

**MEMORANDUM OF PARTICIPATION of
City of Tumwater and the Tumwater Fire Department
(Workers' Compensation Account # 077, 792-000)
IN THE FIREFIGHTER INJURY AND ILLNESS REDUCTION (FIIRE) PROGRAM PILOT**

January 2024 – December 2024

The goal of the Firefighter Injury and Illness Reduction (FIIRE) Program Pilot is to reduce firefighter injuries and illnesses through proactive risk management and implementation of best practices. The FIIRE Program Pilot will last three years (2021-2024), but fire departments must engage for at least one year. This agreement applies to the 2024 FIIRE Program Pilot Year.

We, the City of Tumwater ("Employer") and the Tumwater Fire Department ("Fire Department") (collectively "we") understand and agree to the terms of the 2024 Firefighter Injury and Illness Reduction Program Pilot Year as outlined below.

A. Requirements

To be eligible for the incentive, we understand that we must meet the following requirements for our fire department operations:

1. Complete a Progress review site visit by L&I. We understand that we must contact L&I by **July 12, 2024** to schedule the site visit, and complete the site visit by **September 27, 2024**.
2. Evaluate efforts to optimize safety committee activities, assessing if the committee is applying proactive risk management principles to hazard identification, incident investigations, and injury/near-miss reporting.
3. Assess progress of the Safety Improvement Plan (SIP) at reducing carcinogen exposures and the incidence of musculoskeletal disorders, such as those related to patient transport and equipment handling. Consider development and implementation of a new SIP or substantially revised SIP where appropriate based on monitoring or other assessment. To be eligible for grant funding for 2024, a new or substantially revised SIP is required and must be developed by **May 31, 2024** and implemented from **June 1, 2024** through **December 31, 2024**.
4. Assess return to work policies, at improving outcomes for injured firefighters and reducing time-loss costs to the department.
5. Send a firefighter representative to attend all Fire Fighter Health and Safety Collaborative meetings. We understand that attendance is mandatory and absences are not permitted. We will contact FIIRE staff prior to the meeting, or within one week, for an appropriate substitution if work circumstances prohibit attendance.
6. Submit quarterly reports and the end-of-the-year report to the L&I FIIRE Program. The L&I FIIRE Program will send a quarterly report questionnaire/form. Submittal is required within 3 weeks of receipt.

7. We agree to continue to keep our L&I Premium Account in good standing according to WAC 296-17-31004.
8. We understand the value of line firefighter input and we will make every effort to include them in our program.

B. Incentives

1. We understand that once we meet the requirements, we will receive a 10% premium incentive discount for the risk class 6904 base premium rate. The discount will be applied starting January 1, 2024 and ending December 31, 2024. Upon submittal of this agreement, a new rate notice will be sent reflecting the discounted rate and employee deduction rate.
2. For the purposes of quarterly reporting, we agree to report the hours worked in class 6904 under the internal code 6992 for the FIIRE Program. This internal code will be on our quarterly premium notice. We understand that these codes are for internal use with the discounted rates and do not create a new risk class.

C. Termination

1. We understand that this agreement will terminate on December 31, 2024.
2. We understand that we may terminate our participation in the FIIRE Program Pilot at any time upon notice to L&I. We understand that if we voluntarily terminate our participation, we will no longer receive any discount.
3. We understand that L&I may suspend or terminate this agreement should we no longer be in compliance with the requirements. To the extent permitted by law, we understand that we will be given notice and an opportunity to comply before suspension or termination.

Authorized Representative from the Employer

Type or Print Name:

Position:

Signature

Date:

Authorized Representative from Fire Department

Type or Print Name:

Position:

Signature

Date:

Authorized Union Representative

Type or Print Name:

Position:

Signature

Date:

Department of Labor & Industries

Keith Bingham, L&I Employers Services Program Manager

Signature

Date:
