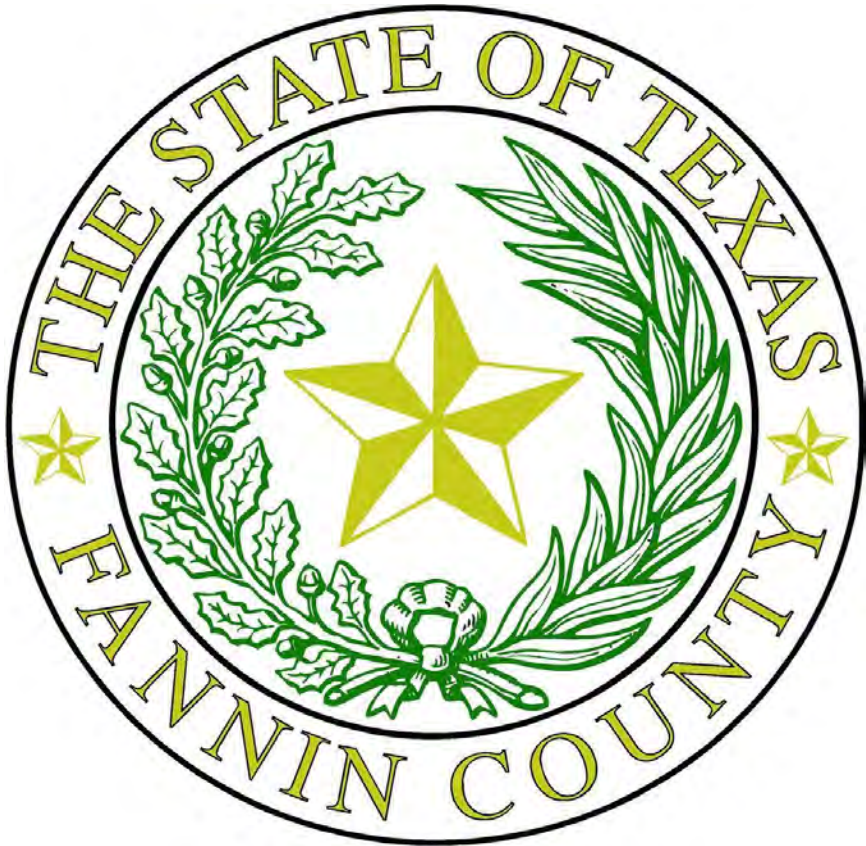


# FANNIN COUNTY ACCIDENT PREVENTION PLAN



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# MANAGEMENT COMPONENT

## Safety Policy Statement

Fannin County is committed to providing a safe and healthful work environment for all our employees and others that may work, visit, or enter our facilities. The objective of our Accident Prevention Program is to prevent accidents and minimize their consequences, and to reduce the frequency and severity of injuries.

It is our policy to manage and conduct operations and business in a manner that offers maximum protection to all employees and any other person that may be affected by our operations and business.


It is our absolute conviction that we have the responsibility for providing a safe and healthful work environment for our people and all others that may be affected as we conduct our business. We will make every effort to provide a working environment that is free from any recognized or potential hazard.

We recognize that the success of our safety and health program is contingent and dependent upon support from the Commissioners' Court, management, and supervisors, as well as all employees of the county.


The Safety Committee will establish avenues to solicit and receive comments, information, and assistance from employees about safety and health. If you have any questions or concerns about employee safety and health, please contact your departmental safety committee member.

**This policy will be reviewed annually and reaffirmed or revised as necessary by the Commissioners' Court.**

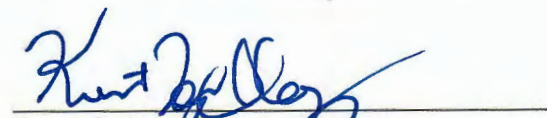
Updated/Revised/Reaffirmed 14 day of April 2026



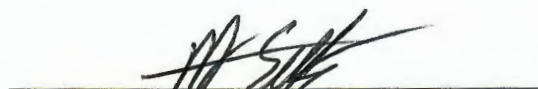
County Judge



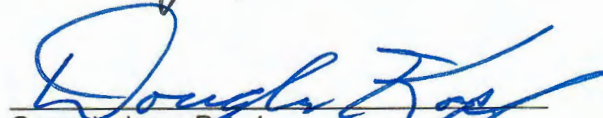
Commissioner Pct. 1



Commissioner Pct. 3



Commissioner Pct. 2



Commissioner Pct. 4

## Goals and Objectives

### Goals

Our Accident Prevention Plan will achieve the following **measurable** goals:

- Effective involvement by each and every department head and employee of the county.
- **Identification and control of hazards to reduce employee injury, illness, and property damage.**
- An increased awareness of the overall safe operation of all facilities.

### Objectives

- Implementation of an effective Accident Prevention Plan.
- Support from each and every level of management and personnel.
- Assignment of responsibilities and accountability for the safety program.
- Allocation of adequate resources for the support of the program.
- Lines of communication involving management and employees at all levels for safety and health concerns.

**Objectives evaluated annually through injury trends, inspection findings, and corrective action completion.**

### **Safety Committee Members**

**Safety Committee membership shall include, at a minimum, representatives from operational departments to ensure broad organizational input and coverage of key risk areas. Departments represented should include, where applicable, Road and Bridge/Public Works, Law Enforcement, Detention/Jail Operations, Human Resources, Maintenance/Facilities, and administrative offices.**

**Members shall be appointed by Commissioners' Court or the County Judge and should possess sufficient authority, experience, or subject matter knowledge to effectively contribute to safety initiatives and decision-making. Consideration should be given to include both supervisory and frontline personnel to promote practical insight and employee engagement.**

**The Safety Committee shall maintain a current roster of members, including names, titles, and departments, as an attachment to this plan. Membership will be reviewed annually, and updated as necessary to reflect staffing changes, organizational needs, and continuity of committee operations.**

**Committee members are expected to actively participate in scheduled meetings, contribute to hazard identification and risk reduction efforts, assist in the review of incidents and near-misses, and support the communication and implementation of safety policies and procedures within their respective departments.**

# Authority and Accountability Statement

## Authority and Accountability

### 1. Purpose

The purpose of this section is to establish clear lines of authority, responsibility, and accountability for the implementation and administration of the County Accident Prevention Plan to ensure a safe and healthy work environment for all employees.

### 2. Authority

#### 2.1 Commissioners' Court

Commissioners' Court retains ultimate authority for the adoption, oversight, and enforcement of the County Accident Prevention Plan. The court is responsible or:

- Approving the Accident Prevention Plan and any subsequent updates
- Providing resources necessary for effective implementation
- Supporting enforcement of safety policies across all county departments

#### 2.2 Risk Management/Loss Control (Auditor's Office)

The Risk Management/Loss Control function, within the Auditor's Office, is designated as the County's central authority for safety and health program administration.

This office is authorized to:

- Enter and inspect all county facilities and operations
- Review records related to safety, training, and incidents
- Recommend corrective actions to address identified hazards

Recommend suspension of operations where imminent danger exists. Serves as the liaison between Commissioners' Court, elected officials, departments, and the Loss Control Committee.

This office is responsible for:

- Coordinating and administering the Accident Prevention Plan
- Developing and maintaining loss control policies and procedures
- Conducting inspections and hazard assessments
- Establishing and overseeing countywide safety training programs
- Assisting with incident and accident investigations
- Establishing safety goals, objectives, and performance measures
- Monitoring compliance and reporting program effectiveness

### **3. Responsibility and Accountability**

#### **3.1 Department Heads**

Department Heads are responsible and accountable for implementing and enforcing the Accident Prevention Plan within their departments.

Responsibilities include:

- Ensuring compliance with all safety policies, procedures, and rules
- Providing appropriate training, supervision, and resources
- Supporting and participating in safety initiatives and committee activities
- Ensuring hazards are identified, reported, and corrected in a timely manner
- Maintaining required documentation, including training and inspection records

#### **3.2 Supervisors**

Supervisors are responsible for the day-to-day enforcement of safety practices and procedures.

