PPE for each task. Employees must:

- Inspect PPE before use
- Replace damaged PPE
- Store PPE properly

## **Bloodborne Pathogens**

Employees who have not received bloodborne pathogen training or been offered the Hepatitis B

vaccination **must not** handle blood or bodily fluids.

If exposure occurs:

- Notify your supervisor immediately.
- Seek medical evaluation as directed.

### **Housekeeping Expectations**

- Keep work areas clean and orderly.
- Clean spills immediately.
- Report trip and slip hazards.

### **Injuries & Accidents**

- All injuries, illnesses, near misses, and accidents must be reported immediately.
- First aid incidents must be documented.
- Incidents requiring medical treatment must be investigated and documented.
- Failure to report injuries promptly may affect workers' compensation eligibility.

### **Workers' Compensation Fraud**

The Town supports employees with legitimate work-related injuries or illnesses. Suspected fraud will be referred to the Town's workers' compensation carrier and appropriate authorities.

### **Drug & Alcohol Policy**

The Town prohibits the use, possession, or influence of illegal drugs or alcohol during work hours or on Town property.

Testing may be required:

- Upon reasonable suspicion
- After workplace accidents involving injury or damage
- As a condition of employment

Refusal to submit to testing may result in disciplinary action.

### **Return-to-Work Policy**

- Employees returning to work with medical restrictions may be assigned modified duties consistent with medical limitations whenever possible.

Failure to follow safety rules or procedures may result in disciplinary action in accordance with the Town of Alpine Disciplinary Action Program.

# TOWN OF ALPINE

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

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

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Training Topics Covered in The Employee Safety Handbook:

- GENERAL HEALTH & SAFETY POLICIES
- THE IMPORTANCE OF WORKING SAFELY & WHAT IT INVOLVES
- YOUR SAFETY RIGHTS
- EMPLOYEE RESPONSIBILITIES
- EMPLOYEE SAFETY RULES
- EMPLOYEE ACCESS TO EXPOSURE & MEDICAL RECORDS
- BLOODBORNE PATHOGENS – GENERAL AWARENESS
- REPORTING OF INJURIES AND ACCIDENTS
- SEEKING MEDICAL TREATMENT FOR WORK RELATED INJURIES
- WORKERS' COMPENSATION FRAUD
- HORSE PLAY
- DISCIPLINARY ACTION
- RETURN TO WORK POLICY
- DRUG & ALCOHOL TESTING POLICY
- OSHA'S HAZARD COMMUNICATION STANDARD
- PERSONAL PROTECTIVE EQUIPMENT (PPE): JOB REQUIREMENTS, CARE & LIMITATIONS OF PPE.
- EYE SAFETY
- LOCKOUT/TAGOUT: CONTROL OF HAZARDOUS ENERGY
- ELECTRICAL SAFETY
- FORKLIFT OPERATION
- MACHINE SAFETY & GUARDING
- LIFTING & MOVING MATERIAL HOUSE KEEPING
- FIRE PROCEDURES & USE OF FIRE EXTINGUISHERS

I have read and understand all of the information covered in the Employee Safety Handbook. The topics covered in the handbook are listed above. In addition, I have read and understand the Town's Accident Prevention and Safety Plan.

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

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

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

### 3. Disciplinary Action Program

#### Purpose

The purpose of the Disciplinary Action Program is to ensure consistent enforcement of safety rules and safe work practices across all Town of Alpine operations. Compliance with safety policies and procedures is a condition of employment. This program establishes a clear, fair, and documented process for addressing violations of safety rules in order to prevent injuries, illnesses, property damage, and regulatory violations.

This program supports and applies to **all safety-related policies, procedures, and programs** contained within the Town of Alpine Safety & Health Manual.

#### Policy Statement

The Town of Alpine is committed to providing a safe and healthy workplace for all employees. Employees are expected to comply with all safety rules, procedures, training requirements, and lawful supervisory instructions related to workplace safety.

Failure to comply with safety requirements, whether through unsafe acts, unsafe conditions, or failure to follow established procedures, will result in disciplinary action. Discipline is intended to be corrective, not punitive, and is designed to prevent recurrence through accountability and retraining.

#### Scope and Applicability

This Disciplinary Action Program applies to:

- All Town of Alpine employees
- All departments, job classifications, and work locations
- All safety-related programs, including but not limited to:
  - Employee Safety Handbook
  - Hazard Communication
  - Bloodborne Pathogens
  - Respiratory Protection
  - Confined Space
  - Lockout/Tagout
  - Electrical Safety
  - Machinery & Machine Guarding
  - Material Storage & Handling
  - Fire Prevention
  - Emergency Action
  - First Aid
  - Substance Abuse
  - OSHA / WYOSH compliance requirements

Contractors and temporary workers are expected to follow equivalent safety rules while on Town property

and may be removed from the worksite for safety violations.

## **Responsibilities**

### **Safety Officer**

The Safety Officer is responsible for:

- Ensuring this program is implemented consistently
- Reviewing safety violations and disciplinary documentation
- Verifying retraining requirements are met
- Maintaining disciplinary records related to safety violations

### **Supervisors**

Supervisors are responsible for:

- Enforcing safety rules consistently
- Correcting unsafe acts or conditions immediately
- Documenting safety violations and corrective actions
- Assigning retraining when required
- Preventing employees from returning to work when unsafe conditions exist

### **Employees**

Employees are responsible for:

- Following all safety rules and procedures
- Using required personal protective equipment
- Reporting hazards, injuries, and unsafe conditions
- Participating in required training and retraining
- Complying with corrective actions related to safety violations

## **Types of Safety Violations**

Safety violations may include, but are not limited to:

- Failure to wear required PPE
- Failure to report injuries, near-misses, or hazards
- Removing, bypassing, or disabling safety guards
- Operating equipment without authorization or training
- Failure to follow Lockout/Tagout procedures
- Unsafe operation of vehicles, machinery, or tools
- Horseplay or reckless behavior
- Substance abuse violations
- Failure to follow emergency procedures

- Repeated unsafe acts or disregard for safety rules

### **Progressive Disciplinary Actions**

Disciplinary action will be based on the severity of the violation, the employee's work history, and the potential or actual risk created.

Disciplinary actions may include one or more of the following:

- **Verbal Warning**
  1. Documented by the supervisor
  2. Includes coaching and clarification of expectations
- **Written Warning**
  1. Formal documentation placed in the employee file
  2. Includes required retraining
- **Suspension**
  1. Temporary removal from duties
  2. May require retraining and demonstration of competency before return
- **Termination of Employment**
  1. For serious violations or repeated noncompliance

Nothing in this program limits the Town's authority to bypass progressive steps when a violation presents **immediate danger**, involves **willful misconduct**, or results in **serious injury, fatality, or major property damage**.

### **Immediate Disciplinary Action**

Certain violations may result in immediate suspension or termination, including but not limited to:

- Willful disregard of safety procedures
- Operating equipment after being instructed not to
- Removing safety guards without authorization
- Lockout/Tagout violations
- Substance abuse violations
- Falsification or omission of accident or injury information
- Failure to report injuries or accidents

### **Retraining Requirements**

Unsafe acts require **documented retraining** before the employee resumes affected job duties.

Retraining shall:

- Address the specific violation
- Reinforce applicable safety procedures
- Be documented by the supervisor or Safety Officer

- Be completed prior to return to full duty when required

### **Documentation and Recordkeeping**

All disciplinary actions related to safety shall be documented and maintained by the Town.

Documentation may include:

- Supervisor notes
- Written warnings
- Retraining records
- Incident or accident investigation reports
- Safety Officer review and sign-off

These records may be reviewed during internal audits, OSHA/WYOSH inspections, or incident investigations.

### **Non-Retaliation**

Employees will not be retaliated against for:

- Reporting injuries, near-misses, or hazards
- Participating in accident investigations
- Exercising their safety rights under OSHA/WYOSH

False reporting, however, may result in disciplinary action.

### **Program Evaluation**

The Safety Officer will periodically review this program to ensure effectiveness, consistency, and compliance with applicable regulations. Updates may be made as necessary to improve enforcement and workplace safety.

## **4. Accident Reporting & Investigation**

### **Purpose**

The purpose of accident reporting and investigation is to identify causes of incidents and implement corrective actions to prevent recurrence. All incidents are considered preventable.

### **Employee Involvement and Training**

This plan guides employee actions related to accident reporting and investigation. At the time of hire, the Safety Officer explains the purpose of the Accident Reporting and Investigation Plan and how employees may be affected by it.

Employees are instructed on:

- How and when to report work-related injuries or illnesses; and
- Their role in accident and incident reporting.

The Town does not discriminate against employees for reporting injuries, requesting records, or exercising rights under the Occupational Safety and Health Act.

### **Reporting Requirements**

Employees shall immediately report:

- Work-related injuries or illnesses
- Near-miss incidents
- Property damage
- Unsafe conditions or hazards

Delays in reporting may hinder investigation and corrective action.

### **Investigation**

All incidents shall be investigated promptly to determine:

- What occurred
- How it occurred
- Why it occurred
- Corrective actions needed

Investigations are conducted to improve safety, not assign blame.

Failure to comply with accident reporting and investigation requirements may result in disciplinary action

in accordance with the Town of Alpine Disciplinary Action Program.

### **Employee Information and Training**

It is important that employees understand the system and have a reference to turn to if they have any questions. Therefore, in addition to issuing a written statement of the Town's disciplinary policy, the Town has established a Disciplinary Action Program that clearly identifies unacceptable conduct, outlines examples of major and minor safety violations, and explains the corrective actions that may be taken for first, second, or repeated offenses. This program is intended to ensure consistent, fair, and documented enforcement of safety rules and safe work practices.

Supervisors and management are responsible for enforcing safety rules and disciplinary actions in a consistent and impartial manner. Disciplinary action is intended to be corrective rather than punitive and may include retraining, reassignment, suspension, or termination, depending on the severity of the violation and the employee's work history.

### **Employee Involvement and Training**

This plan is an internal document intended to guide employee actions and behaviors related to accident reporting and investigation. At the time of hire, the Safety Officer explains to employees the purpose of the Accident Reporting and Investigation Plan and how employees may be affected by it.

Employees are instructed on:

- How and when to report work-related injuries or illnesses; and
- Their role in accident and incident reporting.

The Town does not discriminate against employees for:

- Reporting a work-related fatality, injury, or illness;
- Filing a safety or health complaint;
- Requesting access to injury and illness records; or
- Exercising any rights afforded under the Occupational Safety and Health Act.

### **Documentation**

Incident investigations shall be documented and retained in accordance with recordkeeping requirements.

### **Corrective Action**

Hazards identified shall be corrected promptly through engineering controls, administrative changes, training, or procedural updates.

## 5. OSHA / WYOSH Injury & Illness Recording and Reporting

*(UPDATED – 29 CFR 1904)*

### **Purpose**

This section establishes requirements for recording and reporting occupational injuries and illnesses in accordance with **OSHA 29 CFR 1904**, as adopted and enforced by **WYOSH**.

### **Recordkeeping**

The Town of Alpine shall maintain required injury and illness records, including:

- OSHA Form 300 (Log of Work-Related Injuries and Illnesses)
- OSHA Form 300A (Summary of Work-Related Injuries and Illnesses)
- OSHA Form 301 (Injury and Illness Incident Report)

Records shall be maintained for **five (5) years** following the end of the calendar year they cover.

### **Annual Summary**

*(UPDATED – 29 CFR 1904)*

At the end of each calendar year, the Safety Officer performs the following steps:

- Reviews the OSHA 300 Log of Work-Related Injuries and Illnesses to verify that entries are complete and accurate;
- Corrects any deficiencies identified in the entries;
- Prepares an Annual Summary of Work-Related Injuries and Illnesses (OSHA Form 300A);
- Ensures that the Safety Officer certifies that he or she reasonably believes, based on knowledge of the process by which the information was recorded, that the annual summary is correct and complete; and
- Posts the OSHA 300A Summary of Work-Related Injuries and Illnesses on the Main Office bulletin board from February 1 through April 30 of the year following the year covered by the records.

### **Employee Access to Report Forms**

All employees, former employees, their personal representatives, and authorized employee representatives have the right to access required injury and illness records, subject to the following provisions:

- A copy of the OSHA 300 Log of Work-Related Injuries and Illnesses shall be provided by the end of the next business day following a request.

- The Town may omit employee names from the OSHA 300 Log in cases involving privacy concern cases, as permitted by 29 CFR 1904.
- A copy of the OSHA Form 301 Injury and Illness Incident Report shall be provided to an employee, former employee, or personal representative by the end of the next business day following a request.

A personal representative is:

- Any individual designated in writing by the employee or former employee; or
- The legal representative of a deceased or legally incapacitated employee or former employee.
- Authorized employee representatives (such as collective bargaining agents) shall be provided the “Tell Us About the Case” section of OSHA Form 301 within seven (7) calendar days. All other personally identifiable information shall be removed prior to release.
- The first copy of any requested record shall be provided at no cost. The Town may charge a reasonable fee for additional copies.

Employees also have access to the OSHA 300A Annual Summary, which is posted from February 1 through April 30.

The Town does not discriminate against employees who request access to records required by 29 CFR 1904 or who otherwise exercise rights afforded by the Occupational Safety and Health Act.

### **Record Retention**

The Safety Officer shall retain the following records for five (5) years following the end of the calendar year to which they relate:

- OSHA 300 Log of Work-Related Injuries and Illnesses (including any privacy case list);
- OSHA 300A Annual Summary; and
- OSHA Form 301 Injury and Illness Incident Reports.

During the retention period, the OSHA 300 Log shall be updated to reflect:

- Newly discovered recordable injuries or illnesses; and
- Any changes in classification of previously recorded cases.

If the Town undergoes a change in ownership or legal status, responsibility for maintaining OSHA 29 CFR 1904 records shall be transferred to the successor entity, as required by regulation.

### **Reporting Fatalities and Hospitalizations**

The Safety Officer shall report the following work-related incidents to OSHA/WYOSH:

- Work-related fatalities within eight (8) hours; and
- In-patient hospitalizations, amputations, or loss of an eye within twenty-four (24) hours.

Reports shall be made by telephone or electronically to OSHA/WYOSH using the OSHA toll-free

number:

1-800-321-OSHA (1-800-321-6742)

The following information shall be provided:

- Establishment name;
- Location of the incident;
- Time of the incident;
- Type of reportable event;
- Number of affected employees;
- Names of injured employees, if available;
- Contact person and phone number; and
- Brief description of the incident.

Motor vehicle accidents occurring on public roadways or incidents involving commercial or public transportation systems are not required to be reported to OSHA/WYOSH but must be recorded on injury and illness records if otherwise recordable.

### **Variations**

If the Town seeks to maintain injury and illness records in a manner different from that prescribed by OSHA 29 CFR 1904, a variance petition may be submitted to the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, Washington, DC 20210.

Alternative recordkeeping systems may be approved if they collect equivalent information, comply with the Occupational Safety and Health Act, and do not interfere with enforcement or administration. Refer to 29 CFR 1904 for variance procedures.

### **Other Reporting Requirements**

When an authorized government representative requests records required under 29 CFR 1904, the Safety Officer shall provide copies within four (4) business hours.

If the Town receives an OSHA injury and illness survey, the Safety Officer shall complete and submit the survey within thirty (30) calendar days, or by the date specified on the survey, whichever is later.

If the Town receives a Survey of Occupational Injuries and Illnesses from the Bureau of Labor Statistics (BLS), the Safety Officer shall complete and return the survey in accordance with the instructions provided.

### **Workers' Compensation Fraud**

The Town is committed to supporting employees who sustain legitimate, work-related injuries or illnesses. Suspected Workers' Compensation fraud shall be referred to the Town's Workers' Compensation insurer and the appropriate state authorities for investigation.

Workers' Compensation fraud is a serious offense and may result in criminal prosecution. Employees are encouraged to report suspected fraud to their supervisor. Reports will be handled confidentially to the extent permitted by law.

### **Recordable Injuries and Illnesses**

Work-related injuries and illnesses shall be recorded when they result in:

- Death
- Days away from work
- Restricted work or job transfer
- Medical treatment beyond first aid
- Loss of consciousness
- Diagnosis of a significant injury or illness

### **Reporting to WYOSH**

The Town shall report the following to WYOSH:

- **Work-related fatalities within 8 hours**
- **In-patient hospitalizations, amputations, or loss of an eye within 24 hours**

### **Employee Access**

Employees and their representatives may review injury and illness records in accordance with OSHA/WYOSH access requirements.

### **Retaliation Prohibited**

Employees shall not be retaliated against for reporting injuries, illnesses, or safety concerns.

## 6. Safety Inspections, Audits & Accident Investigations

### Purpose

Accident prevention and hazard control are the result of a well-designed and effectively implemented safety and health program. Regular inspections, audits, and accident investigations are essential tools for identifying unsafe conditions, evaluating program effectiveness, and preventing future incidents.

The Town of Alpine is committed to identifying hazards, correcting deficiencies, and investigating incidents to reduce the risk of injury, illness, or property damage.

### Policy

The Town does **not maintain a formal safety committee**. Responsibility for safety inspections, audits, and accident investigations rests with the **Safety Officer** and designated supervisors or managers.

These activities are conducted to:

- Identify unsafe conditions and practices;
- Evaluate compliance with safety procedures and regulatory requirements; and
- Implement corrective actions to prevent recurrence.

Safety inspections, audits, and investigations are **preventive and corrective in nature** and are not intended to assign blame.

### Safety Inspections & Audits

Safety inspections and audits are conducted to identify hazards before they result in accidents or injuries and to evaluate the effectiveness of safety program administration.

### Types of Inspections

#### Supervisor and Management Walk-Through Inspections

Supervisors and managers conduct routine walk-through inspections of work areas and equipment to ensure conditions are safe prior to work activities. Identified hazards shall be corrected as soon as practicable.

#### Periodic Safety Inspections

The Safety Officer may conduct periodic inspections of job sites, facilities, and operations to identify hazards, assess compliance, and recommend corrective actions. Findings shall be documented as appropriate.

#### Equipment Inspections

Equipment inspections are conducted on a routine basis to ensure safety equipment and machinery are in proper working order and will function as intended.

### **Program Audits**

Safety and health program audits may be conducted periodically to evaluate compliance with applicable regulations and Town safety programs. Program audit records shall be retained in accordance with recordkeeping requirements.

Records of inspections, audits, and corrective actions shall be maintained for the periods required by regulation or Town policy.

### **Accident Investigations**

It is the policy of the Town that all work-related accidents, injuries, illnesses, and significant near-miss incidents are investigated in a timely and professional manner to determine contributing factors and identify corrective actions.

Accident investigations are conducted to:

- Determine what occurred and why;
- Identify contributing conditions or practices; and
- Develop corrective measures to prevent recurrence.

The **Safety Officer**, or a designated supervisor or manager, is responsible for conducting or overseeing accident investigations.

Investigations shall be initiated as soon as practicable following the incident and documented using the Town's Accident Investigation Report form. Corrective actions identified during investigations shall be implemented and tracked to completion.

### **Reporting to Town Council**

Summary information regarding accidents, trends, and corrective actions may be provided to Town Council for informational purposes. Town Council does not conduct accident investigations or participate in investigative activities.

## **7. Hazard Communication Program**

*(Updated – 29 CFR 1910.1200, WYOSH)*

### **Purpose**

The purpose of this Hazard Communication Program is to ensure that employees are informed of the hazardous chemicals present in the workplace, understand the associated hazards, and know the protective measures required to work safely.

This program is intended to comply with the requirements of **OSHA 29 CFR 1910.1200**, as adopted and enforced by the **Wyoming Occupational Safety and Health Administration (WYOSH)**.

### **Scope and Applicability**

This program applies to all Town of Alpine employees who may be exposed to hazardous chemicals during the course of their work, including but not limited to operations involving maintenance, public works, water and wastewater systems, parks, and facilities.

This program does not apply to:

- Hazardous waste operations covered by other regulatory programs;
- Consumer products used in the same manner and frequency as typical consumer use; or
- Articles that do not release hazardous chemicals under normal conditions of use.

### **Responsibilities**

#### **Safety Officer**

The Safety Officer is responsible for:

- Implementing and maintaining the Hazard Communication Program;
- Ensuring hazardous chemical inventories are current;
- Ensuring Safety Data Sheets (SDS) are obtained and accessible;
- Coordinating employee training; and
- Monitoring compliance with applicable regulations.

#### **Supervisors**

Supervisors are responsible for:

- Ensuring chemicals in their areas are properly labeled;
- Informing employees of chemical hazards present in their work areas; and

- Ensuring employees follow safe work practices.

## **Employees**

Employees are responsible for:

- Following safe handling procedures;
- Using required personal protective equipment (PPE);
- Reading container labels and SDSs; and
- Reporting missing labels, SDSs, or unsafe conditions.

## **Hazardous Chemical Inventory**

The Town maintains a written inventory of hazardous chemicals present in the workplace. The inventory includes chemicals used, stored, or handled by employees.

The chemical inventory should be reviewed and updated as necessary when new chemicals are introduced or existing chemicals are removed.

## **Labels and Other Forms of Warning**

All hazardous chemical containers shall be labeled in accordance with the Hazard Communication Standard. Labels shall include:

- Product identifier;
- Signal word;
- Hazard statement(s);
- Precautionary statement(s); and
- Pictogram(s), where required.

Portable containers intended for immediate use by the employee who transfers the chemical are not required to be labeled.

Employees shall not remove or deface labels on hazardous chemical containers.

## **Safety Data Sheets (SDS)**

Safety Data Sheets are maintained for all hazardous chemicals and are readily accessible to employees during all work shifts.

SDSs may be maintained electronically or in hard copy form, provided employees have unrestricted access without barriers.

Employees are trained on how to read and interpret SDS information.

## **Employee Information and Training**

Employees receive Hazard Communication training:

- At the time of initial assignment;
- When new hazardous chemicals are introduced; and
- When changes in hazards occur.

Training includes:

- An overview of the Hazard Communication Standard;
- Identification of hazardous chemicals in the workplace;
- Explanation of labels and pictograms;
- How to access and interpret SDSs; and
- Measures employees can take to protect themselves, including PPE and safe work practices.

Training shall be documented and retained in accordance with recordkeeping requirements.

### **Non-Routine Tasks**

When employees are required to perform non-routine tasks involving hazardous chemicals, they should be informed of:

- The hazards associated with the task; and
- Protective measures required prior to performing the work.

### **Contractors and Outside Employers**

Contractors performing work for the Town shall be informed of:

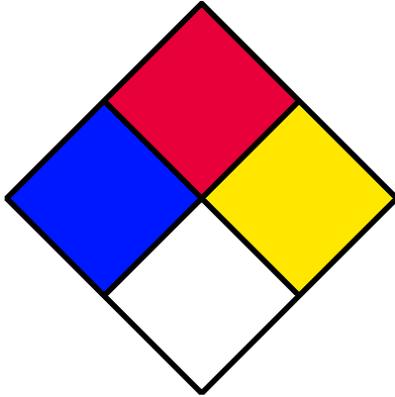
- Hazardous chemicals they may be exposed to; and
- Required precautionary measures.

Contractors are responsible for informing their employees of hazards associated with chemicals they bring onto Town property.

### **Program Availability**

This Hazard Communication Program is available to employees, their representatives, and regulatory agencies upon request.

### **Uniform Labeling Systems**



Chemical Name & No.
<b>__ Health</b>
<b>__ Flammability</b>
<b>__ Reactivity</b>
<b>Personal Protection</b>
  
Additional Information
<small>For additional hazard information and instructions, consult the specific chemical Material Safety Data Sheet</small>

<b>FLAMMABLE</b>		
<b>HEALTH</b> 4 Too dangerous to enter vapor or Liquid 3 Extremely dangerous use full protective clothing 2 Hazardous - Use breathing apparatus 1 Slightly hazardous 0 Like ordinary material	4 Extremely flammable 3 Ignites at normal temperatures 2 Ignites when moderately heated 1 Must be preheated to burn 0 Will not burn	<b>REACTIVITY</b> 4 May detonate - Vacate area if materials are exposed to fire 3 Strong shock or heat may detonate - Use monitors from behind explosive resistant barriers 2 Violent chemical change possible - Use hose streams from distance 1 Unstable if heated - Use normal precautions 0 Normally stable
<b>3</b>	<b>4</b>	<b>3</b>
<b>W</b>		

## 8. Personal Protective Equipment (PPE) Program

*(Updated – OSHA 29 CFR 1910 Subpart I, WYOSH)*

### Purpose

The Town of Alpine provides required Personal Protective Equipment (PPE) to employees to protect against workplace hazards. This program establishes requirements for hazard assessment, PPE selection, training, use, care, and maintenance.

This program applies to PPE requirements **excluding hearing conservation, respiratory protection, and hazardous materials response**, which are addressed under separate programs.

### Program Administration

The Safety Officer is responsible for administering and maintaining the PPE Program, including:

- Conducting hazard assessments
- Determining required PPE
- Coordinating training and certification
- Reviewing and updating the program

This written program is maintained by the Safety Officer and is available to employees upon request.

### General Policy

Engineering and administrative controls shall be the primary means of hazard control. When such controls are not feasible or sufficient, PPE shall be provided, used, and maintained to reduce employee exposure to hazards.

PPE required by regulation shall be provided **at no cost to employees**.

### Responsibilities

#### Safety Officer

- Conducts workplace hazard assessments
- Determines required PPE
- Coordinates PPE training and certification

#### Supervisors

- Ensure employees are trained on required PPE
- Enforce PPE use
- Monitor PPE condition and proper use

## **Employees**

- Wear PPE as required
- Properly care for assigned PPE
- Report damaged, defective, or missing PPE

## **Hazard Assessment**

The Town shall conduct workplace hazard assessments to identify potential hazards, including but not limited to:

- Impact and penetration hazards
- Chemical exposures
- Harmful dusts
- Heat and light radiation
- Electrical hazards

When hazards are identified, appropriate PPE shall be selected, fitted, and assigned.

## **PPE Selection and Fit**

PPE shall be selected based on the type and severity of the hazard and shall meet or exceed applicable regulatory and consensus standards.

Proper fit is essential to PPE effectiveness and employee acceptance. Adjustable PPE shall be individually fitted where applicable.

## **Defective or Damaged PPE**

Defective, damaged, or improperly functioning PPE shall **not** be used and shall be removed from service immediately. Replacement PPE shall be provided as necessary.

## **Training and Certification**

Employees required to use PPE shall receive training covering:

- When PPE is required
- What PPE is required
- Proper donning, doffing, adjustment, and wear
- PPE limitations
- Care, maintenance, and disposal

Employees must demonstrate understanding of the training before performing work requiring PPE. Training certification shall be documented in accordance with OSHA requirements.

## **Eye and Face Protection**

Approved eye and face protection shall be worn where there is a reasonable possibility of injury from:

- Flying particles
- Molten metal
- Chemical splashes
- Harmful dusts or vapors
- Injurious light radiation

Eye and face protection shall:

- Meet applicable ANSI standards
- Provide side protection where required
- Accommodate prescription lenses when necessary
- Be clearly marked to identify the manufacturer

Visitors, contractors, and others entering eye hazard areas shall also wear appropriate eye protection.

### **Head, Foot, and Hand Protection**

*(Updated – OSHA 29 CFR 1910 Subpart I, WYOSH)*

#### **Head Protection**

Protective headgear is required to protect employees from impact, penetration, electrical, heat, and fire hazards.

Protective helmets should be worn when working in areas where head injury hazards exist, including construction and maintenance activities.

Protective helmets shall meet **ANSI Z89.1** requirements and be selected based on hazard exposure:

- Type I or Type II (impact protection)
- Class G (General – low voltage)
- Class E (Electrical – high voltage)
- Class C (Conductive – not permitted where electrical hazards exist)

Bump caps may be used only for minor scalp protection and should not replace protective helmets where impact or falling-object hazards exist.

#### **Foot Protection**

Protective footwear shall be worn when employees are exposed to hazards such as:

- Falling or rolling objects
- Puncture hazards
- Electrical hazards

- Compression hazards

Footwear shall meet applicable **ASTM standards** and be selected based on task and hazard exposure, including impact resistance, puncture resistance, metatarsal protection, and electrical hazard ratings.

### **Hand Protection**

Hand protection is required when employees are exposed to hazards including:

- Chemical exposure or skin absorption
- Cuts, lacerations, abrasions, or punctures
- Thermal burns or temperature extremes

No single glove protects against all hazards. Gloves shall be selected based on the specific task and exposure.

### **Glove Restrictions**

- Gloves shall **not** be worn around moving machinery where entanglement hazards exist
- Lockout/tagout procedures shall be followed prior to servicing or repair

### **Chemical Use**

Before working with chemicals, employees shall:

- Review labels and Safety Data Sheets (SDS)
- Select gloves compatible with the chemical
- Consider permeation and exposure duration

Contaminated gloves shall be removed, cleaned if appropriate, or disposed of according to manufacturer guidance.

### **Program Review**

The Safety Officer shall periodically review the PPE Program to ensure effectiveness and compliance with OSHA and WYOSH requirements. Updates shall be made as necessary.

## **9. Bloodborne Pathogens Program**

### **Policy Statement**

It is the policy of the Town to provide a safe and healthful workplace for all employees. This Bloodborne Pathogens Program establishes procedures to protect employees from occupational exposure to blood and other potentially infectious materials (OPIM) that may occur during first aid, emergency response, and cleanup activities.

This program is intended to comply with **29 CFR 1910.1030 – Bloodborne Pathogens**.

### **Scope**

This program applies to employees who, during emergency response or assigned duties, may reasonably anticipate contact with blood or other potentially infectious materials. This includes:

- Employees providing first aid or emergency assistance in response to workplace injuries
- Janitorial or custodial personnel responsible for cleanup of accident scenes or contaminated areas

This program applies only to occupational exposure that may occur as a result of workplace incidents.

### **Responsible Persons**

The following groups share responsibility for effective implementation of the Bloodborne Pathogens Program:

- Safety Officer
- Department Supervisors and Foremen
- Employees

### **Safety Officer Responsibilities**

The Safety Officer is responsible for the overall administration and effectiveness of the Bloodborne Pathogens Program. Duties include, but are not limited to:

- Implementing and maintaining the Exposure Control Plan for all applicable work areas
- Coordinating with management and employees to develop and enforce bloodborne pathogen policies and procedures
- Reviewing and updating the Exposure Control Plan as required
- Maintaining applicable reference materials
- Acting as the facility liaison during OSHA inspections
- Conducting periodic audits to ensure program effectiveness
- Maintaining records of employees requiring training
- Developing and coordinating required education and training programs

### **Department Supervisors and Foremen Responsibilities**

Department Supervisors and Foremen are responsible for implementing exposure control measures within their respective areas. They work directly with the Safety Officer and employees to ensure:

- Safe work practices are followed
- Required protective equipment is available and used
- Exposure incidents are reported promptly

### **Employee Responsibilities**

Employees play a critical role in the success of the Bloodborne Pathogens Program. Employees are responsible for:

- Knowing which tasks may result in occupational exposure
- Attending required Bloodborne Pathogens training
- Following established work practice and engineering controls
- Using required personal protective equipment
- Practicing good personal hygiene

### **Availability of the Exposure Control Plan**

The Town's Exposure Control Plan is available to all employees for review during normal working hours. Employees are informed of its availability during training sessions. Copies of the plan are maintained in the Safety Officer's office.

### **Plan Review and Update**

The Exposure Control Plan shall be reviewed and updated:

- At least annually
- Whenever changes in tasks, procedures, or job classifications affect occupational exposure
- Whenever new positions or work processes introduce potential exposure risks
- When new engineering or work practice controls are implemented

### **Exposure Determination**

An exposure determination has been conducted to identify job classifications in which employees may reasonably anticipate occupational exposure to blood or OPIM. This determination is made **without regard to the use of personal protective equipment**.

The following job classifications may have occupational exposure:

- **Janitorial Personnel**  
Tasks include cleaning restrooms, first aid stations, or accident scenes.
- **Foremen (First Aid Trained Only)**  
Tasks include responding to work-related injuries.
- **Designated First Aid Personnel**

Tasks include providing first aid or emergency care for injured employees.

The Safety Officer, in coordination with Supervisors, will review and update this list as job duties or procedures change.

## **Methods of Compliance**

To minimize or eliminate exposure to bloodborne pathogens, the Town implements the following controls:

- Universal Precautions
- Engineering Controls
- Work Practice Controls
- Personal Protective Equipment (PPE)
- Housekeeping Procedures

## **Universal Precautions**

Universal Precautions are observed at all times. All blood and OPIM are treated as infectious regardless of the perceived status of the source individual.

- Gloves must be worn when contact with blood, OPIM, mucous membranes, or non-intact skin is anticipated.
- Eye and face protection (goggles or face shields) must be worn when splashes or sprays are reasonably anticipated.
- Hands and skin surfaces must be washed immediately after contact with blood or OPIM and after glove removal.
- Contaminated sharps (razors, blades, broken glass) must be disposed of in puncture-resistant, leak-proof, labeled containers.
- CPR barrier devices must be used whenever feasible.
- Contaminated clothing must be removed as soon as possible.
- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in areas where exposure may occur.

## **Engineering Controls**

Engineering controls are used to reduce employee exposure and include:

- Sharps disposal containers
- Biohazard-labeled waste containers and bags
- Accessible handwashing facilities located in restrooms and designated first aid areas

## **Personal Protective Equipment**

PPE requirements are governed by the Town's Personal Protective Equipment (PPE) Program

## Housekeeping and Decontamination

Maintaining a clean and sanitary workplace is essential. The following procedures apply:

- Surfaces contaminated with blood or OPIM must be cleaned as soon as possible
- Visible contamination is removed using disposable materials
- Surfaces are disinfected using a **10:1 water-to-bleach solution**
- Contaminated cleanup materials are placed in red biohazard-labeled bags
- Regulated waste (bandages, feminine hygiene products, etc.) is disposed of according to applicable regulations

The Safety Officer is responsible for establishing and monitoring decontamination schedules to ensure effectiveness.

## Hepatitis B Vaccination, Post-Exposure Evaluation, and Follow-Up

### Hepatitis B Vaccination Program

To reduce the risk of Hepatitis B virus (HBV) infection, the Town provides a Hepatitis B vaccination program to employees who have been identified as having occupational exposure to blood or other potentially infectious materials (OPIM).

The Hepatitis B vaccination series is made available **at no cost to the employee** and is offered:

- Within **10 working days of initial job assignment** involving occupational exposure; or
- As soon as possible following an exposure incident, if the employee is not previously vaccinated.

Vaccinations are administered under the supervision of a **licensed physician or other licensed healthcare professional**.

Employees who decline the Hepatitis B vaccination must sign a written declination statement using the language required by **29 CFR 1910.1030, Appendix A**. Employees who initially decline the vaccine but later choose to receive it may request the vaccination at any time, and it will be provided within ten (10) working days at no cost.

The Safety Officer is responsible for coordinating vaccination scheduling and maintaining employee consent and declination records (see Appendices A and B).

### Post-Exposure Evaluation and Follow-Up

An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM resulting from the performance of an employee's duties.