Responsibilities include:

- Monitoring work activities to ensure safe practices are followed
- Identifying hazards and initiating corrective actions
- Ensuring employees are properly trained prior to task assignment
- Conducting or assisting with incidents and near-miss investigations
- Reinforcing safety expectations through regular communication
- Supervisors have the authority to take corrective action and recommend disciplinary measures for noncompliance with safety policies.

#### **3.3 Safety Committee Members**

- Departmental Safety Committee Members serve in an advisory and support role to department leadership. Responsibilities include:
- Participating in Loss Control meetings
- Assisting in the development and review of safety policies and procedures
- Supporting incident investigations and hazard evaluations
- Recommending corrective actions to reduce risk and prevent recurrence
- Conducting or assisting with departmental safety inspections
- Assisting in the development of safety goals and initiatives

#### **3.4 Employees**

- All employees are responsible and accountable for:
- Complying with all safety and health policies, procedures and rules
- Performing work in a safe and responsible manner
- Reporting hazards, unsafe conditions, near misses, and injuries promptly
- Participating in required safety and training and programs
- Using required personal protective equipment (PPE)

#### **3.5 Contractors**

- All contractors performing work on behalf of the County are required to comply with applicable federal, state, and local safety regulations, as well as County safety policies.
- Contractors are responsible for:

- Ensuring their employees perform work in a safe manner
- Adhering to all County safety requirements while on County property
- Correcting identified hazards associated with their work activities
- The County reserves the right to stop work or remove contractors from County property for failure to comply with safety requirements.

#### **4. Accountability and Enforcement**

Compliance with this policy is mandatory. Accountability will be maintained through:

- Safety performance metrics and incident tracking
- Inspection and audit findings
- Training completion records
- Corrective action tracking

#### **5. Program Review**

This section of the Accident Prevention Plan will be reviewed annually and updated as necessary to reflect changes in operations, regulations, or best practices.

## **Fannin County Safety Acknowledgement Policy**

It is the intent of this county to provide a safe work environment for its employees and constituents. In order for these conditions to be met, the county has developed a number of safety policies it believes will promote a reasonably safe work place for all. Improvement is always possible and additional recommendations are welcomed and encouraged.

It is also the intent of this county to perform the work assigned in a safe manner; therefore, each employee has a responsibility to the county. These responsibilities include but are not limited to: the requirement to advise the supervisor when the employee does not know how to perform the work assigned; never to endanger other employees; report all unsafe conditions and injuries to the supervisor; and to follow all safety policies established by the county. The employee should notify his or her supervisor of any injury that would prevent them from performing his or her job-related duties. Supervisors have the responsibility to: assign work to employees who are qualified through training or work experience; train the employee to perform the work correctly and safely; never require employee to perform their duties in an unsafe manner or environment; and follow county safety policies.

Each employee is required to follow all safety policies of this county. Failure to adhere to the county safety policies may subject the employee to disciplinary action up to and including termination. Each employee is required to acknowledge that he/she has read and understands the county safety policies and acknowledge the same by signing below.

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

Date \_\_\_\_\_

Position: \_\_\_\_\_

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

A copy of the Fannin County Safety Policy is located on the county website.

## Discipline Policy for Safety Violations

This policy is an integral part of the Fannin County Accident Prevention Plan, and is intended to be consistent with Section 1B-12 of the Employee Manual of Fannin County.

1. Unsafe acts that result in injury to an employee, non-employee, or property damage, and are determined, by investigation, to have been caused by negligence or carelessness, will be documented. The following penalties are recommended as a minimum:
  - First occurrence in a twelve-month period – counseling, retraining, documentation.
  - Second occurrence in a twelve-month period – warning, retraining, and documentation. This warning should include an explanation of the penalties that could result from a third occurrence.
  - Third occurrence in a twelve-month period – suspension without pay, demotion or dismissal.
2. Unsafe acts that result in injury to an employee, non-employee, or property damage, and are determined, by investigation, to have been caused by gross negligence or willful disregard for safety, will be documented. Gross negligence is defined as recognition of unsafe condition but intentionally proceeding without regard for consequences. Willful disregard for safety is defined as intentionally ignoring known safety practices, including failure to wear appropriate Personal Protective Equipment (PPE). The following penalties are recommended as a minimum:
  - First occurrence in a twelve-month period – Warning, retraining, documentation. This warning must include an explanation of the penalties that could result from a second occurrence.
  - Second occurrence in a twelve-month period – suspension without pay, demotion, or dismissal.
3. Failure to adhere to this policy, a department safety policy, or failure to wear appropriate Personal Protective Equipment (PPE) shall be grounds for disciplinary action, regardless of whether the act resulted in injury or property damage.

# RECORDKEEPING COMPONENT

## Records and Documentation Statement

Fannin County believes that the only valid means of reviewing and identifying trends and deficiencies in a safety program is through an effective recordkeeping program. The recordkeeping element will be essential in tracking the performance of duties and responsibilities under the program. Fannin County is committed to implementing and maintaining an active, up to date recordkeeping program.

## Injury and Illness Data

Fannin County will maintain records of all work-related injuries and illnesses to employees. Copies of the records will be sent to the County Auditor's office.

The following records apply only to work related injuries and illnesses.

Applicable forms or records:

- Accident Reports (log)
- DWC-1
- Witness Reports
- Incident Investigation Reports
- Workers Compensation Coverage Provider Correspondence
- Commissioners' Court & Affected Departments Reports
- Hazard Identification Reports
- Workers Compensation Commission Correspondence
- Employer's Wage Statement DWC-3
- Supplemental Report of Injury DWC-6
- Employer's Request for Reimbursement DWC-2

An Accident Log of recordable injuries and illnesses will be maintained by the Auditor's Office and will be available for employees' review.

All dates pertaining to injuries or illnesses that did not require medical treatment, or were otherwise not recordable, will be maintained in the incident report forms. This will include first aid treatments of any kind.

All accidents and incident reports will be analyzed on a regular basis by the safety coordinator to analyze occurrences, identify developing trends, and plan courses of corrective actions. These records will be maintained for a minimum of five years.

## Safety and Health Surveys Inspections Program

Fannin County departments will maintain and review records of all safety audits and inspections that are conducted within their respective areas.

Applicable forms and records:

- Comprehensive safety survey reports as well as records to document action taken to correct identified deficiencies

- Monthly precinct barn inspections
- Monthly office inspections
- Monthly jail inspection

All inspection information will be retained in the department where the information originally generated with a copy being sent to the Auditor's Office.

## **Safety and Related Meetings**

Fannin County will maintain accurate records of all proceedings associated with the safety and health program of this county.

Applicable forms and records:

- Agendas, minutes, records, and data, including training information used during safety meetings or other gatherings in which safety and health issues were discussed.
- These records will include the name of the recorder, date, a list of attendees, details of the topics discussed, and action or corrective measures suggested, recommended, or implemented.
- Employee injury report
- First report of injury
- Accident investigation forms
- Witness reports
- Supporting data including photographs, sketches, maps, etc.
- Plan of corrective action and records of corrective action or preventative measures implemented

The Risk Management Officer will keep a record of all proceedings, as well as appropriate management or other designated staff actions effecting the safety and health program.

A recorder will be designated as responsible for keeping minutes or records at each meeting. During each subsequent meeting, the record of minutes for the previous meeting will be reviewed, discussed, and resolved.

## **Safety and Other Related Meeting Minutes**

The Safety Coordinator will keep minutes for the safety committee meetings. These records will include the name of the recorder, date, a list of attendees', details about the topics covered during the meeting and action or corrective measures suggested, recommended or taken. The purpose of these is to ensure that decisions effecting the safety and health program of this county are carried out, implemented, and the results are tracked.

## **Training Records**

Fannin County will document and maintain records of all safety and health-related training.

Applicable forms or records:

- Sign in sheets
- Copies of materials distributed during the training session

All safety and health related training provided to employees of this county will be documented. This documentation will be maintained as proof of attendance and reviewed to assist in determining the need for additional or repeated training for employees on an individual basis.

Records and documentation of training will include: the presenter's name, date of training, topic or subject, printed name and signature of all participants.

The person providing the training is responsible for generating the documentation. The training record will become part of the employees' permanent training file and will be maintained by the Risk Management Officer.

Each Department will document and maintain records of all safety and health related training. TAC Safety Surveys will be maintained by the Auditor's Office.

### **Applicable forms:**

#### **Training documentation forms**

All safety related training provided to employees by Fannin County will be documented. This documentation will be maintained as proof of attendance and review to assist in determining the need for additional or repeated training for employees on an individual basis.

#### **Accident Investigation**

All accidents and near miss incidents resulting in injury or illness to a person, property damage of any magnitude, or the potential for either, will be investigated and documented.

The Risk Management Officer will ensure proper records and documentation of all accident and incident investigation activities are maintained and reviewed according to the Accident Investigation Component.

#### **Equipment Inspection and Maintenance**

Fannin County Departments will maintain records and data pertaining to equipment inspection and maintenance programs performed at or with each facility.

Applicable forms and records:

- Daily vehicle inspections
- 3000-mile car, patrol car, and pickup truck inspections
- 250 hours heavy equipment inspections

Accurate records will be maintained involving all routine inspections and maintenance procedures performed on equipment for the county. This documentation will be reviewed by those responsible for maintaining equipment. The documentation will be utilized to determine an effective, ongoing equipment maintenance program and to ensure compliance with regulations that require inspections on certain equipment.

## **ANALYSIS COMPONENT**

### **Trend Analysis**

The Safety Committee of Fannin County will review and analyze all records and documentation pertaining to the safety and health program. This review will be conducted on a quarterly basis. The analysis will focus on hazard analysis and recognition of developing trends.

Trend analysis will identify recurring accidents and near miss incidents resulting in or potentially involving injury, illness, and/or property damage. The analysis will also recognize repeatedly identified hazards/violations needing corrective action to establish which program component is failing; therefore, allowing the hazard to exist.

The Safety Committee will provide information and recommendations for corrective measures for trends developing in their areas. Information regarding recommendations will be part of the regular safety meetings.

Employees will be made aware of developing trends and hazard exposures as they are recognized.

Trends of accidents or hazard recurrences will be a focal point for corrective action and employee training as needed.

Department heads of each location will follow corrective measures until the casual factor has been eliminated or controlled.

All Immediate supervisors will provide analysis information of their respective departments to the Safety Committee for the development of the monthly analysis report for Commissioners' Court.

Department heads will review employee training records on a regular basis to ensure an adequate and effective training program is maintained.

The Claims Coordinator (Auditor's Office) maintaining the accident log will utilize all injury and illness documentation. The log will be utilized to prepare the report to Commissioners' Court.

## **EDUCATION & TRAINING COMPONENT**

### **Training Program Development**

Fannin County is committed to providing safety and health related orientation and training to all employees. Fannin County will develop, implement, and maintain a safety and health orientation and training program.

The purpose of the training element is to educate and familiarize employees with safety and health procedures, rules, and work practices of the county. The county will require involvement and participation of all department heads, supervisors, and employees. Furthermore, the county will support the orientation and training program by allocating funding, staff, resources, and time to develop and implement this element of the program.

### **Ongoing Training**

The training subjects, materials and the training schedule will be developed utilizing site specific, potential hazards,

accident and incident information data, and safety training analysis.

**Safety training will be provided at a frequency appropriate to the employee's job duties and associated risk exposure. High-risk positions may require more frequent training.** The date and topic of the training will be posted as part of the training schedule. The county should include the training schedule as part of the Accident Prevention Plan.

All employees assigned to attend a training session must demonstrate competency and retention of the minimal acceptable information prior to returning to any job assignment

### **Orientation**

The orientation training will be administered to all new employees prior to the initial work assignment and to employees assigned to new or different jobs.

The orientation will consist of discussion of all county required and departmental policies. As well as job and site-specific safety and health information. The orientation topics will be listed on the suggested safety orientation checklist. All new employees will be given a tour of the department/office and an opportunity to pose questions to expedite the familiarization process. New employees will not be released to an individual job assignment until it has been determined by the department safety coordinator that the employee has met the minimum safety requirements.

The orientation and subsequent training sessions will include, but not be limited to, the following:

- Hazards associated with the work area
- Hazards of the job or task assignment
- Emergency procedures
- Personal protective equipment
- Hazard Communication (hazardous chemicals and materials)
- Specific equipment operation training
- Employee reporting requirements
- Accident investigation (supervisors and other designated personnel)
- 

### **Documentation**

All safety and health related training administered or provided by the county will be documented with the following minimum information:

- Date of training session
- Instructor or Presenter
- Subject matter
- Legible name of attendee(s)
- Signature of acknowledgement of attendance

All training records and documentation will be retained within the department where they were generated. Individual training records will be maintained for the current year, plus five more years.

## **AUDIT INSPECTION COMPONENT**

Fannin County has implemented a program to identify, correct, and control hazards on an ongoing basis. This program will utilize multiple resources to ensure effectiveness.

## Comprehensive Surveys

The county has arranged for each operating location to receive a comprehensive safety and health audit by a safety specialist from TAC, at least on an annual basis. These audits will identify existing and potential hazards, non-compliance issues and to evaluate the overall effectiveness of the Accident Prevention Plan.

## Safety and Health Self-Inspections

The Safety Coordinator at each location will conduct self-inspection that will cover the entire department and equipment. Some inspections will be conducted weekly, or monthly **on a regular and consistent basis**. All inspections will be conducted on an ongoing basis without interruption. Management will allocate adequate time and resources to perform the surveys.

Each location will develop and maintain inspection checklist(s) specific to the operation. The list will be developed utilizing a general inspection checklist and will be evaluated and updated with hazards that are identified during the inspections and other pertinent data as it is acquired.

Checklists will be developed as part of the periodic self-inspection process. Checklists will be used and maintained and include the name of the person performing the evaluation and the date the inspection takes place. Management upon completion will review the self-inspection checklist. All discrepancies identified during the survey will be evaluated as soon as possible.

Employees must be notified of the hazards that pose an immediate threat of physical harm or property damage, immediately after the discovery of the condition, as well as of the measures or steps required to eliminate, correct, or control the hazard.

Monthly Safety and Health Property Inspections will include, but not be limited to, the following:

- Comprehensive survey reports and records of action taken to correct deficiencies
- Monthly precinct barn inspections
- Monthly office inspections
- Jail Inspections

Safety and Health Equipment Inspections will include, but not be limited to, the following:

- Daily vehicle inspections
- 3000-mile car, patrol car and pickup truck inspections
- 250 hours heavy equipment inspections

Management will review the inspection checklists and any other established documentation to ensure that a course of corrective action and timeline has been established for eliminating each deficiency.

Reports generated, as a result of comprehensive surveys by TAC or other state agencies, will receive immediate attention and consideration. All hazards identified and the recommendations will be acted upon in a timely manner. All methods of addressing the issues contained in the reports will be documented in writing and a copy maintained with the survey report.

# ACCIDENT INVESTIGATION COMPONENT

Management is committed to and will correct or control all hazards identified through the accident investigation or the hazard identification programs. All identified hazards will receive a timely response.

## Hazard Correction

Whenever possible and feasible, hazards identified in each department will be corrected in order to eliminate the cause of the hazard at the source. This will include, but not be limited to, the following:

- Discontinuation or removal of hazardous chemicals, materials, or substances from the workplace;
- Discontinuation of use or removal of hazardous equipment until replaced or repaired; and
- Correction of any unsafe act or conditions in existence, by service or training.

## Hazard Control

When identified hazards cannot be eliminated, the hazard will be effectively controlled by engineering, administrative procedures, work practices, personal protective equipment, or any suitable combination of these measures.