When an exposure incident occurs, the Town immediately focuses on:

1. Investigating the circumstances surrounding the exposure incident; and

2. Ensuring the exposed employee receives prompt medical evaluation and follow-up care.

### **Exposure Incident Investigation**

The Safety Officer investigates all exposure incidents as soon as practicable, and no later than **24 hours** following notification. The investigation includes documentation of:

- Date, time, and location of the incident
- Description of how exposure occurred
- Identification of the material involved
- Identification of the source individual, if known
- Personal protective equipment in use at the time of exposure
- Immediate actions taken following the incident

This information is documented using the **Exposure Incident Investigation Form** (Appendix C), or an equivalent form containing the same information.

### **Medical Evaluation and Follow-Up Procedures**

Following an exposure incident, the Town ensures the following steps are completed (see Appendix D):

- The exposed employee receives documentation of:
  - The routes of exposure
  - The circumstances under which the exposure occurred
- When feasible and permitted by law, the source of an individual's blood is tested for **HBV and HIV** infectivity. Results are made available to the exposed employee, and the employee is informed of applicable laws regarding disclosure.
- The exposed employee's blood is collected and tested for HBV and HIV serological status as soon as possible after exposure, following employee consent.
- A confidential medical evaluation is conducted by a licensed healthcare professional to determine:
  - Need for post-exposure prophylaxis
  - Recommended medical treatment
  - Counseling and follow-up testing, if required

All medical evaluations and follow-up care are provided at no cost to the employee and conducted in accordance with current medical guidelines.

### **Confidentiality**

All medical information related to exposure incidents is treated as confidential. The Town protects employee privacy and discloses medical information only as required by law or with the employee's written consent.

### **Information Provided to the Healthcare Professional**

The Town provides the evaluating healthcare professional with the following information:

- A copy of **29 CFR 1910.1030 – Bloodborne Pathogens**

- A description of the employees' duties as they relate to the exposure incident
- Documentation of the exposure incident, including the Incident Investigation Form
- Relevant employee medical records
- Any additional information required to complete the evaluation

### **Healthcare Professional's Written Opinion**

Within **15 days** of completion of the medical evaluation, the healthcare professional provides a written opinion to the Town. The written opinion is limited to:

- Whether the Hepatitis B vaccine is indicated and whether the employee has received the vaccine
- Confirmation that the employee has been informed of the evaluation results
- Confirmation that the employee has been informed of any medical conditions requiring further evaluation or treatment

No confidential medical information or test results are included in the written opinion.

The Town provides a copy of the written opinion to the exposed employee.

### **Medical Records**

The Town maintains confidential medical records for employees with occupational exposure in accordance with **29 CFR 1910.1020**. Records include:

- Employee name and identification number
- Hepatitis B vaccination status
- Results of medical evaluations, testing, and follow-up procedures
- Copies of healthcare professional written opinions
- Documentation provided to healthcare professionals

Medical records are maintained for the duration of employment plus **30 years** and are not disclosed without written employee consent, except as required by law.

### **Training Requirements**

Employees with occupational exposure receive Bloodborne Pathogens training:

- At the time of initial assignment
- At least annually thereafter
- Whenever job duties or exposure risks change

Training includes, at a minimum:

- Access to **29 CFR 1910.1030** and the Town's Exposure Control Plan
- Epidemiology, symptoms, and transmission of bloodborne diseases (HBV, HIV)
- Identification of exposure-related tasks
- Use and limitations of engineering controls, work practices, and PPE

- Proper selection, use, removal, and disposal of PPE
- Information on the Hepatitis B vaccine and vaccination program
- Procedures to follow after an exposure incident
- Explanation of biohazard labels, signs, and color-coded containers
- Opportunity for employees to ask questions

## **Training Methods**

Training is conducted through instructor-led sessions with employee participation and instructional materials. Time is provided for discussion and questions.

## **Recordkeeping**

Training records are maintained and include:

- Dates of training sessions
- Summary of training content
- Name and qualifications of instructors
- Names and job titles of attendees

Training records are maintained by the Safety Officer and made available to employees, their representatives, and OSHA upon request.

## **Labels and Signs**

The Town uses biohazard labels and red color-coded containers to warn employees of potential exposure hazards. The Safety Officer oversees labeling compliance.

Items requiring labeling include:

- Regulated waste containers
- Sharps disposal containers
- Containers used to store or transport blood or OPIM
- Laundry containers holding contaminated items
- Contaminated equipment or equipment components

## **Respiratory Protection Integration -**

- Respirator use inside confined spaces shall comply with the **Respiratory Protection Program**.
- IDLH conditions require:
  - Supplied-air respirators or SCBA
  - Trained attendants and rescue capability
- Medical clearance and fit testing requirements apply to confined space respirator use.

## **Excavation & Confined Space Overlap**

When excavations meet confined space criteria:

- Both **Excavation & Trenching Safety** and **Permit-Required Confined Space** requirements apply.
- Protective systems, access/egress, and atmospheric testing shall be coordinated by the Competent Person and Entry Supervisor.

### **Rescue & Emergency Response**

- Rescue procedures shall be documented on the confined space permit.
- Non-entry rescue shall be used whenever feasible.
- Emergency response procedures in this manual apply to confined space incidents.

### **Training**

Employees involved in confined space entry shall receive:

- Confined space training
- Hazard recognition training
- Emergency and rescue procedures
- Respiratory protection training where applicable

Training shall be documented and reviewed annually.

### **Enforcement**

Failure to follow confined space procedures or permit requirements may result in disciplinary action.

## 10. Respiratory Protection Program

*(FINAL – 29 CFR 1910.134, WYOSH-compliant)*

### Purpose

The purpose of this Respiratory Protection Program is to protect Town of Alpine employees from exposure to airborne contaminants that may cause illness or injury and to ensure compliance with **OSHA 29 CFR 1910.134**, as adopted and enforced by **Wyoming Occupational Safety and Health (WYOSH)**.

Respiratory protection shall be used when engineering and administrative controls are not feasible or do not adequately reduce exposure.

### Scope

This program applies to all Town of Alpine employees who may be required to wear respiratory protection during routine operations or emergency conditions, including but not limited to:

- Water and wastewater treatment operations
- Confined space entry
- Excavation and trenching
- Chemical handling
- Maintenance and repair activities
- Emergency response

### Program Administration

The **Public Works Director**, acting as the Town Safety Officer, is designated as the **Respiratory Protection Program Administrator**.

The Program Administrator is responsible for:

- Implementing and maintaining this program
- Conducting or coordinating hazard evaluations
- Selecting appropriate respirators
- Ensuring medical evaluations and fit testing
- Providing training
- Maintaining required records
- Reviewing the program annually

Supervisors ensure employees comply with program requirements.

Employees are responsible for proper use and care of assigned respirators.

## **Hazard Evaluation**

A hazard evaluation shall be conducted to identify:

- Airborne contaminants present
- Exposure levels
- Oxygen-deficient atmospheres
- IDLH (Immediately Dangerous to Life or Health) conditions

Hazard evaluations shall be updated when conditions, tasks, or materials change.

## **Respirator Selection**

Respirators should be selected based on:

- Type and concentration of contaminants
- Applicable OSHA exposure limits
- Assigned Protection Factors (APFs)
- Work conditions and task duration

Only **NIOSH-approved respirators** shall be used.

## **Medical Evaluation**

Employees required to wear respirators shall receive a medical evaluation prior to use to determine their ability to safely wear a respirator.

- Medical evaluations shall be provided at no cost to the employee
- Evaluations shall be conducted by a licensed healthcare professional
- Follow-up evaluations shall be provided as required

## **Fit Testing**

Employees using tight-fitting respirators shall receive fit testing:

- Prior to initial use
- Annually thereafter
- Whenever a different respirator is used
- When facial changes occur that could affect fit

Fit testing shall be documented.

## **Respirator Use**

Employees shall:

- Use respirators in accordance with training
- Perform user seal checks each time a respirator is donned
- Leave the area if respirator malfunction occurs
- Not alter or modify respirators

Respirators shall not be worn in atmospheres exceeding their approved limitations.

## **Maintenance and Care**

Respirators shall be:

- Cleaned and disinfected after use
- Inspected before each use
- Stored to prevent damage, contamination, or deformation
- Repaired only by trained personnel using manufacturer-approved parts

## **IDLH Atmospheres**

In IDLH conditions:

- Atmosphere-supplying respirators (SAR or SCBA) shall be used
- At least one additional trained employee shall be present
- Emergency rescue procedures shall be in place

## **Training**

Employees required to use respirators shall receive training on:

- Respiratory hazards
- Proper use and limitations of respirators
- Donning, doffing, and seal checks
- Maintenance and storage
- Emergency procedures

Training shall be conducted prior to use and at least annually thereafter and documented.

## **Program Evaluation**

The Respiratory Protection Program should be evaluated periodically to ensure effectiveness and compliance. Deficiencies shall be corrected promptly.

## **Recordkeeping**

The Town shall maintain:

- Medical evaluation records
- Fit testing records
- Training records
- Hazard evaluation documentation

Records shall be retained in accordance with OSHA and WYOSH requirements.

## **Enforcement**

Failure to comply with this program may result in disciplinary action.

## 11. Confined Space Program – Alignment & Integration Section

*(FINAL – 29 CFR 1910.146, WYOSH-compliant)*

**Note:** This section intentionally **does not duplicate** the Town’s full Permit-Required Confined Space Program. It **integrates and cross-references** confined space requirements across this manual to eliminate gaps and conflicts.

### Purpose

This section ensures that confined space hazards and controls are consistently addressed throughout Town of Alpine operations and aligned with excavation, atmospheric testing, respiratory protection, emergency response, and training requirements.

### Scope

This section applies to all Town of Alpine employees and contractors involved in or supporting confined space entry, including but not limited to:

- Lift stations
- Vaults
- Tanks
- Manholes
- Wet wells
- Pits
- Any space meeting the definition of a permit-required confined space

### Program Authority

The **Permit-Required Confined Space Program** governs all confined space entry activities. This manual section serves to align related programs and ensure consistent implementation.

### Atmospheric Testing Coordination

- Atmospheric testing requirements in **Excavation & Trenching Safety and Respiratory Protection** apply equally to confined space entry.
- Testing shall be conducted:
  - Before entry
  - Continuously or periodically during entry
  - After any condition change
- Oxygen-deficient atmospheres (<19.5%), flammable gases, and toxic vapors shall be addressed in accordance with the confined space permit.

### Excavation & Trenching Overlap

When an excavation meets the definition of a confined space:

- **Both** the Excavation & Trenching Safety Program **and** the Permit-Required Confined Space Program apply.
- Protective systems, access/egress, atmospheric testing, and hazard controls shall be coordinated by:
  - The designated **Competent Person**; and
  - The **Entry Supervisor**
- Conflicting requirements shall be resolved using the **more protective standard**.

## **Respiratory Protection Integration**

- Respirator use inside confined spaces shall comply with the **Respiratory Protection Program**.
- IDLH (Immediately Dangerous to Life or Health) conditions require:
  - Supplied-air respirators or SCBA
  - Trained attendants
  - Rescue capability on standby
- Medical clearance and fit testing requirements apply to all respirator use in confined spaces.

## **Rescue and Emergency Response**

- Rescue procedures shall be documented on the confined space entry permit.
- **Non-entry rescue** shall be used whenever feasible.
- Emergency response procedures contained in this manual apply to confined space incidents unless superseded by permit-specific requirements.

## **Training Requirements**

Employees involved in confined space entry shall receive training covering:

- Confined space hazard recognition
- Permit procedures
- Atmospheric monitoring
- Emergency and rescue procedures
- Respiratory protection requirements, where applicable

Training shall be documented and reviewed at least annually.

## **Enforcement**

Failure to follow confined space procedures, permit requirements, or associated safety programs may result in disciplinary action in accordance with the Town's Disciplinary Action Program.

## **Program Availability**

The full **Permit-Required Confined Space Program** is maintained separately and is available to employees, their representatives, and regulatory agencies upon request.

## 12. Excavation & Trenching Safety Program

### Purpose

The purpose of this section is to establish minimum safety requirements for excavation and trenching activities performed by Town of Alpine employees to prevent cave-ins, struck-by incidents, falls, hazardous atmospheres, and other excavation-related hazards.

This program complies with **OSHA 29 CFR 1926 Subpart P**, as adopted and enforced by **Wyoming Occupational Safety and Health (WYOSH)**.

### Scope

This program applies to all Town of Alpine employees and contractors performing or working near excavations, trenches, or earth-disturbing activities, including but not limited to:

- Utility installation and repair
- Sewer and water line work
- Roadway, drainage, and infrastructure projects
- Emergency repairs

### Definitions

- **Excavation:** Any man-made cut, cavity, trench, or depression formed by earth removal.
- **Trench:** A narrow excavation where the depth is greater than the width and the width does not exceed 15 feet.
- **Competent Person:** An individual designated by the Town who is capable of identifying existing and predictable excavation hazards and has the authority to take prompt corrective measures, including stopping work.

### Competent Person Designation

The Town of Alpine shall designate a **Competent Person** for each excavation project.

The Competent Person must:

- Have training and experience in soil analysis and protective systems
- Be knowledgeable in WYOSH excavation standards
- Conduct and document required inspections
- Have authority to stop work immediately if unsafe conditions exist

### Pre-Excavation Requirements

Before excavation begins:

- All surface encumbrances that could create hazards shall be removed or supported.
- Underground utilities shall be located prior to digging.

- **Wyoming One Call: 1-800-849-2476**
- Exact utility locations shall be determined as excavation progresses.
- Adjacent structures, sidewalks, pavements, and roadways shall be evaluated for stability and supported as necessary.

### **Access and Egress**

- A stairway, ladder, ramp, or other safe means of egress shall be provided in excavations **4 feet or deeper**.
- Employees shall not travel more than **25 feet laterally** to reach a means of egress.

### **Protective Systems**

Employees shall be protected from cave-ins unless:

- The excavation is entirely in stable rock, or
- The excavation is less than **5 feet deep**, and the Competent Person determines no cave-in hazard exists.

Acceptable protective systems include:

- Sloping and benching
- Shoring systems
- Shield systems (trench boxes)

Protective systems should be selected and installed according to:

- OSHA/WYOSH standards
- Manufacturer's tabulated data
- Engineer-approved designs when required

Employees shall **never** be inside a trench box or shield while it is being installed, removed, or moved vertically.

### **Spoil Piles and Equipment**

- Excavated material, equipment, and spoil piles shall be kept at least **2 feet** from the edge of the excavation.
- Employees are prohibited from working beneath suspended loads.

### **Atmospheric Hazards**

- Excavations **greater than 4 feet deep** shall be tested for:
  - Oxygen deficiency (<19.5%)
  - Flammable gases
  - Toxic atmospheres
- Testing shall be conducted before entry and as conditions change.

- Emergency rescue equipment shall be readily available when hazardous atmospheres may exist.

### **Water Accumulation**

Employees shall not work in excavations where water is present or accumulating unless adequate protective measures are in place, such as:

- Pumps
- Special support systems
- Safety harnesses and lifelines

### **Inspections**

- Excavations, adjacent areas, and protective systems shall be inspected:
  - Daily before the start of work
  - As conditions change
  - After rainstorms or hazard-increasing events
- If a hazardous condition is identified, employees shall be removed immediately until corrective actions are taken.

### **Traffic and Public Protection**

- Employees exposed to vehicular traffic should wear high-visibility garments.
- Walkways or bridges shall be provided where employees or equipment cross excavations.
- Guard rails should be installed when walkways are **6 feet or higher**.

### **Prohibited Activities**

- Employees shall not work underloads handled by lifting or digging equipment.
- Employees shall not work on excavation faces above others unless falling material hazards are controlled.

### **Training**

All employees involved in excavation activities shall receive training on:

- Excavation hazards
- Protective systems
- Emergency procedures
- Competent Person authority

Training shall be documented.

### **Enforcement**

Failure to comply with excavation safety requirements may result in disciplinary action up to and

including termination.

## **13. Lockout / Tagout Program (Control of Hazardous Energy)**

*(Updated – OSHA 29 CFR 1910.147, WYOSH)*

### **Purpose**

The purpose of this Lockout/Tagout (LOTO) Program is to prevent injury to employees by controlling hazardous energy during servicing, maintenance, repair, or inspection of machines and equipment.

This program is intended to comply with **OSHA 29 CFR 1910.147**, as adopted and enforced by **Wyoming Occupational Safety and Health (WYOSH)**.

### **Scope and Applicability**

This program applies to all Town of Alpine employees who perform servicing or maintenance activities where the unexpected energization, startup, or release of stored energy could cause injury.

This program applies to energy sources including, but not limited to:

- Electrical
- Mechanical
- Hydraulic
- Pneumatic
- Thermal
- Chemical
- Gravitational

This program does **not** apply to:

- Normal production operations where servicing is not required; or
- Cord-and-plug connected equipment where unplugging completely controls the hazard and the plug remains under the exclusive control of the employee performing the work.

### **Responsibilities**

#### **Safety Officer**

The Safety Officer is responsible for:

- Implementing and maintaining the Lockout/Tagout Program;
- Ensuring required procedures are developed when necessary;
- Coordinating training; and
- Conducting periodic inspections of energy control procedures.

#### **Supervisors**

Supervisors are responsible for:

- Ensuring employees follow energy control procedures;
- Ensuring lockout/tagout devices are available and used properly; and
- Assisting with investigations involving hazardous energy incidents.

## **Employees**

Employees are responsible for:

- Following lockout/tagout procedures;
- Using only authorized lockout/tagout devices;
- Not attempting to remove or bypass lockout/tagout devices; and
- Reporting unsafe conditions or failures of energy control.

## **Authorized and Affected Employees**

- **Authorized employees** are those who perform lockout/tagout and servicing or maintenance.
- **Affected employees** are those whose job requires them to operate or use equipment on which servicing or maintenance is being performed.

## **Energy Control Procedures**

Where required, written energy control procedures shall be developed for machines or equipment with multiple energy sources or complex shutdown requirements.

Energy control procedures include:

1. Preparation for shutdown;
2. Equipment shutdown;
3. Isolation of energy sources;
4. Application of lockout/tagout devices;
5. Release or restraint of stored energy;
6. Verification of isolation; and
7. Safe removal of lockout/tagout devices.

## **Lockout/Tagout Devices**

Lockout/tagout devices shall:

- Be durable;
- Be standardized where feasible;
- Identify the employee applying the device; and
- Be used exclusively for energy control.

Tags alone shall not be used unless lockout is not feasible and equivalent protection is provided.

## **Group Lockout / Tagout**

When servicing is performed by more than one employee, a group lockout procedure shall be used to ensure equivalent protection. Each authorized employee shall apply their own lockout device or personal lock to a group lockout device.

## **Shift or Personnel Changes**

Specific procedures shall be utilized during shift or personnel changes to ensure continuity of lockout/tagout protection and orderly transfer of energy control responsibility.

## **Training and Communication**

Training shall be provided to:

- Authorized employees on energy control procedures;
- Affected employees on the purpose and use of lockout/tagout; and
- Other employees whose work may be affected.

Retraining shall be provided when:

- Job assignments change;
- Equipment or processes change; or
- Inspections indicate deficiencies.

Training shall be documented and retained in accordance with recordkeeping requirements.

## **Periodic Inspections**

The Safety Officer shall ensure that periodic inspections of energy control procedures are conducted at least annually to ensure effectiveness and compliance.

Inspections shall:

- Be conducted by an authorized employee other than the one using the procedure;
- Include a review of employee responsibilities; and
- Be documented.

## **Outside Contractors**

When outside contractors perform servicing or maintenance activities involving hazardous energy:

- The Town shall inform contractors of its lockout/tagout procedures; and
- Contractors should inform the Town of their energy control procedures.

## **Program Review and Availability**

This Lockout/Tagout Program shall be reviewed periodically and updated as necessary. The program is available to employees, their representatives, and regulatory agencies upon request.

## 14. Electrical Safety & Ground-Fault Protection Program

*(Updated – OSHA 29 CFR 1910 Subpart S & 29 CFR 1926.404, WYOSH)*

### Purpose

The purpose of this Electrical Safety and Ground-Fault Protection Program is to protect employees from electrical hazards such as electric shock, burns, arc flash, and electrocution.

This program establishes requirements for the safe use of electrical equipment, tools, and installations and complies with applicable **OSHA electrical standards as adopted and enforced by WYOSH.**

### Scope and Applicability

This program applies to all Town of Alpine employees who work with or around electrical equipment, power tools, extension cords, temporary wiring, or electrical installations.

This program applies to:

- Permanent electrical installations
- Temporary wiring and power sources
- Portable electrical tools and equipment
- Outdoor and wet-location electrical use
- Ground-fault protection systems

This program does **not** authorize employees to perform electrical work beyond their training or qualifications.

### Responsibilities

#### Safety Officer

The Safety Officer is responsible for:

- Implementing and maintaining the Electrical Safety Program;
- Ensuring inspections and corrective actions are conducted;
- Coordinating training; and
- Monitoring compliance with applicable electrical safety standards.

#### Supervisors

Supervisors are responsible for:

- Ensuring electrical equipment is used safely;
- Removing damaged or unsafe electrical equipment from service; and
- Ensuring employees follow safe electrical work practices.

## **Employees**

Employees are responsible for:

- Using electrical equipment in a safe manner;
- Inspecting electrical tools, cords, and equipment prior to use;
- Using required ground-fault protection;
- Reporting damaged equipment or unsafe conditions; and
- Not modifying electrical equipment or bypassing safety features.

## **General Electrical Safety Requirements**

- Only qualified people may perform electrical repairs or modifications.
- Electrical panels, disconnects, and breaker boxes shall remain accessible and unobstructed.
- Electrical cords shall not be used as permanent wiring.
- Damaged cords, plugs, or tools shall be removed from service immediately.
- Electrical equipment shall be used in accordance with manufacturer instructions.
- Employees shall not work on energized electrical systems unless de-energization is infeasible and appropriate safeguards are in place.

## **Portable Electrical Tools and Extension Cords**

- Portable electrical tools shall be grounded or double-insulated.
- Extension cords shall be rated for the intended use and environment.
- Extension cords shall not be repaired with tape or splices.
- Cords shall be protected from damage and shall not be run through doors, windows, or across traffic areas unless protected.

## **Ground-Fault Circuit Interrupter (GFCI) Protection**

Ground-fault protection should be used where employees may be exposed to electrical hazards, including:

- Outdoor work locations;
- Wet or damp locations;
- Construction, maintenance, or repair activities; and
- Temporary power installations.

## **GFCI Requirements**

- All 120-volt, single-phase, 15- and 20-amp receptacles used for temporary power shall be protected by GFCIs.
- GFCIs may be provided through:
  - GFCI-protected receptacles;
  - GFCI circuit breakers; or
  - Portable GFCI devices.

## **Inspection and Testing**

- GFCI devices shall be tested prior to use or in accordance with manufacturer instructions.
- Defective GFCI devices shall be removed from service until repaired or replaced.

### **Temporary Wiring**

Temporary wiring shall:

- Be approved for the intended use;
- Be protected from physical damage;
- Be removed immediately upon completion of the project or when no longer needed; and
- Comply with applicable OSHA and National Electrical Code (NEC) requirements.

### **Lockout/Tagout and Electrical Energy Control**

Electrical energy sources shall be controlled in accordance with the Town's **Lockout/Tagout (Control of Hazardous Energy) Program** when servicing or maintaining electrical equipment.

### **Training**

Employees who work with or around electrical equipment shall receive training on:

- Recognition of electrical hazards;
- Safe use of electrical tools and equipment;
- GFCI protection requirements; and
- Reporting unsafe electrical conditions.

Training shall be provided at the time of assignment and as conditions or equipment change.

### **Inspections and Corrective Action**

Electrical equipment, tools, and installations shall be inspected periodically. Identified hazards shall be corrected promptly. Equipment that cannot be safely repaired shall be removed from service.

### **Program Availability**

This Electrical Safety and Ground-Fault Protection Program is available to employees, their representatives, and regulatory agencies upon request.

#### *Training for Non-Qualified Employees*

Training for Non-Qualified Employees is general electrical safety precautions to provide an awareness and understanding of electrical hazards.

#### Electrical Safety Rules for Non-Qualified Workers

1. Do not conduct any repairs to electrical equipment
2. Report on all electrical deficiencies to your supervisor

3. Do not operate equipment if you suspect an electrical problem
4. Water and electricity do not mix.
5. Even low voltages can kill or injure you
6. Do not use cords or plugs if the ground prong is missing
7. Do not overload electrical receptacles

### *Training for Qualified Employees*

Training for Qualified Employees includes specific equipment procedures and requirements for:

*Electrical Safety, 29 CFR 1910.331 to 1910.339*

### **Standard Operating Procedure**

#### ***Working on or Near Exposed Energized Circuits***

In the rare situation when energized equipment (or working in near proximity to energized equipment) cannot be de-energized, the following work practices must be used to provide protection:

- Caution: Unqualified Employees are prohibited from working on or near exposed energized circuits.
- Obtain permission from Manager to work on or near energized electrical circuits
- Lockout and Tagout all circuits possible
- Treat all circuits as energized.
- Remove all conductive clothing and jewelry (rings, watches, wrist/neck chains, metal buttons, metal writing instruments, etc.).
- Use proper personal protective equipment, shields and/or barriers to provide effective electrical insulation from energized circuits. This may include electrically rated insulated gloves, aprons, rubber soled shoes, insulated shields, insulated tools, etc.
- Provide adequate lighting. Do not enter areas with exposed energized parts unless illumination (lighting) is provided so that Employee may work safely. Do not reach around obstructions of view or lighting (blindly) into areas where exposed energized parts are located.
- Employees entering a Confined Space with exposed energized parts must use protective barriers, shields, or equipment or insulated materials rated at or above the present voltage to avoid contact.

- Doors or other hinged panels shall be constructed and secured to prevent them from swinging into an Employee and causing contact with exposed energized parts.
- Housekeeping in areas of exposed energized parts may not be completed in areas with close contact unless adequate safeguards (insulation equipment or barriers) are present. Conductive cleaning material (Steel Wool, Silicon Carbide, etc.) or liquids may not be used unless procedures (Lock and Tag Out, etc.) are in place and followed.
- Station is a safety observer outside work area. The sole function of this person is to quickly deenergize all sources of power or pull workers free from electrical work area with a non-conductive safety rope if contact is made with an energized electrical circuit.

### Standard Operating Procedures

Electrical work practices and equipment-specific procedures are addressed through training, manufacturer instructions, and task-specific guidance. Where written procedures are required by regulation, they are maintained separately and referenced within this manual.

## 15. Machinery & Machine Guarding Safety Program

*(OSHA 29 CFR 1910 Subpart O – WYOSH)*

### Purpose

The purpose of this Machinery and Machine Guarding Safety Program is to protect Town employees from injuries associated with moving machinery parts, points of operation, in-running nip points, rotating components, and mechanical power transmission hazards.

This program establishes minimum requirements for the **safe operation, guarding, inspection, maintenance, and training** associated with machinery and complies with applicable OSHA standards adopted and enforced by WYOSH, including **29 CFR 1910 Subpart O**.

### Scope and Applicability

This program applies to **all Town of Alpine employees** who operate, service, maintain, inspect, or work near machinery or mechanical equipment, including but not limited to:

- Public Works equipment
- Water and wastewater equipment
- Parks and facilities maintenance equipment
- Shop machinery and tools

Covered hazards include:

- Points of operation
- In-running nip points
- Rotating parts
- Flying chips or sparks
- Mechanical power transmission components

Nothing in this program authorizes an employee to operate machinery for which they have not been trained or approved.

### Responsibilities

#### Safety Officer

The Safety Officer is responsible for:

- Implementing and maintaining this program;
- Ensuring machine guarding requirements are met;
- Coordinating inspections and corrective actions;
- Ensuring employee training is completed and documented; and

- Monitoring compliance with OSHA/WYOSH standards.

## **Supervisors**

Supervisors are responsible for:

- Ensuring machinery is operated safely;
- Verifying guards are in place and functional;
- Removing unsafe machinery from service;
- Ensuring Lockout/Tagout procedures are followed during servicing; and
- Ensuring employees comply with safe work practices.

## **Employees**

Employees are responsible for:

- Operating machinery only if trained and authorized;
- Using required guards and safety devices;
- Never removing, bypassing, or defeating machine guards;
- Following Lockout/Tagout procedures when required;
- Reporting missing guards, damaged equipment, or unsafe conditions immediately.

## **Machinery & Equipment Safety – Administrative Duties and Safe Work Practices**

*(Updated – Aligned with OSHA 29 CFR 1910 Subpart O, WYOSH)*

### **Administrative Duties**

The Safety Officer is responsible for developing, implementing, and maintaining the Town's Machinery and Equipment Safety and Guarding Program and has authority to make decisions necessary to ensure its effectiveness.

The Safety Officer is qualified by training and experience commensurate with the complexity of the machinery and equipment operated by the Town and is responsible for oversight of evaluations, inspections, and training related to machine safety.

This written program is maintained by the Safety Officer and is available to employees upon request. Employees are encouraged to report hazards or suggest improvements to the Safety Officer to support continuous improvement of machine safety practices.

### **Policy**

All mechanical motion is potentially hazardous. Employees working in areas where machinery or equipment is operated may be exposed to hazards such as rotating components, cutting or shearing blades, in-running nip points, reciprocating parts, belts and pulleys, gears, and uncontrolled movement of failing parts.

Employees must remain alert to these hazards and follow all required safety practices and guarding requirements.

### **Training Requirements**

Employees shall be trained to:

1. Safely operate each machine they are required to use;
2. Recognize potential accident-producing situations; and
3. Take appropriate action when hazards are identified.

Only employees who have received required training, or who are undergoing supervised on-the-job training, are permitted to operate machinery.

### **General Machinery Safety Requirements**

- Machinery should be guarded to protect employees from exposure to moving parts and mechanical hazards.
- Guards remain in place during operation.
- Guards shall only be removed for servicing or maintenance when equipment is locked out.
- Machinery shall be operated according to manufacturer instructions.
- Loose clothing, jewelry, gloves (where prohibited), or unsecured hair that could become entangled is prohibited during machine operation.
- Only authorized employees may operate machinery.

### **Machine Guarding Requirements**

Machine guarding shall be provided wherever employees may be exposed to hazards. Acceptable guarding methods include:

- Fixed guards
- Interlocked guards
- Adjustable guards
- Self-adjusting guards

All guards shall:

- Prevent contact with hazardous moving parts;
- Be securely fastened and durable;
- Not create additional hazards;
- Allow safe operation and maintenance.

### **Guarded Areas**

Machine guarding should protect employees from exposure to:

- **Point-of-operation hazards** (blades, cutters, rotating tools)

- **Power transmission hazards** (belts, chains, gears, shafts, pulleys)
- **Top, bottom, and rear exposures**
- **Unusual operations**, where jigs or fixtures provide equivalent protection

Guards removed for servicing or adjustment **must be replaced immediately** before the equipment is returned to service.

### **Mechanical Power Transmission Apparatus**

All belts, pulleys, chains, gears, shafts, couplings, and other transmission components shall be guarded in accordance with **29 CFR 1910.219**.

- Fan blades less than **7 feet** above floor or work level shall be guarded with openings no larger than **½ inch**.
- Revolving drums, barrels, or containers shall be enclosed or guarded.
- Fixed-location machinery shall be anchored to prevent movement or “walking.”

### **Lockout/Tagout Integration**

Whenever guards are removed or machinery is serviced, maintained, or adjusted, energy sources shall be controlled in accordance with the Town’s **Lockout/Tagout (Control of Hazardous Energy) Program**.

No servicing or maintenance shall occur without proper energy isolation.

### **Inspections and Maintenance**

- Machinery and guards shall be inspected at intervals appropriate to the equipment and work environment.
- Defective or damaged machinery or guards shall be removed from service immediately.
- Repairs shall only be performed by authorized personnel.
- Inspection records shall be maintained using the approved **Machinery & Machine Guarding Safety Inspection Checklist**.

### **New Equipment and Modifications**

Machine guarding requirements shall be reviewed:

- During installation of new equipment;
- During modification or relocation of machinery; and
- Before equipment is placed into service.

Supervisors shall ensure guarding and safety requirements are met prior to operation.

### **Training**

Employees who operate or work near machinery shall receive training on:

- Machine hazards;
- Guarding requirements;
- Safe operating procedures;
- Lockout/Tagout awareness;
- Reporting unsafe conditions.

Training shall occur:

- Prior to initial assignment;
- When new equipment is introduced; and
- When hazards or procedures change.

### **Contractors and Outside Personnel**

Contractors performing work involving machinery on Town property shall:

- Comply with applicable machine guarding requirements; and
- Follow their own safety programs.

The Town will coordinate safety responsibilities as needed.

### **Disciplinary Action**

Compliance with this program is the conditions of employment. Failure to follow machinery safety or guarding requirements may result in disciplinary action, up to and including termination, in accordance with Town policy.

### **Program Evaluation**

The Safety Officer shall periodically evaluate the effectiveness of this program, including:

- Review of incidents and near-misses;
- Workplace inspections; and
- Employee feedback.

Updates should be made as necessary to improve safety.

### **Program Availability**

This program is available to employees, their representatives, and regulatory agencies upon request.

### **Appendices (Maintained Separately)**

- Machinery & Machine Guarding Safety Inspection Checklist
- Machine-Specific SOPs (where applicable)

## **16. Housekeeping & Material Storage**

(Updated – OSHA / WYOSH Compliance)

### **Housekeeping Program**

#### **Purpose**

Good housekeeping is essential to maintaining a safe and efficient workplace. Clean, orderly work areas reduce hazards such as slips, trips, falls, fires, and equipment damage while improving productivity and employee morale.

This section establishes standardized housekeeping expectations for all Town of Alpine facilities, worksites, and grounds in accordance with applicable OSHA/WYOSH requirements.

#### **Program Administration**

The Safety Officer is responsible for administering and maintaining the Housekeeping Program. Supervisors are responsible for enforcing housekeeping requirements within their assigned areas. This written program is maintained by the Safety Officer and is available to employees upon request.

#### **General Policy**

Housekeeping is a shared responsibility. All employees shall maintain clean, orderly, and hazard-free areas throughout the workday. Housekeeping is a continuous process and is not limited to end-of-shift cleanup.

#### **Routine Walk-Around Assessments**

Supervisors and/or the Safety Officer shall periodically conduct walk-around assessments to identify housekeeping deficiencies, including:

- Spills or leaks
- Obstructed aisles or exits
- Trip or fire hazards

Employees are encouraged to report housekeeping hazards or recommend improvements.

#### **Responsibilities**

##### **Safety Officer**

- Oversees the housekeeping program
- Monitors trends and corrective actions
- Updates the program as needed

##### **Supervisors**

- Enforce housekeeping standards
- Initiate corrective actions
- Ensure work areas remain safe

### **Employees**

- Maintain cleanliness in assigned areas
- Promptly report unsafe conditions
- Clean up after completing tasks when safe to do so

Failure to comply may result in disciplinary action in accordance with Town policy.

### **Smoking Policy**

Smoking is prohibited inside Town buildings and within fifty (50) feet of material storage areas. Smoking is permitted only in designated outdoor areas. Smoking materials shall be disposed of in approved receptacles.