- Engineering Controls
- Administrative procedures
- Personal protective equipment

## Accident Reporting and Investigation

The Manager will investigate all work-related accidents and near miss incidents involving employees or company property to develop preventive measures and implement corrective actions. **Near-miss reporting is strongly encouraged and will not result in disciplinary action when reported in good faith.**

All items on the designated accident investigation form will be addressed in detail as soon as possible following the accident/incident. The information acquired will be used and reviewed by management, supervisors, and effected employees to establish all contributing factors and causes.

All county employees must follow the accident investigation policy.

## Employee Reporting

All county employees are required to report all accidents or incidents that occurred in the scope of their employment. All accidents and incidents must be reported to the department manager, foreman, or supervisor immediately; but no less than 24 hours. An employee injury report or TWCC-1 must be file by the supervisor and provided to the claim's coordinator (Auditor's Office) within 24 hours, but no later than 3 days after knowledge of the accident or incident.

Phone contact by the injured employee is encouraged, if possible, to facilitate a quick investigation before the surrounding conditions change. Telephone number to report incidents is **903-583-7154** (Auditor's Office). Once notified, the immediate supervisor will begin the investigation.

## **Investigation Timeline**

It is responsibility of the respective supervisor/manager/foreman to begin gathering evidence, e.g. photos, statements, etc. The severity of the accident should dictate the extent of the investigation. In some cases it may be necessary for the supervisor/foreman to investigate and report accidents or incidents where no injuries or other losses occurred.

The investigation will be conducted immediately, but no later than 3 working days after knowledge of the incident. The investigation will be recorded on the Loss Control Coordinator's accident investigation report by the department supervisor. Immediately upon completion (no later than 5 days after knowledge of the incident), the report will be sent to the department head and, if applicable, copies of the final report should be forwarded to the Risk Manager.

## **Department Responsibility**

The department head will review the investigation report and evaluate the contributing factors of the accident outlined in the report. The manager should take into consideration the causes of the accident and immediately evaluate his/her work area for similar problems. The manager/foreman will take immediate action to either eliminate or control the identified problems. Notification of corrections, as well as problems that cannot be corrected immediately, will be sent to the department head and Risk Manager, if applicable.

## **Action by Commissioners' Court**

The Commissioners' Court will provide funding as needed to correct these hazards in an appropriate manner. The Commissioners' Court, with the assistance of the supervisor, will develop a timeline for correction by the department manager/foreman. The manager/foreman must post notice of the hazard or problem and take appropriate interim measures to prevent accidents from recurring.

## **Employer Reporting**

The Claims Coordinator will report the following accidents to local, state, and federal agencies as required:

- Texas Workers' Compensation Commission - fatalities and accidents involving five (5) or more injuries will be reported within 24 hours
- 

### **Lost workday cases other than fatalities:**

- Covered employers report to the Texas Workers' Compensation Commission using form TWCC-1, Employer's First Report of Injury
- Non-fatal cases without lost workdays which result in transfer to another employment, require medical treatment other than first aid, involve loss of consciousness, or restriction of work motion. This category also includes any diagnosed occupational illnesses which are reported to the employer but are not classified as fatalities or lost workday cases
- Bloodborne pathogen exposure within 24 hours to the Texas Department of Health.

## **Documentation**

All activities and findings of the investigators will be documented and recorded for review.

Accident investigation documentation will record, as a minimum, the following information.

- Date and time of occurrence
- Location of the occurrence
- Name of person(s) involved, job title, area assigned date of birth, sex
- Nature and severity of injury or illness

- Name of person(s) conducting the investigation
- Job assignment or duties being performed at time of incident
- Details of how the accident occurred
- Description of any equipment affected or involved
- Names and comments of witnesses
- Indirect, underlying, or contributing factors (including fault or failure in safety and health program elements)
- Name of immediate supervisor of employee
- Special circumstances or encumbrances
- Injury, part of body affected
- Direct cause
- Corrective action implemented or preventive measures taken (including safety and health program adjustments)

## PROGRAM REVIEW & REVISION COMPONENT

### **Periodic Review and Revision of Program Components**

Risk Management Coordinator or other designated representative will review, at least annually, and revise the components of the Accident Prevention Plan for effectiveness and implementation.

The components of the Accident Prevention Plan will be reviewed in January each year to identify insufficiencies or component failure. Each component will be audited individually with the findings documented and recorded. This documentation will be used to identify trends in the program element deficiency and to track improvement modifications. This documentation will be maintained for review. Corrective measures will be taken as needed to reemphasize or restructure the Accident Prevention Plan to perform at the optimum effectiveness.

Special attention will be devoted to areas and criteria that demonstrate failure in a program component, introduction of new procedures, processes, or equipment.

Information will be solicited from area supervisors and employees to determine the effectiveness of each program component, and assistance in developing adjustments and corrections.

On a monthly basis, until the completion of the final audit, the safety coordinator designated by the county will be responsible for developing an Accident Prevention Plan Implementation status report. The report will be provided to Commissioners' Court on the last regularly scheduled Commissioners' Court meeting of each month, with copy of the report to be sent to a TAC Safety Specialist, via fax or e-mail. The purpose of this is to recognize the departments who are performing well and to encourage poor performers to improve.

# **FORMS SECTIONS**

# SAFETY INSPECTION CHECKLIST AND REPORT

County \_\_\_\_\_ Location/Department \_\_\_\_\_

Date of Inspection \_\_\_\_\_ Date of Last Inspection \_\_\_\_\_

**Names of Inspection Personnel** \_\_\_\_\_

Instructions: This checklist is merely a tool to assist you in making an inspection of your premises. No representation is made or intended that by being in full compliance with each of the items set forth, you will be in full compliance with the requirements of any traditional, state, county or city governmental regulations or laws. There is no representation made that this checklist is complete and covers all possible risks or hazards that should be reviewed. This is a general checklist, and specific locations may require expansion or alteration of the items to be review. This checklist should be modified to best serve the unique needs of each county.

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
<b>1. General Conditions:</b>				
a) First Aid – adequate equipment, properly used:	_____	_____	_____	_____
b) Adequate Light throughout work area:	_____	_____	_____	_____
c) Noise level satisfactory:	_____	_____	_____	_____
d) Adequate ventilation throughout:	_____	_____	_____	_____
e) Housekeeping satisfactory:	_____	_____	_____	_____
f) Material storing and stacking satisfactory:	_____	_____	_____	_____
g) Hand tools properly maintained:	_____	_____	_____	_____
h) Acids and corrosives safely handled and stored:	_____	_____	_____	_____
i) _____	_____	_____	_____	_____
j) _____	_____	_____	_____	_____
<b>2. Unsafe Practices:</b>				
a) Existence or observance of unsafe practices:	_____	_____	_____	_____
b) Personal protective equipment provided/used:	_____	_____	_____	_____
c) Following safety rules:	_____	_____	_____	_____
d) _____	_____	_____	_____	_____
e) _____	_____	_____	_____	_____
<b>3. Housekeeping:</b>				
a) Oily rags stored in closed containers	_____	_____	_____	_____
b) Mops and brooms stored when not in use	_____	_____	_____	_____
c) Proper signs for mopping and waxing area	_____	_____	_____	_____
d) _____	_____	_____	_____	_____
e) _____	_____	_____	_____	_____
<b>4. Fire Hazards:</b>				
a) Fire extinguishers checked, tagged, accessible:	_____	_____	_____	_____
b) Extinguishers proper for exposure:	_____	_____	_____	_____
c) Hoses, sprinkler equipment, alarms:	_____	_____	_____	_____
d) Exits marked, lighted, accessible:	_____	_____	_____	_____
e) Flammable liquids stored, handled & disposed of properly:	_____	_____	_____	_____
f) Proper disposal of rubbish:	_____	_____	_____	_____
g) _____	_____	_____	_____	_____
h) _____	_____	_____	_____	_____
<b>5. Floors:</b>				
a) Surface nails, splinters, breaks, slipperiness:	_____	_____	_____	_____
b) Loose carpet, tile:	_____	_____	_____	_____
c) Liquid, oil, grease hazards:	_____	_____	_____	_____
d) _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**6. Stairs:**