### **Office and Administrative Areas**

- Aisles, exits, and fire protection equipment shall remain clear (minimum three-foot clearance)
- Supplies shall be stored in designated locations
- Spills shall be cleaned immediately
- Waste receptacles shall be properly lined
- File drawers shall remain closed when unattended
- Office equipment and space heaters shall be turned off and unplugged at the end of the day

### **Work Areas**

- Aisles, exits, fire extinguishers, and eyewash stations shall remain unobstructed
- Spills and leaks shall be cleaned immediately and reported if repairs are required
- Refuse shall be placed in designated containers
- Floors and walking surfaces shall be kept free of excessive debris

### **Break Areas and Restrooms**

- Employees shall clean up after themselves
- Hazardous or flammable materials are prohibited
- Personal food shall not be stored overnight unless refrigeration is provided
- Waste shall be disposed of properly

### **Maintenance and Storage Areas**

- Aisles, exits, and fire equipment shall remain unobstructed
- Materials shall be stored neatly and securely
- Spills shall be cleaned immediately

- Waste materials shall be disposed of properly

### **Grounds and Outdoor Areas**

- Walkways, entrances, and docks shall remain clear
- Snow and ice shall be removed prior to operations
- Materials shall be stored only in designated areas
- Landscaping shall not create trip hazards or obstruct access

The Maintenance Department is responsible for grounds upkeep.

### **Housekeeping Program Review**

The Safety Officer shall periodically review housekeeping practices and update this program as necessary.

**Note:** Detailed requirements for flammable materials, compressed gas cylinders, and material storage configurations are addressed in the *Material Storage* section below.

## **17. Material Storage Program**

(Updated – OSHA / WYOSH Compliance)

### **Purpose**

Proper material storage prevents fires, maintains clear exits and aisles, and reduces the risk of injuries. This section establishes requirements for the safe storage of general materials, flammable substances, and compressed gas cylinders.

### **General Material Storage Requirements**

1. Materials shall not be stored within 18 inches of sprinkler heads or ceilings
2. A minimum three-foot clearance shall be maintained around exits and doors
3. Aisles shall remain clear and appropriately marked
4. Materials and equipment shall not be stored in aisles or exits
5. Platforms, shelves, and racks shall not be overloaded and shall have load limits posted

### **Flammable and Combustible Material Storage**

1. Flammable liquids shall be stored in approved flammable storage cabinets or approved outdoor locations
2. Safety containers with flame arresters shall be used when required
3. Open containers are prohibited except during active use
4. Storage areas shall be ventilated and free from ignition sources
5. Flammable materials shall not be stored in electrical rooms

### **Compressed Gas Cylinder Safety**

#### **Receiving**

- Inspect cylinders for damage and labeling
- Verify hydrostatic test dates
- Ensure SDS availability

#### **Storage**

- Cylinders shall be stored upright and secured
- Caps shall be in place when not in use
- Incompatible gases shall be stored separately
- Cylinders shall be protected from heat, impact, and damage

#### **Movement**

- Cylinders shall be transported using approved carts
- Caps shall remain in place during transport

## **Use**

- Inspect regulators and hoses before use
- Secure cylinders during use
- Close valves when not in use

## **Responsibilities**

### **Safety Officer**

- Oversees compliance and program implementation

### **Supervisors**

- Enforce storage requirements and correct deficiencies

### **Employees**

- Follow storage procedures and report unsafe conditions

## **Material Storage Program Review**

Material storage practices shall be periodically reviewed by the Safety Officer to ensure continued effectiveness and compliance.

## **18.Fire Prevention Plan (FPP)**

*(Updated – OSHA 29 CFR 1910.39, WYOSH)*

### **Purpose**

The purpose of the Fire Prevention Plan (FPP) is to prevent the occurrence of fires by identifying fire hazards, controlling ignition sources, and managing combustible materials. This plan works in conjunction with the Town’s Emergency Action Plan (EAP) and other safety programs.

Fire prevention measures reduce the risk of fires by eliminating or controlling fuel sources, ignition sources, and unsafe work practices.

### **Scope and Coordination**

This Fire Prevention Plan addresses:

- Major workplace fire hazards and their handling and storage;
- Potential ignition sources and control procedures;
- Fire protection equipment provided for incipient-stage fires;
- Responsibilities for maintaining fire prevention systems and controls.

Emergency evacuation procedures, alarm systems, employee accountability, rescue, and medical response are addressed in the **Emergency Action Plan**.

### **Program Administration**

The Safety Officer is responsible for administering and maintaining the Fire Prevention Plan, coordinating compliance with applicable fire codes, and reviewing the plan as necessary.

This written plan is maintained by the Safety Officer and is available to employees, their representatives, and regulatory officials upon request.

### **Responsibilities**

#### **Safety Officer**

The Safety Officer shall:

1. Develop and maintain the Fire Prevention Plan for normal and after-hours operations;
2. Coordinate fire prevention efforts with local fire authorities when appropriate;
3. Ensure fire prevention measures are integrated with other safety programs;
4. Ensure employees receive training on fire hazards and prevention practices;
5. Ensure fire protection equipment is maintained and inspected as required.

#### **Supervisors**

Supervisors shall:

- Enforce fire prevention and housekeeping requirements;
- Ensure flammable materials are properly stored;
- Correct fire hazards promptly.

## **Employees**

Employees shall:

- Follow fire prevention procedures;
- Report fire hazards immediately;
- Use flammable materials only as authorized and instructed.

## **Workplace Fire Hazards**

The Town shall control hazardous accumulations of combustible materials to prevent rapid fire spread, smoke generation, or explosions.

Examples of workplace fire hazards include:

- Improper storage of flammable or combustible materials;
- Accumulation of wastepaper, rags, or debris;
- Oil-soaked or solvent-soaked materials;
- Heat-producing equipment without proper safeguards.

Employees shall be informed of fire hazards in their work areas and trained in prevention measures applicable to their duties.

## **Control of Fuel Sources**

Flammable and combustible materials shall be:

- Stored in approved containers and cabinets;
- Kept away from ignition sources;
- Managed in quantities consistent with operational needs.

Waste materials capable of spontaneous combustion or rapid ignition shall be disposed of promptly in approved containers.

## **Control of Ignition Sources**

Potential ignition sources shall be controlled, including:

- Open flames;
- Hot work activities;
- Sparks from tools or equipment;

- Electrical equipment and wiring.

Heat-producing equipment should be maintained in accordance with manufacturer recommendations. Safety devices such as temperature limit switches, flame failure controls, and similar systems should be inspected and maintained to ensure proper operation.

General housekeeping requirements are addressed in the Housekeeping Program.

## **Maintenance of Fire Protection Equipment**

*(Updated – OSHA 29 CFR 1910.39 & 1910.157, WYOSH)*

### **Purpose**

Fire protection equipment must be properly maintained to ensure it functions as intended during an emergency. This section establishes responsibilities for inspection, maintenance, and monitoring of fire protection equipment installed to prevent or control fires.

### **Responsibilities**

The Safety Officer is responsible for ensuring fire protection equipment is inspected, maintained, and serviced in accordance with applicable standards and manufacturer recommendations.

### **Fire Protection Equipment Maintenance**

1. Fire extinguishers shall be:
  - Visually inspected **monthly**;
  - Maintained in operable condition at all times; and
  - Subject to periodic servicing and hydrostatic testing in accordance with **NFPA and manufacturer requirements**.
2. Fire extinguishers shall be:
  - Readily accessible;
  - Clearly visible and properly mounted; and
  - Fully charged and unobstructed.
3. Defective or discharged fire extinguishers should be removed from service immediately and repaired or replaced.
4. Records of inspections and maintenance shall be maintained by the Safety Officer or designee.

### **Housekeeping for Fire Prevention**

The Town shall control accumulations of flammable and combustible waste materials to reduce fire risk.

The following fire-prevention housekeeping practices shall be maintained:

1. Aisles, exits, fire extinguishers, and emergency equipment shall remain unobstructed with a minimum **three (3) foot clearance**.
2. Storage areas shall be kept orderly, and materials stored properly upon receipt.

3. Process leaks shall be reported promptly for repair and cleanup.
4. Combustible waste shall be removed regularly. Oily rags shall be stored in approved containers, and flammable materials shall be stored in approved fire cabinets when not in use.
5. At the end of the business day, office equipment and space heaters shall be turned off and unplugged as appropriate to reduce fire risk.

## **Training**

Employees shall receive training on:

- Fire hazards present in their work areas;
- Fire prevention practices;
- Proper handling and storage of flammable and combustible materials; and
- The purpose and location of fire protection equipment.

Employees are **not required** to fight fires. Use of fire extinguishers is voluntary and limited to incipient-stage fires only.

Emergency evacuation procedures, alarm systems, drills, headcounts, and return-to-work authorization are addressed in the **Emergency Action Plan (EAP)**.

## **Fire Extinguisher Awareness**

Employees who may choose to use fire extinguishers shall receive basic instruction covering:

- Types of fires;
- Appropriate extinguisher selection;
- Limitations of extinguishers; and
- When evacuation is required instead of attempting fire control.

No employee shall be required or expected to use fire extinguishers without appropriate training.

## **Disciplinary Action**

Failure to comply with fire prevention and housekeeping requirements may result in disciplinary action in accordance with Town policy.

## **Program Review**

The Safety Officer shall periodically review fire prevention practices, equipment maintenance records, and training effectiveness to ensure continued compliance and effectiveness.

## **Fire Extinguishers and Fire Classification Awareness**

Fire extinguishers are provided for use on incipient-stage fires only. Employees are **not required** to fight fires and shall evacuate in accordance with the Emergency Action Plan if conditions are unsafe.

Employees shall receive basic instruction on fire classifications and extinguisher types:

- **Class A** – Ordinary combustibles (wood, paper, cloth)
  - Extinguishers: Water or ABC dry chemical
- **Class B** – Flammable liquids, gases, greases
  - Extinguishers: Foam, CO<sub>2</sub>, or ABC dry chemical
- **Class C** – Energized electrical equipment
  - Extinguishers: CO<sub>2</sub> or ABC dry chemical
- **Class D** – Combustible metals
  - Extinguishers: Specialized agents; fire department response required

Fire extinguishers should be clearly labeled, inspected, and maintained in accordance with applicable standards.

### **Training**

Employees shall be trained on:

- Fire hazards specific to their work areas;
- Safe handling and storage of flammable materials;
- Proper response to fire emergencies;
- Location and purpose of fire extinguishers.

### **Program Review**

The Safety Officer shall periodically review the Fire Prevention Plan to ensure effectiveness and compliance with regulatory requirements. Updates shall be made as necessary.

## **19. Emergency Action Plan (EAP)**

*(Updated – OSHA 29 CFR 1910.38, WYOSH)*

### **Purpose**

The Town of Alpine Emergency Action Plan (EAP) is designed to protect employees during emergencies that may reasonably be expected to occur at Town facilities or worksites, including after-hours operations.

This plan establishes procedures for reporting emergencies, employee evacuation, and coordination with emergency responders to ensure employee safety.

### **Scope**

This Emergency Action Plan addresses emergencies including, but not limited to:

- Fires
- Severe weather events (tornadoes, winter storms)
- Hazardous material releases or spills
- Utility failures
- Bomb threats or civil disturbances
- Medical emergencies

Emergency response activities such as firefighting, spill containment, or rescue operations are **not** required of employees and are addressed by emergency responders.

### **Program Administration**

The Safety Officer (or designee) is responsible for administering and maintaining the Emergency Action Plan. Responsibilities include:

- Maintaining the written plan;
- Ensuring emergency procedures are communicated to employees;
- Coordinating with local emergency responders when appropriate; and
- Reviewing and updating the plan as needed.

This plan is maintained by the Safety Officer and is available to employees upon request.

### **Emergency Reporting Procedures**

Employees shall immediately report emergencies by:

- Activating the nearest alarm system, where available; and/or
- Call **911** or local emergency services.

Emergency contact numbers shall be posted in conspicuous locations at Town facilities and worksites.

## **Employee Alarm Systems**

The Town maintains employee alarm systems in accordance with **29 CFR 1910.165**. Alarm systems are designed to:

- Alert employees to emergencies;
- Be distinctive and recognizable; and
- Be audible or visible as necessary to ensure employee awareness.

Specific alarms may be designated for certain emergencies, such as tornado warnings.

## **Evacuation Procedures**

When evacuation is required:

- Employees shall exit the facility immediately using the nearest safe exit;
- Elevators shall not be used during evacuation unless directed by emergency responders;
- Employees shall proceed to designated assembly areas as identified for their location.

Evacuation routes and assembly areas shall be communicated to employees and posted where applicable.

## **Accounting for Employees**

After evacuation, supervisors shall account for employees using attendance rosters or other reasonable means and report missing employees to emergency responders.

## **Employees Requiring Assistance**

Procedures should be established to assist employees with disabilities or those requiring additional assistance during evacuations. Supervisors shall ensure these procedures are communicated and practiced as appropriate.

## **Critical Operations**

Employees assigned to shut down critical operations before evacuation shall do so **only if it can be performed safely** and without delaying evacuation.

## **Training and Drills**

Employees shall receive training on:

- Emergency reporting procedures;
- Alarm recognition;
- Evacuation routes and assembly areas;
- Their roles during emergencies.

Training shall be provided:

- Upon initial assignment; and
- When the plan is updated or procedures change.

Periodic drills may be conducted to evaluate plan effectiveness.

### **Plan Review and Maintenance**

The Safety Officer shall review the Emergency Action Plan periodically and update it as necessary to reflect changes in facilities, operations, or regulations.

### **Availability**

The Emergency Action Plan shall be kept in the workplace and made available to employees, their representatives, and regulatory officials upon request.

## 20. First Aid Program

### Purpose

The Town is committed to protecting employees from occupational injuries and illnesses. While prevention remains the primary goal, the Town is prepared to respond promptly and appropriately when injuries or illnesses occur.

This written First Aid Program establishes procedures to ensure immediate and effective first aid response and compliance with **29 CFR 1910.151 – Medical Services and First Aid**.

### Administrative Duties

The Safety Officer is designated as the First Aid Program Administrator and is responsible for establishing, implementing, and maintaining this written First Aid Program. The Safety Officer has full authority to make decisions necessary to ensure the effectiveness of the program.

A copy of this written program is maintained in the Safety Officer's office and is available for employee review upon request.

Employees are encouraged to provide suggestions for improvement. The Town is committed to continuous improvement and maintaining a safe and responsive workplace.

### Town Policy

In the absence of an infirmary, clinic, or hospital in close proximity to the workplace, the Town ensures that:

- Adequately trained personnel are available to render first aid, and
- Properly stocked first aid supplies are readily accessible at all work locations.

First aid kits are provided for the treatment of minor injuries such as cuts, burns, headaches, nausea, and similar non-emergency conditions. All employees must know the location of first aid kits and notify their supervisor when a kit is used.

Employees who sustain work-related injuries or illnesses requiring professional medical treatment must notify their supervisor **before** seeking treatment whenever possible. Failure to notify supervision may affect the benefit of eligibility for Workers' Compensation benefits.

The Safety Officer is responsible for inspecting first aid kits prior to deployment and **at least weekly** thereafter to ensure supplies are complete and serviceable.

In all cases requiring emergency medical treatment, emergency services shall be contacted immediately.

### Minor First Aid Treatment

First aid kits are located in the main office building and in each Town vehicle.

If an employee sustains a minor injury requiring first aid:

- Notify the supervisor.
- Administer appropriate first aid.
- Document kit usage on the Accident Investigation Report.
- Understand that first aid kits are **not** a substitute for professional medical care when needed.
- Provide required information for accident documentation.

### **Non-Emergency Medical Treatment**

For non-emergency, work-related injuries requiring professional medical care:

- Notify the supervisor immediately.
- Obtain authorization from management prior to treatment.
- Proceed to the designated medical facility.
- Transportation assistance will be provided if necessary.
- Complete all required accident investigation documentation.

Portable eyewash stations shall be used immediately if hazardous substances contact the eyes or body. Supervisors must be notified whenever an eyewash station is used.

### **Emergency Medical Treatment**

If an employee sustains a serious or life-threatening injury:

- Call for help immediately.
- Contact emergency medical services using posted emergency numbers.
- Do not move the injured employee unless necessary to prevent further harm.
- Provide all relevant details for accident investigation documentation.

Where emergency medical facilities are not within **3–4 minutes** of the workplace, the Town ensures trained First Aid and CPR responders are available.

### **First Aid Supplies and Equipment**

The Safety Officer ensures first aid supplies meet the specific hazards and operational needs of the workplace. First aid kits include, at a minimum:

- Bandages, compresses, and gauze pads
- Antiseptic swabs
- Burn treatments
- Adhesive tape
- Disposable gloves
- Eye dressings and eyewash solution
- Instant cold packs
- Antibiotic ointment

- Ammonia inhalation (where appropriate)

All first aid supplies are stored in weather-resistant containers with individually sealed items.

Kits are inspected before job deployment and **at least weekly** thereafter. Expended or expired items are replaced promptly.

### **Program Evaluation**

The First Aid Program is evaluated annually by the Safety Officer to ensure effectiveness and regulatory compliance. Program updates are made as necessary based on incidents, inspections, or changes in operations.

## 21. Substance Abuse Program

### Purpose

The Town is committed to maintaining a safe, healthy, and productive workplace. Substance abuse can adversely affect employee safety, job performance, morale, and the Town's ability to serve the public effectively.

This Substance Abuse Program is intended to:

- Promote a safe and healthy work environment
- Reduce accidents, injuries, absenteeism, and property damage
- Protect the public, Town employees, and Town property
- Support compliance with applicable laws and regulations

This program also encourages employees to seek assistance for substance abuse issues before those issues impact workplace safety or job performance.

### Program Administration

The **Human Resource Director** serves as the Substance Abuse Program Administrator and is responsible for developing, implementing, and maintaining this written program. The Program Administrator has the authority to make necessary decisions to ensure effective administration and compliance.

The Human Resource Director is qualified by training and experience to oversee this program and conduct periodic evaluations of its effectiveness.

### Town Policy

The Town is committed to a **drug- and alcohol-free workplace** due to concerns regarding:

- Workplace safety
- Employee health and well-being
- Productivity and performance
- Public trust and liability
- Regulatory compliance

### Prohibited Conduct

The possession, use, sale, distribution, or manufacture of illegal drugs is strictly prohibited during working hours or on Town property.

Employees shall not report to work or remain at work while under the influence of alcohol, illegal drugs, or misused prescription medications that impair their ability to perform job duties safely and effectively.

The lawful use of prescribed medications is permitted when taken in accordance with a physician's instructions, provided the medication does not impair the employee's ability to safely perform job

responsibilities. Employees are responsible for notifying their supervisor if prescribed medication may affect job performance or safety.

Violations of this policy may result in disciplinary action **up to and including termination of employment**, in accordance with Town policy and applicable law.

Each employee will be provided a copy of this Substance Abuse Policy.

### **Employee Responsibility and Assistance**

Employees are encouraged to seek help if they believe they may have a substance abuse problem. Seeking assistance voluntarily will not, by itself, subject an employee to disciplinary action.

Employees who are concerned about a coworker's behavior are encouraged to express concern and recommend that the individual seek professional help. Substance abuse can affect not only the individual involved, but coworkers, families, and the Town as a whole.

### **Drug and Alcohol Testing**

The Town reserves the right to conduct drug and alcohol testing under the following circumstances, in accordance with applicable laws and regulations:

- Pre-employment testing
- Following a work-related injury requiring medical treatment
- Following an accident involving property damage
- Reasonable suspicion based on observable behavior or performance indicators

A confirmed positive test result may result in disciplinary action **up to and including termination of employment**.

Detailed testing procedures, including collection, confidentiality, and employee rights, are addressed in the Drug and Alcohol Testing section of this program.

### **Town-Sponsored Activities**

The use of alcohol or illegal drugs is prohibited during **Town-sponsored activities**, including events held on or off Town property.

### **Supervisor Responsibilities and Training**

Supervisors play a critical role in enforcing this program. Their responsibilities include:

1. Observing and documenting job performance and workplace behavior
2. Addressing performance issues in a professional, objective manner
3. Referring employees to appropriate assistance resources when needed
4. Initiating testing or disciplinary procedures when warranted

Supervisors are **not responsible for diagnosing substance abuse**, but are trained to recognize potential warning signs, including:

- Physical indicators (e.g., coordination problems, frequent illness)
- Mood changes
- Increased absenteeism
- Aggressive or erratic behavior
- Increased accident rates
- Deterioration in workplace relationships

Supervisor training includes:

- Overview of the Substance Abuse Policy
- Recognition of signs and symptoms of substance abuse
- Proper documentation practices
- Drug and alcohol testing procedures
- Available treatment and assistance resources

Supervisor training is provided by the Human Resources Department, with assistance from the Safety Officer as needed.

### **Employee Education and Awareness**

All employees participate in substance abuse education and awareness training upon hire and periodically thereafter.

Training topics include:

- Dangers of drug and alcohol abuse
- Town substance abuse policy
- Available counseling and assistance resources
- Disciplinary consequences of policy violations
- Effects of substance abuse on safety, productivity, and health
- Drug and alcohol testing procedures
- Recognition of substance abuse warning signs
- Impact of substance abuse on families and the community

Training is conducted through classroom instruction, discussion, and educational materials.

### **Recordkeeping**

The Human Resources Department maintains all records related to substance abuse training, testing, and policy enforcement in a confidential manner, consistent with applicable privacy laws.

### **Conviction Notification**

Employees must notify the Town if they are convicted of violating a criminal drug statute occurring in the workplace. When required by law or contract, the Town will notify the appropriate contracting or funding

agency within **ten (10) days** of receiving notice of such a conviction.

### **Employee Sanctions**

Employees convicted of violating criminal drug statutes or who violate this policy may be subject to disciplinary action or may be required to satisfactorily participate in a substance abuse assistance or rehabilitation program, as determined by the Town and consistent with applicable law.

## 22. OSHA / WYOSH Inspection Management

### Purpose

This section establishes procedures for managing OSHA/WYOSH inspections to ensure that inspections are handled professionally, efficiently, and in compliance with applicable laws and regulations. These procedures are intended to protect the Town's rights while demonstrating good-faith cooperation with regulatory authorities.

### Opening Conference

At the beginning of an OSHA/WYOSH inspection, the inspector will conduct an opening conference with Town representatives.

During the opening conference:

1. **Inspector Introduction and Purpose**
  - The inspector shall explain the purpose and reason for the inspection (e.g., employee complaint, referral, fatality, catastrophe, programmed inspection).
2. **Employee Complaint Inspections**
  - When an inspection is conducted due to an employee complaint, the Town has the right to:
    - Receive a copy of the complaint (with identifying information redacted);
    - Be informed of the subject matter and scope of the complaint.
  - The Town does **not** have the right to know the identity of the employee complaining.
3. **Scope of Inspection**
  - The Town's representative shall clearly determine the scope of the inspection and request identification of the OSHA/WYOSH standards that will apply.
  - The inspector should explain why specific areas or operations will be examined.
4. **Compliance Programs**
  - The inspector shall be informed if the Town participates in any OSHA/WYOSH compliance assistance or cooperative programs.

### Walkaround Inspection

During the walkaround portion of the inspection:

1. A designated Town representative shall accompany the inspector at all times.
2. The Town should respond to questions truthfully but should not volunteer information beyond what is requested.
3. The inspector may select a non-management employee to accompany the inspection, as permitted by regulation.
4. Employee interviews shall be limited to a reasonable number and conducted in a manner that does not unnecessarily disrupt operations.
5. If the inspection appears to expand beyond the scope discussed during the opening conference, the Town representative shall respectfully question and document the change.
6. If the inspector takes photographs, videos, or samples, the Town representative should take duplicate photographs or notes for documentation purposes.

7. If a condition is identified that can be corrected immediately, the Town should correct it promptly to demonstrate good-faith compliance.
8. If the inspector becomes hostile, abusive, or exceeds the agreed scope of inspection, the Town may consult legal counsel regarding whether to request that the inspection be paused pending further discussion with the Area Director.
9. All interactions shall remain professional, cooperative, and non-confrontational.

### **Examination of Records**

The inspector may request to review certain records, including but not limited to:

- Injury and illness records, including fatalities and hospitalizations
- OSHA Forms 300, 300A, and 301 and required postings
- OSHA Health & Safety Poster
- Employee training records
- Hazard Communication Program documentation
- Safety Data Sheets (SDSs)

Only records required by law shall be provided.

### **Closing Conference**

At the conclusion of the inspection, the inspector will conduct a closing conference.

During the closing conference:

1. The inspector shall explain any apparent violations or deficiencies observed during the inspection.
2. The Town shall ask clarifying questions regarding:
  - Identified hazards;
  - Expected corrective actions (abatement);
  - Abatement timelines.
3. Inspectors typically do not disclose proposed penalties during the closing conference.
4. The inspector shall explain the Town's rights to contest citations, penalties, and abatement requirements.
5. The inspector shall provide or reference OSHA Publication 3000, which outlines employer rights and responsibilities following an inspection.

### **Post-Inspection Actions**

Following the inspection:

1. The inspector submits a report to the Area Director, who determines whether citations and penalties will be issued.
2. The Town reviews any citations received and determines whether to:
  - Accept the citation and comply with abatement requirements; or
  - Exercise its right to contest the citation, penalties, or abatement period.
3. The Town shall correct identified deficiencies as required to prevent repeat violations and reduce

potential penalties.

# Appendices

## **APPENDIX A — Disciplinary & Enforcement Forms**

### **A-1. Safety Hazard Citation Form**

*(Administrative enforcement tool)*

- Used by supervisors or the Safety Officer
- Documents unsafe acts or conditions
- Supports corrective action and retraining
- Placed in employee file as applicable

**NOTE:**

Disciplinary actions resulting from citations are governed exclusively by the **Disciplinary Action Program**.

# SAFETY HAZARD CITATION FORM

Town of Alpine  
Safety & Health Program

## 1. General Information

- **Date of Observation:** \_\_\_\_\_
- **Time:** \_\_\_\_\_
- **Location / Facility / Department:**

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- **Observed By (Name & Title):**

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- **Employee(s) Involved (if applicable):**

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## 2. Hazard Description

- **Type of Hazard (check all that apply):**

- Physical
- Electrical
- Chemical
- Biological
- Ergonomic
- Confined Space
- Excavation/Trenching
- Vehicle/Equipment
- Housekeeping
- Other: \_\_\_\_\_

- **Detailed Description of Hazard:**

(Describe the unsafe condition or practice observed, including equipment involved, conditions present, and potential exposure.)

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## 3. Risk Assessment

- **Potential Severity:**

Low     Moderate     High     Imminent Danger

• **Likelihood of Injury or Incident:**

Unlikely     Possible     Likely     Certain

• **Immediate Action Required?**

Yes     No

If yes, describe actions taken:

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**4. Corrective Action Required**

• **Required Corrective Action(s):**

(List specific actions required to eliminate or control the hazard.)

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• **Responsible Person / Position:**

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• **Target Completion Date:** \_\_\_\_\_

**5. Temporary Controls (if applicable)**

• **Interim Measures Implemented:**

- Area Barricaded
- Equipment Locked Out / Tagged Out
- PPE Issued
- Work Stopped
- Warning Signage Posted
- Other: \_\_\_\_\_

Details:

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**6. Follow-Up & Verification**

- **Corrective Action Completed On:** \_\_\_\_\_
- **Verified By (Name & Title):** \_\_\_\_\_

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- **Verification Notes:**

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- Hazard Corrected
- Hazard Reduced
- Further Action Required

### 7. Acknowledgment

I acknowledge that I have been informed of the hazard identified above and understand the required corrective actions.

- **Employee Signature (if applicable):** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Safety Officer / Supervisor Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

### 8. Recordkeeping

- **Citation Number:** \_\_\_\_\_
- **Filed In:**
  - Safety Officer Log
  - Department Safety File
  - Corrective Action Tracking System

### Important Notice

This Safety Hazard Citation Form is issued for the purpose of identifying and correcting unsafe conditions or practices. It is **preventive and corrective in nature**, not disciplinary, and is intended to support compliance with applicable safety and health regulations.

## **APPENDIX B — Accident & Incident Reporting Forms**

### **B-1. Employee Injury / Illness Report Form**

*(Initial employee report)*

### **B-2. Supervisor Accident Investigation Report**

*(Root cause, corrective action, retraining)*

### **B-3. Witness Statement Form**

### **B-4. Near-Miss / Hazard Observation Report (Optional but Recommended)**

**Used in conjunction with:**

- Accident Reporting & Investigation Program
- OSHA / WYOSH Injury & Illness Recordkeeping (29 CFR 1904)

**Employee Report of Accident,  
Injury or Illness**

**Instructions:** Please Print. Fill in all blanks. If a blank does not pertain to your accident, injury or illness write "N/A" in that blank. When completed, return this form to your supervisor.

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

Sex \_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Marital Status  Single  Married  Separated  Divorced  Widowed  
#of Dependents \_\_\_\_\_

Employment Start Date	Time in Present Job
Job Title	Supervisor's Name
Department	Date & Time of Accident
Location of Accident	Task being Performed
Name of Witness	Name of Witness
Describe how the accident happened	
What caused the Accident	
What could have prevented this accident	
<b>Date &amp; Time you first sought medical attention</b>	
<b>Name of Hospital or Doctor</b>	
<b>Were you using required safety equipment?</b>	
<b>Do you have a job at another company?</b>	

The information I have provided either in my own writing or verbally for the purpose of this form is true and correct. I understand that providing false or misleading information or omission of information on this report or any other form relating to this claim of injury/accident may result in termination of my employment.

**Signature of Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**Basic Rules for Accident Investigation**

- Find the cause to prevent future accidents - Use an unbiased approach during investigation
- Interview witnesses & injured employees at the scene - conducting a walkthrough of the accident
- Conduct interviews in private - Interview one witness at a time.
- Get signed statements from all involved.
- Take photos or make a sketch of the accident scene.
- What hazards are present - what unsafe acts contributed to accident
- Ensure hazardous conditions are corrected immediately.

<b>Date &amp; Time</b>		<b>Location</b>	
<b>Tasks performed</b>		<b>Witnesses</b>	
<b>Resulted in</b>	__ Injury __ Fatality __ Property Damage	<b>Property Damage</b>	
<b>Injured</b>		<b>Injured</b>	
<b>Describe Accident Facts &amp; Events</b>			
<b>Supervisor's Incident Cause Analysis</b> <i>Check ALL that apply to this accident</i>			
<b>Unsafe Acts</b>		<b>Unsafe Conditions</b>	
Improper work technique		Poor Workstation design	
Safety rule violation		Unsafe Operation Method	
Improper PPE or PPE not used		Improper Maintenance	
Operating without authority		Lack of direct supervision	
Failure to warn or secure		Insufficient Training	
Operating at improper speeds		Lack of experience	
By-passing safety devices		Insufficient knowledge of job	
Protective equipment not in use		Slippery conditions	
Improper loading or placement		Excessive noise	
Improper lifting		Inadequate guarding of hazards	
Servicing machinery in motion		Defective tools/equipment	
Horseplay		Poor housekeeping	

Drug or alcohol use		Insufficient lighting	
<b>Unsafe Acts require a written warning and re-training <u>before</u> the Employee resumes work</b>			
<b>Date</b>		<b>Date</b>	
Re-Training Assigned		Unsafe Condition Guarded	
Re-Training Completed		Unsafe Condition Corrected	
<b>Supervisor Signature</b>		<b>Supervisor Signature</b>	

Incident Report Review

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Safety Officer \_\_\_\_\_ Date \_\_\_\_\_

Plant Manager \_\_\_\_\_ Date \_\_\_\_\_

Management Comments:

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# WITNESS STATEMENT FORM

## Town of Alpine – Safety & Health Program

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### 1. Incident Information

- **Date of Incident / Observation:** \_\_\_\_\_
- **Time:** \_\_\_\_\_
- **Location / Facility:** \_\_\_\_\_
- **Type of Event (check one):**
  - Injury
  - Near Miss
  - Property Damage
  - Safety Hazard
  - Unsafe Act
  - Other: \_\_\_\_\_

### 2. Witness Information

- **Witness Name:** \_\_\_\_\_
  - **Job Title / Department (if applicable):** \_\_\_\_\_
- 

- **Phone Number:** \_\_\_\_\_
- **Email:** \_\_\_\_\_
- **Relationship to Incident (check one):**
  - Direct Witness
  - Arrived Immediately After
  - Heard or Observed Relevant Conditions
  - Other: \_\_\_\_\_

### 3. Witness Statement

Please describe **only what you personally observed**.  
Do not include opinions, assumptions, or conclusions.

(Attach additional pages if necessary.)

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**4. Additional Observations**

- **Weather / Environmental Conditions (if relevant):**

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- **Equipment, Tools, or Materials Observed:**

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- **Any Immediate Actions Taken:**

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**5. Diagrams / Sketches (Optional)**

Use the space below to draw or describe the scene, equipment layout, or positions of individuals.

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**6. Witness Certification**

I certify that this statement is true and accurate to the best of my knowledge and reflects only what I personally observed.

- **Witness Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

**7. Receipt & Review**

- **Received By (Name & Title):**

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- **Date Received:** \_\_\_\_\_
- **Associated Report(s):**
  - Incident Report
  - Safety Hazard Citation
  - Near Miss Report
  - Corrective Action Record

Reference Number(s): \_\_\_\_\_

**Important Notice**

This witness statement is collected for safety review and regulatory compliance purposes. It is intended to support fact-finding and hazard correction and does not assign fault or disciplinary action.

# NEAR MISS HAZARD OBSERVATION REPORT

## Town of Alpine – Safety & Health Program

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### 1. General Information

- **Date of Observation:** \_\_\_\_\_
  - **Time:** \_\_\_\_\_
  - **Location / Facility / Department:**
- 

- **Reported By (Name & Title):**  
 Employee     Supervisor     Safety Officer     Other: \_\_\_\_\_  
Name: \_\_\_\_\_
- **Was anyone injured?**  
 No (Near Miss)     Yes → Complete Incident/Injury Report

### 2. Near Miss Description

Please describe **what almost happened**, including the sequence of events and the hazard involved.  
(Do not assign blame or include opinions.)

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### 3. Hazard Type

(Check all that apply)

- Slip / Trip / Fall
- Electrical
- Vehicle / Mobile Equipment
- Machinery / Tools
- Confined Space
- Excavation / Trenching
- Chemical / Hazardous Materials
- Biological

- Ergonomic
- Housekeeping
- Weather / Environmental
- Other: \_\_\_\_\_

**4. Potential Outcome (If the Near Miss Had Become an Incident)**

- **Most Likely Injury or Damage:**
  - Minor Injury
  - Serious Injury
  - Fatality
  - Property Damage
  - Environmental Impact
- **Potential Severity:**
  - Low       Moderate       High       Catastrophic

**5. Immediate Actions Taken (If Any)**

- Hazard Removed
- Area Secured / Barricaded
- Equipment Shut Down
- PPE Issued or Used
- Work Stopped
- Warning Given
- None

Details:

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**6. Recommended Corrective Actions**

(Engineering, administrative, training, or PPE controls)

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- **Responsible Person / Position:**

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- **Target Completion Date:** \_\_\_\_\_

## 7. Follow-Up & Review

- **Reviewed By (Name & Title):**

\_\_\_\_\_

- **Review Date:** \_\_\_\_\_

- Corrective Action Implemented
- Further Action Required
- Referred to Safety Committee / Safety Officer

## 8. Employee Acknowledgment (Optional)

Reporting near misses is encouraged and will not result in discipline.