- a) Lighting adequate and maintained: \_\_\_\_\_
- b) Handrails adequate, secure: \_\_\_\_\_
- c) Non-skid surface: \_\_\_\_\_
- d) \_\_\_\_\_

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
--	-----	----	--------------------------	--------------

**7. Ramps and Platforms:**

- a) Strength adequate: \_\_\_\_\_
- b) Surfaces unobstructed, non-slip: \_\_\_\_\_
- c) Railings and toeboards in place: \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

**8. Electrical Equipment:**

- a) Switchboards, transformers, wiring & controls adequate: \_\_\_\_\_
- b) Apparatus identified, grounded, guarded: \_\_\_\_\_
- c) Portable tools grounded: \_\_\_\_\_
- d) Circuit overload prevented: \_\_\_\_\_
- e) Extension cords, proper size and secured: \_\_\_\_\_
- f) \_\_\_\_\_
- g) \_\_\_\_\_

**9. Hoists, Cranes:**

- a) Cables, cable fastenings, slings satisfactory: \_\_\_\_\_
- b) Properly guarded: \_\_\_\_\_
- c) Weight limit marked: \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

**10. Ladders, Scaffolds:**

- a) Inspection and maintenance satisfactory: \_\_\_\_\_
- b) Safety feet where required: \_\_\_\_\_
- c) \_\_\_\_\_

**11. Elevators**

- a) Hoistway, car doors and gates satisfactory: \_\_\_\_\_
- b) Preventive Maint. Program Established: \_\_\_\_\_
- c) Emergency Phone/Alarm: \_\_\_\_\_
- d) No Smoking Sign: \_\_\_\_\_
- e) Sign posted, "DO NOT USE IN CASE OF FIRE OR OTHER EMERGENCY" \_\_\_\_\_

**12. Machine Hazards:**

- a) Operator Training Provided: \_\_\_\_\_
- b) Points of operation guarded: \_\_\_\_\_
- c) Gears, pulleys, machine parts guarded: \_\_\_\_\_
- d) Guards interlocked where necessary: \_\_\_\_\_
- e) \_\_\_\_\_
- f) \_\_\_\_\_

**13. Vehicle Operations:**

- a) Written procedures regarding driver restrictions, personal use, etc. distributed to and reviewed with drivers of county vehicles: \_\_\_\_\_
- b) Driving record of county employees operating vehicles for county purposes reviewed prior to hiring & done annually: \_\_\_\_\_
- c) Road test given by qualified driver prior to hiring: \_\_\_\_\_
- d) Defensive driving course offered to new employees who drive in the scope of their employment: \_\_\_\_\_
- e) \_\_\_\_\_

**14. Vehicle Maintenance:**

- a) Preventive maintenance system established: \_\_\_\_\_
- b) Vehicle safety inspection conducted monthly: \_\_\_\_\_
- c) Hoods, cabovers, dump sections of trucks and similar movable parts blocked or rendered inoperative when doing maintenance: \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

CONDITION AND PROTECTION SATISFACTORY?	YES	NO	RESPONSIBLE DEPT./PERSON	ACTION TAKEN
--	-----	----	--------------------------	--------------

**15. Mowers, Shredders:**

- a) Preventive maintenance performed on mowers and shredders: \_\_\_\_\_
- b) Slow moving signs installed on mowers & shredders: \_\_\_\_\_
- c) Proper guards installed on mowers & shredders: \_\_\_\_\_
- d) Axles and U-joints inspected regularly: \_\_\_\_\_
- e) Blades checked before use for tightness: \_\_\_\_\_
- f) \_\_\_\_\_
- g) \_\_\_\_\_

**16. Parking Areas:**

- a) Parking areas well illuminated with designated entrances, and directional sign(s): \_\_\_\_\_
- b) Car stops provided around buildings: \_\_\_\_\_
- c) Signs, utility poles, gas meters, power transformers, fire hydrants, etc. in parking area properly marked & protected: \_\_\_\_\_
- d) Areas designated for delivery: \_\_\_\_\_
- e) Signs in good condition: \_\_\_\_\_
- f) Holes filled in parking areas: \_\_\_\_\_
- g) \_\_\_\_\_
- h) \_\_\_\_\_

**17. Pressure Apparatus:**

- a) Recent inspection certificate: \_\_\_\_\_
- b) Welding cylinders, compressors secured and guarded: \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**18. Other:**

Use this space for additional information or suggestions:

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Report Submitted To: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up conducted by: \_\_\_\_\_ Date: \_\_\_\_\_



# OFFICE SAFETY INSPECTION CHECKLIST

Department:  
 Inspected By:  
 Date of Inspection:

The purpose of this form is to be used as a guide to self-inspection by supervisors and safety committees. The guides to hazards on this form are general and incomplete. The inspector should expand these to fit the actual situation. **Please provide recommendations for "no" answers.**

- Well-planned safety inspections help in detecting hazards before an accident occurs.
- Removing hazards increases operating efficiency, because safety and efficiency go hand in hand.
- Before the inspection, analyze past accidents to determine specific causes and high hazard areas or operations. Give special attention to these during the inspection.
- Both unsafe conditions and unsafe acts are contributing factors in industrial accidents. An unsafe condition, in addition to being a direct cause of accidents, often requires or suggests, an unsafe act.

<b>INSPECTION GUIDES</b>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDATIONS</b>
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<b><u>FURNITURE AND EQUIPMENT:</u></b>			
1. Are desks, chairs, file cabinets, etc., in good condition and positioned so that drawers do not open into halls or walkways?			
2. <b><u>Are lower file cabinet drawers used for heavier loads so that upper drawers are not disproportionately heavy? Is one drawer opened at a time? Are file cabinets secured to the floor, wall, or are several bolted together? Do people use the handles when</u></b>			
3. <b><u>Is furniture used as stepping stools or ladders?</u></b>			
4. <b><u>Are desk chairs in good repair? Do rollers operate properly and have a smooth, even surface on which to operate?</u></b>			
5. Do personnel get help from the maintenance or custodial department to move heavy objects, such as file cabinets?			
<b> AISLES AND FLOORS:</b>			
1. Is there a clear aisle of four feet for two-way traffic within a room or office? Is unobstructed access maintained to all parts of a room?			
2. Are floors, aisles, halls, and stairways properly lighted, clear of loose objects, extension cords, wastebaskets, pencils, bottles, etc.?			
3. Are electrical or telephone outlets in the floor protected by arrangement of furniture or other means to minimize tripping hazards?			
4. Are carpets secure? Do they have curled edges or torn places that can cause tripping?			

5. Do ramps or inclines have slip resistant surfaces? If the floor is smooth, are abrasive strips added? Are unusual changes in the walking surface highlighted with yellow paint?			
<b>INSPECTION GUIDES</b>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDATIONS</b>
<u>AISLES AND FLOORS (continued):</u>			
6. Are spills cleaned up as soon as possible? Are they guarded by a person or barricade/furniture until cleanup is accomplished?			
7. <u>Do people walk on the right side of hallways, especially at corners?</u>			
8. <u>Do stairways have handrails? Is the leading edge of the tread slip resistant and firm?</u>			
<b>ELECTRICAL EQUIPMENT:</b>			
1. Are office machines grounded if they are equipped with a ground wire or three-prong plug?			
2. Are electrical cords and plugs in good repair? Are there loose plugs, worn insulation, or defective outlets?			
3. If an adapter is used to insert a grounded plug into an underground receptacle, is the pigtail attached to a grounded object?			
4. Are electrical extension cords the 3-wire grounded type? Are they arranged so as not to cross walkways?			
5. Are wall outlets overloaded by connecting additional appliances with adapters or extension cords?			
6. Is the maintenance department called to make electrical repairs?			
<b>SUPPLIES:</b>			
1. Are supplies stored and maintained in an orderly condition? Are heavier items stored on lower shelves and lighter items, or less frequently used items on higher shelves?			
2. Are the tops of filing cabinets or bookcases used to store materials and supplies?			
3. Do personnel get help, or use materials handling equipment for moving heavy objects.			

<b>DOORS:</b>			
1. Do glass doors or glass panels have bars or highly visible markings to prevent someone from walking or running through them.			
2. Do solid doors have a clear panel at eye level to help prevent them from being opened into someone on the opposite side? Are signs that warn to "open slowly" posted if clear panels are not installed?			
<b>INSPECTION GUIDES</b>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDATIONS</b>
<u>SPECIALIZED EQUIPMENT (PROJECTORS, RECORDERS, REPRODUCTION, ETC.):</u>			
1. Are all moving parts of machines properly guarded?			
2. <u>Is the person operating the equipment trained in its operation and does he/she check instructions prior to using it?</u>			
3. <u>Are defects noted during operation of equipment?</u>			
<b>MISCELLANEOUS:</b>			
1. Is a safe, secure ladder or step stool used when individuals must reach high places?			
2. Do employees wear the proper type of shoes for working conditions?			
3. Is glassware placed in appropriate locations/containers and not left where hazards are created?			
4. Are ashtrays provided for disposal of burned tobacco and matches?			
5. Are "no smoking" signs placed in appropriate areas?			
<b>FIRE PREVENTION:</b>			
1. Are employees trained in the use of portable fire extinguishers?			
2. Are fire extinguishers securely mounted on walls? Are the locations marked?			

## ACCIDENT INFORMATION SHEET

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_

MAKE, MODEL, YEAR OR VEHICLE: \_\_\_\_\_

\_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER (VIN): \_\_\_\_\_

WITNESS STATEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WITNESSES NAME, ADDRESS AND PHONE NO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PERSON COMPLETING FORM

\_\_\_\_\_  
DATE

# INCIDENT REPORT

→ INJURY	→ ILLNESS	→ DAMAGE	→ THIRD PARTY INVOLVED
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Date:  
Company:  
Supervisor:

Date  
Department: \_\_\_\_\_ Phone  
Number:

1. Name of Party Involved/Injured/ill		2. Social Security Number	3. Sex	4. Age	5. Date of Incident
6. Home Address _____ Phone ( ) _____		7. Employee's Occupation		8. Job Task at Time of Incident	
9. Date of Hire	10. Employee was Working → Alone → with Fellow Workers → Other _____	11. Employment Category → Regular, full-time → Regular, part-time → Temporary → Seasonal → Non-employee		12. Time and Day → _____ A.M. → _____ P.M. → _____ day of week	
10. Experience in Occupation at Time of Incident → Less than 1 month → 1-5 months → 6 months to 1 year → 1-4 years → 5 or more years		11. Name and Address of Physician _____ Phone ( ) _____		12. Name and Address of Hospital _____ _____ _____	
13. Specific Location of Incident Was it on the employer's premises? Yes No		14. Phase of Employee's Workday at Time of Injury → During break period → Entering or leaving the building → Performing work duties → Working overtime → Other (explain below) → During meal period			
15. Employee's Supervisor at time of Incident. Witnessed Incident? <input type="checkbox"/> yes <input type="checkbox"/> no		16. Probable Recurrence Rates <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare		17. Loss Severity Potential <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor	

<b>21. PART of BODY INJURED or AFFECTED</b> <input type="checkbox"/> Not Applicable							
→ Skull, Scalp	→ Jaw	→ Abdomen	→ Shoulder	→ Wrist	→ Knee	→ Foot	
→ Eye	→ Neck	→ Back	→ Upper Arm	→ Hand	→ Thigh	→ Toe	
→ Nose	→ Spine	→ Pelvis	→ Elbow	→ Finger	→ Lower Leg	→ Ankle	
→ Mouth	→ Chest	→ Other Body Part	→ Forearm	→ Hip	→ Other _____		

<b>22. NATURE of INJURY, ILLNESS, or PROPERTY/BUILDING/EQUIPMENT DAMAGE</b>							
→ Puncture	→ Bruise, Contusion	→ Skin Disorder	→ Amputation	→ Muscle Sprain	→ Building Damage	→ Equipment Damage	
→ Laceration	→ Dislocation	→ Burn	→ Insect/Animal Bite	→ Muscle Strain	→ Irritation	→ Property Damage	
→ Fracture	→ Abrasion	→ Respiratory	→ Foreign Body	→ Hernia	→ Infection	→ Other	

<b>23. DISPOSITION</b>	<b>24. DIAGNOSIS</b>	<b>25. SEVERITY</b>
→ Days away from work # _____	_____	→ First Aid
→ Restricted work days # _____	_____	→ Medical Treatment
→ Date returned to work ____/____/____	_____	→ Lost Work Days
Sent to <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital	_____	→ Fatality
		→ Other (specify) _____

<b>26. WITNESSES</b>
Names:

**27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED to INCIDENT?  Not Applicable**

- Close Clearance/Congestion      → Floors/Work Surfaces      → Inadequate Housekeeping      → Defective Tools/Equipment/Vehicle
- Hazardous Placement      → Inadequate Ventilation      → Equipment Failure      → Illumination
- Inadequate Warning System      → Equipment/Workstation Design      → Inadequate Guards/Barriers      → Inadequate/Improper PPE

- Abuse or Misuse      → Inadequate Supervision      → Inadequate Purchasing      → Inadequate Engineering
- Inadequate Maintenance      → Inadequate Tools/Equipt./Mat.      → Improper Work Surfaces      → Wear and Tear
- Lack of Knowledge/Training      → Improper Motivation      → Inadequate Capacity      → Lack of Skill

- Failure to Make Secure      → Under the Influence of Drugs/Alcohol      → Failure to Warn/Signal      → Inadequate/Improper PPE Use
- Nullified Safety/Control Devices      → Used Defective Equipment      → Horseplay/Distractive Action      → Operating at Improper Speed
- Used Equipment Improperly      → Improper Lifting      → Operating Procedure Deviation      → Running/Rushing/Acting in Haste
- Improper Loading      → Unauthorized Actions      → Used Wrong Tool/Equipment      → None
- Improper Technique      → Improper Position      → Servicing/Operating Equipment      → Other \_\_\_\_\_

- Improve Enforcement      → Improve Clean-Up Procedures      → Repair/Replace Equipment      → Corrective Counseling
- Improve Storage/Arrangement      → Rotation of Employee      → Eliminate Congestion      → Improve/Change Work Method
- Identify/Improve PPE      → Install/Revise Guards/Devices      → Task Analysis to be Completed      → Task Analysis/Procedure Revision
- Improve Design/Construction      → Job Reassignment of Employee      → Use Other Materials/Supplies      → Improve Illumination
- Mandatory Pre-Job Instructions      → Improve Ventilation      → Reinstruction of Employee      → Other \_\_\_\_\_

**31. EMPLOYEE'S DESCRIPTION of INCIDENT (attach sheet for additional comments)  Comments sheet attached**

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

**32. SUPERVISOR'S DESCRIPTION of INCIDENT (attach sheet for additional comments)  Comments sheet attached**

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

**33. WITNESS or THIRD-PARTY STATEMENT (attach sheet for additional comments)  Comments sheet attached**

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Signature of Witness/Third-Party: \_\_\_\_\_

**HAZARD IDENTIFICATION REPORT FORM**

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

Date of Hazard Recognition or Observation: \_\_\_\_\_

Hazard or Problem:

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Suggested Corrective Action:

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**Departmental Action**

Name of Dept. Head or official taking action: \_\_\_\_\_

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

Action Taken:

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**Safety Committee Action**

Committee Member's Name: \_\_\_\_\_

Date of Follow-up: \_\_\_\_\_

Commissioners' Court Report Date: \_\_\_\_\_

Interim Protection Provided: \_\_\_\_\_

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

Long Term Corrective Action Required: \_\_\_\_\_

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

Estimated Total Cost of Corrective Action \_\_\_\_\_

# Safety Orientation Checklist

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Name \_\_\_\_\_ Date Employed \_\_\_\_\_

Department/Precinct Assigned \_\_\_\_\_ Type of Work \_\_\_\_\_

## Previous Work Experience and Training

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## I HAVE BEEN INSTRUCTED IN THE FOLLOWING, WHERE APPLICABLE:

- Safety policy and programs
- Hazard Communication
- Safety rules, general and specific to my job
- Safety rule enforcement
- Specific hazards of my job
- When and where to report unsafe conditions or procedures
- How, when and where to report injuries
- Proper work shoes and other personal protective equipment needed
- Equipment operation and maintenance
- List Equipment and Vehicles

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- Fire alarm and extinguishing equipment
- Lifting and material handling
- Housekeeping and personal hygiene
- Care and use of tools and equipment
- First Aid Training
- Other specific instruction given

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Follow-up on employee will be observed by \_\_\_\_\_

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

\_\_\_\_\_  
Employee's Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

# Safety Meeting Record

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County/Department: \_\_\_\_\_

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

Individual Responsible: \_\_\_\_\_ Date: \_\_\_\_\_

**Print name. do not write in cursive**

Name	Department	Address
1.		
2.		
3.		
4.		
5.		
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26.		
27.		
28.		