- **Employee Signature (optional):** \_\_\_\_\_
- **Date:** \_\_\_\_\_

## 9. Recordkeeping

- **Report Number:** \_\_\_\_\_
- **Filed In:**
  - Near Miss Log
  - Department Safety File
  - Corrective Action Tracking System

## Important Notice

This Near Miss Hazard Observation Report is intended to identify unsafe conditions or practices **before an injury or incident occurs**. It is preventive in nature and supports continuous improvement of workplace safety. Reporting near misses is encouraged and does not assign fault or disciplinary action.

**Exposure Incident Investigation Form**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

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

Potentially Infectious Materials Involved:

Type: \_\_\_\_\_ Source: \_\_\_\_\_  
\_\_\_\_\_

Circumstances: Work being performed, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How Incident Was Caused: {Accident, equipment malfunction, etc.}  
\_\_\_\_\_  
\_\_\_\_\_

Personal Protective Equipment Used: \_\_\_\_\_  
\_\_\_\_\_

Actions Taken: Decontamination, clean-up, reporting, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations For Avoiding Repetition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOWN OF ALPINE**

**Post-Exposure Evaluation and Follow-up Checklist**

The following steps must be taken, and information transmitted to healthcare professionals, in the event of an employee's exposure to Bloodborne Pathogen.

<b><u>Activity</u></b>	<b><u>Completion Date</u></b>
1. Employee furnished with documentation regarding exposure incident:	_____
2. Source individual identified: _____ _____ (Source individual)	_____
3. Source individual's blood collected and results given to exposed employee: _____ Consent from source has not been obtained.	_____
4. Exposed employee's blood collected and tested:	_____
5. Appointment arranged for employee with healthcare professional: _____ _____ (Healthcare Professional Name)	_____
Documentation forwarded to healthcare professionals: _____ Bloodborne Pathogens Standard. _____ Description of exposed employees' duties. _____ Description of exposure incident, including exposure routes. _____ Results of source individual's blood testing. _____ Employee's medical records.	

# Machinery & Machine Guarding Safety Inspection Checklist

(OSHA 29 CFR 1910 Subpart O – WYOSH)

## Section 1 – Equipment Identification

- Department / Location: \_\_\_\_\_
- Machine / Equipment Name: \_\_\_\_\_
- Manufacturer / Model: \_\_\_\_\_
- Serial or Asset ID: \_\_\_\_\_
- Supervisor Responsible: \_\_\_\_\_
- Inspection Date: \_\_\_\_\_
- Inspector Name & Title: \_\_\_\_\_

## Section 2 – Machine Guarding Requirements

(29 CFR 1910.212, 1910.219)

Item	Yes	No	N/A
Point-of-operation guarding present and effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power transmission components guarded (belts, chains, gears, shafts, pulleys)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guards securely fastened and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guards do not create additional hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guards prevent accidental contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No guards removed, bypassed, or defeated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fan blades <7 ft guarded (≤½-inch openings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revolving drums/barrels guarded where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed-location machinery properly anchored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3 – Operational Safety

Item	Yes	No	N/A
Operator trained and authorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Machine operated by manufacturer instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency stop controls functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item	Yes	No	N/A
Proper PPE used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No unsafe modifications present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work practices prevent reach-in or pinch hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lighting and visibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Section 4 – Maintenance & Lockout/Tagout

(29 CFR 1910.147)

Item	Yes	No	N/A
Lockout/Tagout used for servicing/maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy sources identified and controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guards reinstalled after maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment tested before return to service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Section 5 – New Equipment / Modifications

Item	Yes	No	N/A
Guarding reviewed before startup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment modifications reviewed for safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees trained in new or modified equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Section 6 – Deficiencies & Corrective Actions

**Deficiency Identified Immediate Action Taken Corrective Action Required Date Corrected**

#### Section 7 – Certification

I certify that this inspection was conducted and that unsafe conditions were corrected or removed from service.

- Inspector Signature: \_\_\_\_\_
- Date: \_\_\_\_\_
- Supervisor Acknowledgment: \_\_\_\_\_
- Date: \_\_\_\_\_

## **APPENDIX C — OSHA Recordkeeping Forms & References**

**C-1. OSHA Form 300 — Log of Work-Related Injuries & Illnesses**

**C-2. OSHA Form 300A — Annual Summary**

**C-3. OSHA Form 301 — Injury & Illness Incident Report**

### **Administrative Use Only**

Maintained by the Safety Officer in accordance with 29 CFR 1904.

# OSHA FORM 300

# Town of Alpine

Log of Work-Related Injuries and Illnesses

Year: \_\_\_\_\_

<b>Case No.</b>	
<b>Employee Name</b>	
<b>Job Title</b>	
<b>Date of Injury Onset</b>	
<b>Location of Event</b>	
<b>Description of Injury or Death</b>	
<b>Days Away</b>	
<b>Job Transfer Restriction</b>	
<b>Other Recordable</b>	
<b>Days away from Work</b>	
<b>Days Job Transfer/Restriction</b>	

**Injury / Illness Classification (check one per case):**

- Injury
- Skin Disorder
- Respiratory Condition
- Poisoning
- Hearing Loss
- Other Illness

<b>Case No.</b>	
<b>Employee Name</b>	
<b>Job Title</b>	
<b>Date of Injury Onset</b>	
<b>Location of Event</b>	
<b>Description of Injury or Death</b>	
<b>Days Away</b>	
<b>Job Transfer Restriction</b>	
<b>Other Recordable</b>	
<b>Days away from Work</b>	
<b>Days Job Transfer/Restriction</b>	

**Injury / Illness Classification (check one per case):**

- Injury
- Skin Disorder
- Respiratory Condition
- Poisoning
- Hearing Loss
- Other Illness

## **Instructions**

- Record **each OSHA-recordable case** within **7 calendar days**
- One line per case
- Maintain for **5 years**
- Update if case status changes

# OSHA FORM 300A

Summary of Work-Related Injuries and Illnesses	
Town of Alpine	
Year Covered:	
Injury and Illness Summary	
Total Number of Cases	
Total Deaths	
Total Cases with Days Away from Work	
Total Cases with Job Transfer or Restriction	
Total Other Recordable Cases	
Total Number of Days	
Days Away from Work	
Days of Job Transfer or Restriction	
Injury and Illness Types	
Injuries	
Skin Disorders	
Respiratory Conditions	
Poisoning	
Hearing Loss	
Other Illnesses	

## Annual Certification

I certify that I have examined this document and believe that the entries are true, accurate, and complete.

**Certifying Official Name & Title:**

\_\_\_\_\_

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

## Posting Requirement

- Must be posted **February 1 – April 30**
- Post where employee notices are normally displayed
- **Do not post OSHA 300**

# OSHA FORM 301

## Injury and Illness Incident Report

(One completed for each OSHA 300 entry)

### 1. Employee Information

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

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_

### 2. Healthcare Information

Was employee treated in an emergency room?  Yes  No

Was employee hospitalized overnight?  Yes  No

Name of healthcare provider/facility: \_\_\_\_\_

### 3. Incident Information

Date of Incident: \_\_\_\_\_

Time Incident Occurred: \_\_\_\_\_

Location of Incident:

Describe what the employee was doing just before the incident:

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**Describe what happened:**

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**Describe the injury or illness:**

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**Object or substance that directly harmed employee:**

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**4. Case Completion**

**Prepared By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

## **APPENDIX D — Training & Certification Records**

**D-1. Safety Training Attendance Record**

**D-2. PPE Training Certification**

**D-3. Respiratory Protection Training & Fit Test Record**

**D-4. Confined Space Training Record**

**D-5. Excavation & Trenching Training Record**

**D-6. Lockout / Tagout Authorized Employee Training Record**

**D-7. First Aid / CPR Training Record**

Training records are retained in accordance with regulatory requirements and Town policy.

# D-1. SAFETY TRAINING ATTENDANCE RECORD

Town of Alpine – Safety & Health Program

Training Topic: \_\_\_\_\_

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

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

Instructor Name & Title: \_\_\_\_\_

Description of Training Content Covered: \_\_\_\_\_

---

Employee Name (Print)	Job Title	Department	Signature	Date

**Materials Distributed (check all that apply):**

Handouts    SOP    Policy Update    PPE Guidance    Video    Other: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## D-2. PPE TRAINING CERTIFICATION

(29 CFR 1910.132)

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

**Job Title / Department:** \_\_\_\_\_

This certifies that the employee listed above has received training covering:

- When PPE is necessary
- What PPE is required
- How to properly don, doff, adjust, and wear PPE
- Limitations of PPE
- Proper care, maintenance, useful life, and disposal

**PPE Types Covered:**

- Hard Hat    Eye Protection    Hearing Protection
- Gloves    High-Visibility    Fall Protection
- Respiratory    Other: \_\_\_\_\_

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

Trainer Name & Title: \_\_\_\_\_

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

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## D-3. RESPIRATORY PROTECTION TRAINING & FIT TEST RECORD

(29 CFR 1910.134)

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

**Department:** \_\_\_\_\_

**Respirator Type:** \_\_\_\_\_

**Model / Size:** \_\_\_\_\_

### Medical Evaluation Completed?

- Yes Date: \_\_\_\_\_  
 No (Not Authorized for Use)

### Training Covered:

- Respirator limitations  
 Proper use in emergency situations  
 Inspection and seal check procedures  
 Cleaning and storage  
 Cartridge change schedule

### Fit Test Information

- Qualitative Fit Test  
 Quantitative Fit Test

Fit Test Date: \_\_\_\_\_

Result:  Pass  Fail

Test Conducted By: \_\_\_\_\_

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

Program Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## D-4. CONFINED SPACE TRAINING RECORD

(29 CFR 1910.146)

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

**Department:** \_\_\_\_\_

Training Type:

- Entrant
- Attendant
- Entry Supervisor

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

### Topics Covered:

- Hazard recognition
- Permit procedures
- Atmospheric testing
- Ventilation procedures
- Communication methods
- Rescue procedures
- Lockout / isolation methods
- PPE requirements

Trainer Name & Title: \_\_\_\_\_

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

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## D-5. EXCAVATION & TRENCHING TRAINING RECORD

(29 CFR 1926 Subpart P – applicable to municipal excavation work)

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

**Department:** \_\_\_\_\_

Is employee designated as a **Competent Person**?

Yes  No

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

### Topics Covered:

- Soil classification
- Protective systems (sloping, benching, shoring, shielding)
- Spoil pile placement
- Utility locating procedures
- Access/egress requirements
- Daily inspection requirements
- Hazard recognition

Trainer Name & Title: \_\_\_\_\_

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

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# D-6. LOCKOUT / TAGOUT AUTHORIZED EMPLOYEE TRAINING RECORD

(29 CFR 1910.147)

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

**Department:** \_\_\_\_\_

Employee Classification:

- Authorized Employee
- Affected Employee
- Other Employee

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

## Topics Covered:

- Energy source identification
- Isolation procedures
- Lock and tag application
- Release from lockout
- Group lockout procedures
- Verification of zero energy

Equipment Covered (if applicable):

---

Trainer Name & Title: \_\_\_\_\_

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

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## D-7. FIRST AID / CPR TRAINING RECORD

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

**Department:** \_\_\_\_\_

Training Provider: \_\_\_\_\_

Certification Type:

- First Aid
- CPR
- AED
- Bloodborne Pathogen Awareness

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

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

Certification Number (if applicable): \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **APPENDIX E — Hazard Assessments & Checklists**

### **E-1. PPE Hazard Assessment Certification**

*(OSHA 1910.132(d))*

### **E-2. Job Hazard Analysis (JHA) Form**

### **E-3. Housekeeping Inspection Checklist**

### **E-4. Machinery & Machine Guarding Inspection Checklist**

### **E-5. Electrical Safety / GFCI Inspection Checklist**

### **E-6. Fire Extinguisher Monthly Inspection Log**

# E-1. PPE HAZARD ASSESSMENT CERTIFICATION

(OSHA 29 CFR 1910.132(d))

Town of Alpine – Safety & Health Program

This certifies that a workplace hazard assessment has been performed to determine the need for personal protective equipment (PPE).

**Department / Work Area Assessed:** \_\_\_\_\_

**Location(s):** \_\_\_\_\_

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

## Job Tasks Evaluated:

- Water/Wastewater Operations
- Street & Snow Removal
- Equipment Maintenance
- Park Maintenance
- Shop Work
- Confined Space Entry
- Excavation
- Other: \_\_\_\_\_

## Hazard Identification (Check all that apply)

- Impact (falling/flying objects)
- Penetration
- Compression
- Chemical Exposure
- Harmful Dust
- Light Radiation (welding, cutting)
- Noise
- Electrical Hazards
- Biological Hazards
- Slip/Trip/Fall
- Other: \_\_\_\_\_

## **PPE Required**

- Hard Hat
- Safety Glasses / Face Shield
- Hearing Protection
- Cut-Resistant Gloves
- Chemical Gloves
- High-Visibility Apparel
- Steel-Toe Boots
- Respiratory Protection
- Fall Protection
- Other: \_\_\_\_\_

## **Certification Statement**

I certify that the above hazard assessment was conducted in accordance with OSHA 1910.132(d) and that appropriate PPE has been identified.

**Assessor Name & Title:** \_\_\_\_\_

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

# E-2. JOB HAZARD ANALYSIS (JHA) FORM

Job/Task Title: \_\_\_\_\_

Department: \_\_\_\_\_

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

Completed By: \_\_\_\_\_

Step of Job	Potential Hazard	Severity (L/M/H)	Control Measures (Engineering, Admin, PPE)

Required PPE for Task: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Special Procedures Required:

- Lockout/Tagout
- Confined Space Permit
- Excavation Permit
- Traffic Control Plan
- Hot Work Permit
- Other: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### E-3. HOUSEKEEPING INSPECTION CHECKLIST

Facility / Area: \_\_\_\_\_

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

Inspector: \_\_\_\_\_

Item	Yes	No	N/A	Comments / Corrective Action
Floors clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walkways unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste containers emptied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spill kits accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action Required?  Yes  No

Responsible Party: \_\_\_\_\_

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

# E-4. MACHINERY & MACHINE GUARDING INSPECTION CHECKLIST

(29 CFR 1910 Subpart O)

**Equipment Inspected:** \_\_\_\_\_

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

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

**Inspector:** \_\_\_\_\_

Inspection Item	Yes	No	N/A	Comments
Guards securely in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No exposed rotating parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency stop functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Belts/pulleys enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lockout devices available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operator trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Deficiencies Identified: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

# E-5. ELECTRICAL SAFETY / GFCI INSPECTION CHECKLIST

(29 CFR 1910 Subpart S)

**Location / Panel / Equipment:** \_\_\_\_\_

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

**Inspector:** \_\_\_\_\_

Inspection Item	Yes	No	N/A	Comments
GFCI outlets tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test date labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extension cords undamaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Panels properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No open knockouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cords not run through doors/windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No daisy-chaining power strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GFCI Test Results:  Pass  Fail

Corrective Action Required: \_\_\_\_\_

# E-6. FIRE EXTINGUISHER MONTHLY INSPECTION LOG

(OSHA 1910.157)

Facility / Location: \_\_\_\_\_

Extinguisher ID Number: \_\_\_\_\_

Type (ABC, CO2, etc.): \_\_\_\_\_

Month	Pressure Gauge OK	Pin & Seal Intact	No Damage	Accessible	Inspector Initials
Jan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Annual Service Tag Current?  Yes  No

If No, Corrective Action: \_\_\_\_\_

## **APPENDIX F — Permit & Authorization Forms**

### **F-1. Permit-Required Confined Space Entry Permit**

*(Full confined space program maintained separately)*

### **F-2. Excavation / Trenching Daily Inspection Log**

### **F-3. Hot Work Permit (if applicable)**

### **F-4. Lockout / Tagout Procedure Template**

*(Machine-specific when required)*

# F-1. PERMIT-REQUIRED CONFINED SPACE ENTRY PERMIT

*(Full Confined Space Program maintained separately – 29 CFR 1910.146)*

**Town of Alpine – Safety & Health Program**

## 1. General Information

**Permit Number:** \_\_\_\_\_

**Location of Space:** \_\_\_\_\_

**Description of Space:** \_\_\_\_\_

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

**Date of Entry:** \_\_\_\_\_

**Permit Valid From:** \_\_\_\_\_ **to:** \_\_\_\_\_

## 2. Personnel

**Entry Supervisor:** \_\_\_\_\_

**Authorized Entrants:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Attendant(s):** \_\_\_\_\_

**Rescue Service:** \_\_\_\_\_

**Rescue Contact Number:** \_\_\_\_\_

## 3. Hazard Identification

Oxygen Deficiency/Enrichment

Flammable Gas/Vapor

Toxic Gas (H<sub>2</sub>S, CO, etc.)

Engulfment

Mechanical Hazards

Electrical Hazards

Water / Flow Hazard

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

#### 4. Atmospheric Testing (Record in Order)

Time	O <sub>2</sub> %	LEL %	CO ppm	H <sub>2</sub> S ppm	Tester Initials
------	------------------	-------	--------	----------------------	-----------------

Acceptable Entry Conditions:

O<sub>2</sub>: 19.5%–23.5%

LEL: <10%

CO: <35 ppm (or site-specific)

H<sub>2</sub>S: <10 ppm (or site-specific)

#### 5. Isolation & Control Measures

- Lockout / Tagout Completed
- Lines Blanked / Capped
- Mechanical Disconnect
- Ventilation in Place
- Barriers / Barricades
- Traffic Control
- Other: \_\_\_\_\_

#### 6. Required Equipment

- Gas Monitor (Calibrated)
- Ventilation Blower
- Retrieval System (Tripod / Winch)
- Harness
- Communication Equipment
- PPE: \_\_\_\_\_

## 7. Entry Supervisor Certification

I certify that all required precautions have been taken and entry conditions are acceptable.