# TRAINING DOCUMENTATION

## Training Information

<b>Group Trained</b> (dept., committee, precinct., etc.):	<b>Date(s) of Training:</b>	<b>Length of Program (hours):</b>
<b>Training Subject/Title:</b>	<b>Topics Covered:</b>	
<b>Materials Used:</b>	<b>Materials Distributed:</b>	

## Instructor Information

<b>Instructor Name(s):</b>	<b>Training Organization:</b>	<b>Instructor Signature(s):</b>
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## Certification Information (check applicable boxes)

<b>Training Meets:</b> → Requirements of: → Recommendations of: → N/A	→ County Policy → Department Policy → Insurer → Regulation (explain): ___ Hazcom (Worker Right to Know) ___ Bloodborne Pathogen ___ TCLEOSE Certification ___ Other _____ → Loss Control Committee → Other _____ → N/A
<b>Certifying Organization (if applicable):</b>	
<b>Trainer Certification Number (if applicable):</b>	

# DAILY VEHICLE/EQUIPMENT INSPECTION

County/Road Department: \_\_\_\_\_

( ) If okay (X) If not okay-requires action		Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before Starting</b>	Engine Oil Level					
	Coolant Level					
	Tires					
	Battery Fluid & Terminals					
	Belts and Hoses					
<b>After Starting</b>	Engine					
	Instruments					
	Lights					
	Horn					
	Windshield Wiper					
	Clutch					
	Transmissions					
	Brakes					
	Steering					
Other Remarks:						

## MILEAGE AND FUEL CONSUMPTION RECORD

Next 3,000 Inspection \_\_\_\_\_

Date	Beginning Mileage	Gallons Fuel	Tank #	Quarts Oil	Ending Mileage	Project	Operator

# 3,000 MILE INSPECTION CHECKLIST

\_\_\_\_\_ COUNTY/ROAD DEPARTMENT

Date: _____		Make/Model/Year	Equipment Number
Mileage: _____			
Shop Work Order #: _____			
Mileage/Hours	Date	Inspector	
Ref: Repair Order No.			

Required Action Key:    ® = Replace            (A) = Adjust, Replace if necessary            All Others = Inspect  
 Inspection Marking Key: \_\_\_\_\_ = Satisfactory            \_\_\_\_\_ = Not Applicable    X = Deficiency            ⊗ = Deficiency Corrected

<b>Engine Compartment:</b> <input type="checkbox"/> Radiator Condition <input type="checkbox"/> Pressure Cap <input type="checkbox"/> Coolant Level <input type="checkbox"/> Anti-Freeze <input type="checkbox"/> Hoses/Clamps <input type="checkbox"/> Recovery Tank <input type="checkbox"/> Oil Cooler/Lines/Fittings <input type="checkbox"/> Trans Cooler/Lines/Fittings <input type="checkbox"/> Fan Belt (A) <input type="checkbox"/> A/C Drive Belt (A) <input type="checkbox"/> Gen/Alt Belt (A) <input type="checkbox"/> Water Pump Belt (A) <input type="checkbox"/> Gen/Alt Mts/Cables <input type="checkbox"/> Starter Mts/Cables <input type="checkbox"/> Battery Condition <input type="checkbox"/> Battery Level <input type="checkbox"/> Terminals/Cables <input type="checkbox"/> Access Wiring <input type="checkbox"/> Brake Fluid <input type="checkbox"/> Brake Booster <input type="checkbox"/> Air Filter ® <input type="checkbox"/> Fuel Filter/Gasket ® <input type="checkbox"/> Fuel Lines/Fittings <input type="checkbox"/> Return Lines/Fittings <input type="checkbox"/> Carb/Choke (A) <input type="checkbox"/> PS Fluid/Filter ® <input type="checkbox"/> Hydraulic Fluid/Filter ®	<b>Engine Running:</b> <input type="checkbox"/> Oil Pressure Gauge <input type="checkbox"/> Oil Temperature Gauge <input type="checkbox"/> Ammeter/Voltmeter <input type="checkbox"/> Fuel Gauge <input type="checkbox"/> Coolant Temp Gauge <input type="checkbox"/> Choke <input type="checkbox"/> Neutral Safety Switch <input type="checkbox"/> Tachometer <input type="checkbox"/> Air Pressure Gauge <input type="checkbox"/> Brake Vacuum Gauge <input type="checkbox"/> Fuel Switch-over <input type="checkbox"/> Manifolds <input type="checkbox"/> Air Compressor/Tank(s) <input type="checkbox"/> Switches <input type="checkbox"/> Service Lights <input type="checkbox"/> Wipers/Washer <input type="checkbox"/> Horn <input type="checkbox"/> Heater/Defroster <input type="checkbox"/> Mirrors	<b>Lubrication:</b> <input type="checkbox"/> Oil/Filter ® <input type="checkbox"/> Clutch Release Bearing <input type="checkbox"/> U Joints/Flanges <input type="checkbox"/> Ball Joints <input type="checkbox"/> Kingpins/Draw Keys <input type="checkbox"/> Tie Rods/Idle Arm/Drag Link <input type="checkbox"/> Fittings <input type="checkbox"/> Transmission <input type="checkbox"/> Differential <input type="checkbox"/> Hydrovac	<b>Operating:</b> <input type="checkbox"/> Brakes (A) <input type="checkbox"/> Clutch (A) <input type="checkbox"/> Emergency Brake (A) <input type="checkbox"/> Steering (A) <input type="checkbox"/> Shift Linkage (A) <input type="checkbox"/> Transmission <input type="checkbox"/> Odometer <input type="checkbox"/> Two-Speed Axle <input type="checkbox"/> Backup Alarm <input type="checkbox"/> Headlight Alignment (A) <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Front End Alignment/Toe-in <input type="checkbox"/> Doors/Glass/Seals
	<b>Miscellaneous</b> <input type="checkbox"/> Cab Steps <input type="checkbox"/> Cab Handrails <input type="checkbox"/> Side Mirrors <input type="checkbox"/> Beacon Light	<b>Underbody:</b> <input type="checkbox"/> Exhaust System <input type="checkbox"/> Shocks/Springs <input type="checkbox"/> Torsion Bars <input type="checkbox"/> Suspension Bushings <input type="checkbox"/> PS Hoses/Cylinders <input type="checkbox"/> Steering Gear (A) <input type="checkbox"/> Brake Lines <input type="checkbox"/> Tires/Pressure (A) <input type="checkbox"/> Wheel Lugs/Rims	<b>Supplemental:</b> <input type="checkbox"/> PTO <input type="checkbox"/> Hydraulic Pump <input type="checkbox"/> Bed Hoist <input type="checkbox"/> Hoist Cylinder Mts. <input type="checkbox"/> Dump Bed <input type="checkbox"/> Bed Hinge Pins <input type="checkbox"/> Dump Bed Lock <input type="checkbox"/> Tailgate Lock <input type="checkbox"/> Aux. Fuel Tank

# Heavy Equipment INSPECTION CHECKLIST

\_\_\_\_\_ COUNTY/ROAD DEPARTMENT

Date: _____ Mileage: _____ Shop Work Order #:		Make/Model/Year	Equipment Number
Mileage/Hours	Date	Inspector	
Ref: Repair Order No.			