Entry Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permit Cancellation Time:** \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

## F-2. EXCAVATION / TRENCHING DAILY INSPECTION LOG

(29 CFR 1926 Subpart P)

**Project Location:** \_\_\_\_\_

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

**Competent Person:** \_\_\_\_\_

### Excavation Details

- **Depth:** \_\_\_\_\_
- **Soil Type:**  A  B  C
- **Protective System:**  Sloping  Benching  Shoring  Shield

### Daily Inspection Checklist

Item	Yes	No	N/A	Comments
Utilities located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spoil pile $\geq$ 2 ft from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access/egress within 25 ft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No standing water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protective system installed correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No signs of cave-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic control in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Weather Conditions:** \_\_\_\_\_

Corrective Action Taken (if any): \_\_\_\_\_

Competent Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# F-3. HOT WORK PERMIT

*(Welding, Cutting, Grinding – 29 CFR 1910.252)*

**Location of Work:** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

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

**Permit Valid From:** \_\_\_\_\_ **to:** \_\_\_\_\_

## Fire Prevention Checklist

- Combustibles removed (35 ft radius)
- Fire watch assigned
- Fire extinguisher available
- Sprinklers operational
- Area protected from sparks
- Floor openings covered
- Confined space evaluated

Fire Watch Name: \_\_\_\_\_

Fire Watch Required Until: \_\_\_\_\_

## Authorization

Supervisor Authorizing Work: \_\_\_\_\_

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

Permit Closed By: \_\_\_\_\_ Date: \_\_\_\_\_

## F-4. LOCKOUT / TAGOUT PROCEDURE TEMPLATE

(29 CFR 1910.147)

Equipment Name / ID: \_\_\_\_\_

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

Prepared By: \_\_\_\_\_

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

### 1. Energy Sources Identified

- Electrical
- Hydraulic
- Pneumatic
- Mechanical
- Thermal
- Gravity
- Other: \_\_\_\_\_

### 2. Shutdown Procedure

1. Notify affected employees
2. Shut down equipment using normal procedures
3. Isolate energy sources (describe below):  
  
\_\_\_\_\_

### 3. Lockout / Tagout Steps

- Apply lock(s) at: \_\_\_\_\_
- Apply tag(s) stating: "DO NOT OPERATE"
- Release stored energy (bleed, block, discharge, etc.)

### 4. Verification of Isolation

Method of Verification: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

### **5. Release from Lockout**

- Inspect work area
- Remove tools
- Ensure employees are clear
- Remove locks/tags
- Notify affected employees

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

## **APPENDIX G — Medical & Exposure Records**

**G-1. Bloodborne Pathogen Exposure Incident Investigation Form**

**G-2. Hepatitis B Vaccination Consent / Declination Form**

*(29 CFR 1910.1030 Appendix A language)*

### **Confidential medical records**

Maintained in accordance with 29 CFR 1910.1020.

# G-1. BLOODBORNE PATHOGEN EXPOSURE INCIDENT INVESTIGATION FORM

(29 CFR 1910.1030)

Town of Alpine – Exposure Control Program

## CONFIDENTIAL MEDICAL RECORD

This form contains protected employee medical information and shall be maintained in accordance with 29 CFR 1910.1020. Access is limited.

### 1. Employee Information

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

Job Title / Department: \_\_\_\_\_

Employee ID (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### 2. Exposure Incident Information

Date of Exposure: \_\_\_\_\_

Time of Exposure: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

#### Type of Exposure (check all that apply):

- Needlestick / Sharps Injury
- Splash to Eyes / Nose / Mouth
- Contact with Broken Skin
- Bite
- Other: \_\_\_\_\_

#### Body Fluid(s) Involved:

- Blood
- Saliva
- Vomit
- Other Potentially Infectious Material (OPIM): \_\_\_\_\_

---

### 3. Description of Incident

Describe the task being performed and how the exposure occurred.  
(Attach additional pages if necessary.)

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**4. PPE & Controls in Use at Time of Exposure**

- **PPE Worn (check all that apply):**
  - Gloves
  - Eye Protection
  - Face Shield
  - Gown / Protective Clothing
  - Mask / Respirator
  - None
- **Engineering / Work Practice Controls in Place:**

---

**5. Source Individual Information (If known)**

- **Source Individual Identified?**  Yes  No
- **Known or Suspected Infectious Status (if known):**
  - HBV  HCV  HIV  Unknown

*(Note: Testing and disclosure handled per medical provider and law.)*

**6. Immediate Actions Taken**

- Area washed/flushed
- Incident reported immediately
- Medical evaluation offered
- post-exposure prophylaxis discussed
- Sharps container secured (if applicable)

Details:

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**7. Medical Follow-Up**

**Healthcare Provider / Facility:** \_\_\_\_\_

**Date Employee Sent for Evaluation:** \_\_\_\_\_

**Employee Accepted Medical Evaluation?**  Yes  No

### **8. Investigation & Corrective Action**

**Investigation Conducted By:** \_\_\_\_\_

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

**Root Cause(s) Identified:**

\_\_\_\_\_

- **Corrective Actions Implemented or Required:**

\_\_\_\_\_

### **9. Signatures**

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

**Supervisor / Safety Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## G-2. HEPATITIS B VACCINATION

### CONSENT / DECLINATION FORM

(29 CFR 1910.1030 Appendix A)

Town of Alpine – Exposure Control Program

### CONFIDENTIAL MEDICAL RECORD

Maintained in accordance with 29 CFR 1910.1020.

#### Employee Information

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

Job Title / Department: \_\_\_\_\_

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

#### Hepatitis B Vaccination Status

(Check one)

#### CONSENT TO VACCINATION

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.

I understand that the vaccination consists of a series of injections and that medical evaluation may be required.

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

#### DECLINATION OF VACCINATION

(OSHA-required language – Appendix A)

**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. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.**

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

**Employer / Program Administrator**

**Reviewed By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Recordkeeping Notice**

- This form is a **confidential medical record**
- Maintained for **duration of employment + 30 years**
- Stored **separately from personnel and safety files**
- Access limited per **29 CFR 1910.1020**

## **APPENDIX H — Emergency Planning & Response Aids**

### **H-1. Emergency Action Diagrams (Site-Specific)**

- Exit routes
- Assembly areas
- Shelter locations

### **H-2. Emergency Contact List**

Diagrams are posted at facilities and updated administratively as needed.

# H-1. EMERGENCY ACTION DIAGRAMS

*(Site-Specific – Posted at Facilities)*

**NOTE:** Emergency Action Diagrams are maintained **on-site** and are not stored as controlled documents within the Safety Manual. Diagrams are reviewed and updated administratively as needed to reflect facility changes.

## Required Elements on All Posted Diagrams

Each facility-specific diagram shall clearly identify:

### Exit Routes

- Primary exit routes (clearly marked)
- Secondary/emergency exit routes
- Directional arrows showing travel paths
- Door locations and egress points

### Assembly Areas

- Designated outdoor assembly/muster points
- Safe distance from structures, traffic, and hazards
- Clearly labeled “Assembly Area”
- Multiple areas identified if needed by facility size

### Shelter Locations (if applicable)

- Severe weather shelter areas
- Interior refuge locations
- Utility-specific shelter points (e.g., control rooms)
- Clearly labeled and accessible

### Diagram Posting Requirements

- Posted at main entrances
- Posted in common areas / break rooms
- Posted near time clocks (if applicable)
- Posted in high-risk work areas
- Visible and unobstructed

### Administrative Tracking (Optional Record)

**Facility Name:** \_\_\_\_\_

**Diagram Last Updated:** \_\_\_\_\_

**Updated By:** \_\_\_\_\_

- No changes required
- Diagram updated due to layout change
- Diagram updated due to operational change

## H-2. EMERGENCY CONTACT LIST

*(Posted & Administrative Record)*

Emergency contact lists shall be **posted at each facility** and reviewed periodically to ensure accuracy.

### EMERGENCY CONTACT LIST

#### Town of Alpine

#### Emergency Services

- **Emergency (Fire / Police / EMS):** 911
- **County Dispatch (Non-Emergency):** \_\_\_\_\_

#### Town of Alpine Contacts

**Public Works Director:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Water / Wastewater On-Call:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Safety Officer:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Town Administrator / Clerk:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Mayor (if applicable):** \_\_\_\_\_ Phone: \_\_\_\_\_

#### Utilities & Critical Services

**Electric Utility:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Gas Utility:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Water System Emergency:** \_\_\_\_\_ Phone: \_\_\_\_\_

**IT / Communications:** \_\_\_\_\_ Phone: \_\_\_\_\_

#### Environmental / Regulatory (As Needed)

**Wyoming DEQ (Spill / Incident):** \_\_\_\_\_ Phone: \_\_\_\_\_

**Poison Control:** 1-800-222-1222

#### Contact List Review

**Facility / Department:** \_\_\_\_\_

**Reviewed On:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

- No updates required
- Contact information updated

**Recordkeeping & Control Notes**

- Emergency Action Diagrams are **visual aids**, not safety records
- Contact lists are reviewed **administratively** and updated as needed
- Posted materials must remain **current, legible, and accessible**
- Diagrams and contact lists support — but do not replace — the Emergency Action Plan

# **APPENDIX I — Contractor & External Coordination**

## **I-1. Contractor Safety Acknowledgment Form**

## **I-2. Hazard Communication Exchange Form**

*(Town ↔ Contractor chemical hazards)*

# I-1. CONTRACTOR SAFETY ACKNOWLEDGMENT FORM

## Town of Alpine – Safety & Health Program

This form documents that contractors performing work for or on behalf of the Town of Alpine have been informed of applicable safety requirements.

### 1. Contractor Information

**Contractor Company Name:** \_\_\_\_\_

**On-Site Supervisor / Foreman:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Project / Work Description:** \_\_\_\_\_

**Work Location(s):** \_\_\_\_\_

**Dates of Work:** \_\_\_\_\_

### 2. Safety Program Acknowledgment

The contractor acknowledges that they have been informed of the Town of Alpine's applicable safety requirements and site-specific hazards.

- Contractor has reviewed applicable Town safety rules and procedures
- Contractor has its own written safety program
- Contractor agrees to comply with all applicable OSHA/WYOSH regulations
- Contractor agrees to ensure employees are properly trained and supervised

### 3. Site-Specific Hazards (Check all that apply)

- Traffic / Public Exposure
- Heavy Equipment
- Utilities (Water, Sewer, Electrical, Gas)
- Confined Spaces
- Excavation / Trenching
- Lockout / Tagout
- Hot Work
- Hazardous Materials

- Weather / Environmental
- Other: \_\_\_\_\_

**4. Contractor Responsibilities**

The contractor agrees to:

- Provide required PPE and training to their employees
- Follow Town permit requirements (confined space, hot work, excavation, etc.)
- Immediately report incidents, injuries, near misses, or hazards
- Correct unsafe conditions within their control
- Coordinate work activities with Town staff

**5. Emergency & Incident Reporting**

**Emergency:** 911

**Town Point of Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Incident Reporting Method:** \_\_\_\_\_

**6. Acknowledgment**

I certify that I understand and agree to comply with the Town of Alpine’s safety requirements while performing work on Town property or projects.

**Contractor Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

**Town Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

# I-2. HAZARD COMMUNICATION EXCHANGE FORM

## Town ↔ Contractor Chemical Hazard Exchange (29 CFR 1910.1200)

This form documents the exchange of chemical hazard information between the Town of Alpine and contractors working on Town property.

### 1. Project & Contractor Information

**Project Name / Location:** \_\_\_\_\_

**Contractor Company Name:** \_\_\_\_\_

**Date of Exchange:** \_\_\_\_\_

### 2. Chemicals Brought On-Site by Contractor

List all hazardous chemicals the contractor will bring onto Town property.

Chemical Name	Intended Use	Quantity	SDS Provided (Y/N)
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- Safety Data Sheets attached
- No hazardous chemicals brought on-site

### 3. Chemicals Present On-Site (Town Disclosure)

The Town of Alpine informs the contractor of the following hazardous chemicals present at or near the work area:

Chemical Name	Location	Hazard Type
---------------	----------	-------------

**Chemical Name**

**Location**

**Hazard Type**

- SDSs available upon request
- SDS access location provided to contractor

**4. Hazard Communication Methods**

- Labeling system explained
- SDS access method explained
- Required PPE communicated
- Emergency procedures reviewed
- Spill response procedures reviewed

**5. Coordination & Controls**

**Special Precautions Required:**

**Responsible Town Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**6. Certification of Exchange**

By signing below, both parties certify that chemical hazard information has been exchanged in accordance with OSHA 29 CFR 1910.1200.

**Contractor Representative:** \_\_\_\_\_

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

**Town Representative:** \_\_\_\_\_

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

**Recordkeeping Notes**

- Maintain with project/contract files
- Not a medical record
- Supports Hazard Communication Program compliance
- Produce upon OSHA/WYOSH request

## **APPENDIX J — Regulatory References (Non-Mandatory)**

- OSHA / WYOSH standards list applicable to Town operations
- NFPA references used for fire protection equipment
- ANSI standards referenced for PPE and machinery guarding

Provided for reference only — regulatory authority remains with OSHA/WYOSH.

# APPENDIX J — REGULATORY & CONSENSUS STANDARD REFERENCES

## Town of Alpine – Safety & Health Program

This appendix provides a reference list of commonly applicable OSHA/WYOSH, NFPA, and ANSI standards that may apply to Town operations.

**This appendix is provided for reference only and does not create new policy or requirements.** Regulatory authority remains with OSHA and WYOSH.

### J-1. OSHA / WYOSH STANDARDS APPLICABLE TO TOWN OPERATIONS

The following OSHA standards (as adopted and enforced by WYOSH) are commonly applicable to municipal operations including public works, utilities, parks, streets, buildings, and administrative facilities.

#### General Industry — 29 CFR Part 1910

- **1910 Subpart A** – General
- **1910 Subpart C** – General Safety and Health Provisions
- **1910 Subpart D** – Walking-Working Surfaces
- **1910 Subpart E** – Exit Routes and Emergency Planning
- **1910 Subpart F** – Fire Protection
- **1910 Subpart G** – Occupational Health & Environmental Control
- **1910 Subpart H** – Hazardous Materials
- **1910 Subpart I** – Personal Protective Equipment
- **1910 Subpart J** – General Environmental Controls
- **1910 Subpart K** – Medical and First Aid
- **1910 Subpart L** – Fire Protection
- **1910 Subpart M** – Compressed Gas and Air Equipment
- **1910 Subpart O** – Machinery and Machine Guarding
- **1910 Subpart S** – Electrical
- **1910 Subpart T** – Commercial Diving (if applicable)
- **1910 Subpart Z** – Toxic and Hazardous Substances

#### Key Program-Specific Standards

- **1910.1200** – Hazard Communication
- **1910.132–138** – Personal Protective Equipment
- **1910.134** – Respiratory Protection
- **1910.146** – Permit-Required Confined Spaces
- **1910.147** – Control of Hazardous Energy (Lockout/Tagout)
- **1910.157** – Portable Fire Extinguishers

**1910.1030** – Bloodborne Pathogens

#### Construction-Related Activities (As Applicable)

Certain Town activities (excavation, trenching, street work) may fall under:

- **29 CFR Part 1926 Subpart P** – Excavations
- **29 CFR Part 1926 Subpart K** – Electrical
- **29 CFR Part 1926 Subpart L** – Scaffolds

## **J-2. NFPA REFERENCES USED FOR FIRE PROTECTION EQUIPMENT**

The Town references applicable **NFPA consensus standards** for guidance related to fire protection equipment, installation, inspection, and maintenance.

- **NFPA 10** – Standard for Portable Fire Extinguishers
- **NFPA 13** – Installation of Sprinkler Systems (if applicable)
- **NFPA 25** – Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems
- **NFPA 70** – National Electrical Code (NEC)
- **NFPA 72** – National Fire Alarm and Signaling Code
- **NFPA 850** – Recommended Practice for Fire Protection for Electric Generating Plants and Substations (if applicable)

NFPA standards are referenced as **best-practice guidance** and do not supersede OSHA/WYOSH requirements.

## **J-3. ANSI STANDARDS REFERENCED FOR PPE & MACHINERY GUARDING**

The following **ANSI consensus standards** are referenced as applicable for PPE selection, use, and equipment guarding.

### **Personal Protective Equipment**

- **ANSI Z87.1** – Eye and Face Protection
- **ANSI Z89.1** – Industrial Head Protection
- **ANSI Z535 Series** – Safety Signs and Colors
- **ANSI Z41 / ASTM F2413** – Protective Footwear
- **ANSI S3.19 / S12.6** – Hearing Protection (Noise Reduction Ratings)

### **Machinery & Equipment Safety**

- **ANSI B11 Series** – Machine Tool Safety
- **ANSI A92 Series** – Aerial Lifts (if applicable)
- **ANSI A10 Series** – Construction and Demolition Safety

ANSI standards are referenced to support equipment selection and safe work practices and **do not replace OSHA/WYOSH enforcement authority.**

## **J-4. Reference-Only Disclaimer**

This appendix is provided **for informational and reference purposes only.**

It does not create new safety requirements, expand regulatory obligations, or replace applicable federal or state regulations.

Final authority for compliance, interpretation, and enforcement remains with **OSHA and WYOSH.**