Required Action Key:   Ⓡ = Replace           (A) = Adjust, replace if necessary           All Others = Inspect  
 Inspection Marking Key: \_\_\_\_\_ = Satisfactory           \_\_\_\_\_ = Not Applicable   X = Deficiency   ⊗ = Deficiency Corrected

SYSTEM	PM OPERATION
ENGINE AIR CLEANER FUEL AND COOLING SYSTEMS	Check operation of all units.
	Engine oil (R).
	Engine oil filter (R).
	Turbo-charger oil filter (R).
	Oil in governor (A).
	Service air cleaner and precleaner (A).
	Change oil in fuel injection pump housing (if applicable).
	Fuel filters (R).
	Clean fuel water trap.
	Service crankcase breathers (A).
	Condition and adjustment of all drive belts (A).
	Condition of all air intake piping (A).
	Condition of exhaust system (A).
	Operation and condition of cooling system (A).
Anti-freeze solution (R).	
Record engine oil pressure.	
ELECTRICAL SYSTEM	Service batteries (check specific gravity).
	Operation and condition of gauges and meters.
	Operation and condition of lights.
	Operation and condition of windshield wipers.
	Operation and condition of starting and charging systems.
	Tune-up engines.
CLUTCH BRAKES TRANSMISSION STEERING SYSTEMS	Clutch operation and adjustment.
	Master cylinder level and brake system for leaks.
	Brake operation and adjustment.
	**Inspect brake lining, brake cylinders, and all component parts, every three (3) years. Date lining was inspected.
	Parking brake operation and adjustment.
	Drain transmission and transfer drive, and refill to correct oil level.
	Transmission filter. Clean serviceable filter.
	Clean transmission and converter breathers.
Operation and condition of steering system.	
HYDRAULIC SYSTEM	Replace hydraulic filter and check system for leaks.
	Drain hydraulic reservoir every two (2) years and refill to proper oil level. (Date oil changed _____).
	Clean hydraulic breathers.

SYSTEM		PM OPERATION
CIRCLE MOLDBOARD		Operation and condition of circle assembly (shoes, teeth).
		Circle reverse gear box oil level.
		Operation and condition of moldboard. (Cutting edges, end bits, shiftable moldboard cylinder, side shift assembly).
		Check operation and condition of scarifier assembly.
AXLES TANDEMS SHAFTS, TIRES MISC		Drain differential(s), final drives, tandems, every two years and refill to proper oil level. (Date changed _____).
		Clean differential breathers.
		Condition of propeller shafts and universals.
		Condition of tires.
		Condition of cab assembly. (Doors, glass, etc.)
LUBRICATION		Lubricate machine per manufacturer's recommendations.
MISCELLANEOUS		Cab steps
		Cab handrails
		Side mirrors
		Beacon light
		Backup alarm

**Inspection Remarks:** \_\_\_\_\_

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**Reviewed By:** \_\_\_\_\_

**Repair Remarks:**

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**Reviewed By:** \_\_\_\_\_

# JAIL INSPECTION CHECKLIST AND REPORT

County: \_\_\_\_\_

Location/Department: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

Names of Inspection Personnel: \_\_\_\_\_

Instructions: This checklist is merely a tool to assist you in making an inspection of your premises. No representation is made or intended that by being in full compliance with each of the item set forth, you will be in full compliance with the requirements of any traditional, state, county or city governmental regulations or laws. There is no representation made that this checklist is complete and covers all possible risks or hazards that should be reviewed. This is a general checklist, and specific locations may require expansion or alteration of the items to be review. This checklist should be modified to best serve the unique needs of each county.

<b>CONDITION AND PROTECTION SATISFACTORY?</b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b>RESPONSIBLE DEPT./PERSON</b>	<b><u>ACTION TAKEN</u></b>
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**1. Floors and walkways:**

- a) Floors free of tripping hazards:  YES  NO
- b) Loose carpet, tile:  YES  NO
- c) Liquid, oil, grease hazards:  YES  NO
- d) Slippery walking surfaces:  YES  NO
- e) Changes on floor elevation properly marked:  YES  NO
- f) Proper signs for mopping and waxing area:  YES  NO
- g) Unobstructed halls and walkways:  YES  NO

**2. Stairs:**

- a) Lighting adequate and maintained:  YES  NO
- b) Handrails adequate, secure:  YES  NO
- c) Non-skid surface:  YES  NO
- d) Unobstructed steps:  YES  NO
- e) \_\_\_\_\_:  YES  NO
- f) \_\_\_\_\_:  YES  NO

**3. Ramps and Platforms:**

- a) Strength adequate:  YES  NO
- b) Surfaces unobstructed, non-slip:  YES  NO
- c) Railings and toe boards in place:  YES  NO
- d) \_\_\_\_\_:  YES  NO

**4. Electrical Equipment:**

- a) Unobstructed electrical panels:  YES  NO
- b) Apparatus identified, grounded, guarded:  YES  NO
- c) Portable tools grounded:  YES  NO
- d) Circuit overload prevented:  YES  NO
- e) Extension cords, proper size and secured:  YES  NO
- f) \_\_\_\_\_:  YES  NO
- g) \_\_\_\_\_:  YES  NO

**5. Booking Area:**

- a) Accessible First Aid kit:  YES  NO
- b) Floors free of slippery conditions:  YES  NO
- c) Housekeeping satisfactory:  YES  NO
- d) Furniture free of nails, splinters, or sharp corners:  YES  NO
- e) \_\_\_\_\_:  YES  NO
- f) \_\_\_\_\_:  YES  NO

**6. Commissary:**

- a) Housekeeping satisfactory:
- b) Material storing and stacking satisfactory:
- c) \_\_\_\_\_

<b>CONDITION AND PROTECTION SATISFACTORY?</b>	<b><u>YES</u></b>	<b><u>NO</u></b>	<b>RESPONSIBLE DEPT./PERSON</b>	<b><u>ACTION TAKEN</u></b>
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**7. Kitchen:**

- a) Housekeeping satisfactory:
- b) Sharps properly stored:
- c) Floors free of tripping hazards:
- d) Walking freezer organized & free of slippery walking surfaces:
- e) Material storing and stacking satisfactory:
- f) Electrical outlets near water faucets protected with GFCI:

**8. Elevators:**

- a) Hoistway, car doors and gates satisfactory:
- b) Emergency Phone/Alarm:
- c) No smoking sign:
- d) Sign posted, "DO NOT USE IN CASE OF FIRE OR OTHER EMERGENCY"

**9. Storage Area:**

- a) Adequate light throughout work area:
- b) Housekeeping satisfactory:
- c) Material storing and stacking satisfactory:
- d) Oily rags stored in closed containers:
- e) Mops and brooms stored when not in use:
- f) \_\_\_\_\_

**10. Sally Port:**

- a) Floors free of tripping hazards:
- b) Floors free of liquid, oil, grease hazards:
- c) Slippery walking surfaces:
- d) Changes on floor elevation properly marked:
- e) Garage doors in good operational condition:
- f) Intercom system in good operational conditions:

**11. Laundry:**

- a) All chemical containers labeled:
- b) Wet floor signs posted:
- c) Floors free of tripping hazards:
- d) \_\_\_\_\_

**12. Dispatch Area:**

- a) Chairs are in good operational condition:
- b) Working surfaces area free of sharp edges and corners:
- c) Operator has easy access to communication equipment

**13. Parking Areas**

- a) Parking areas well illuminated /designated entrances & directional sign(s):
- b) Car stops provided around buildings:
- c) Signs, utility poles, gas meters, power transformers, fire hydrants, etc., in parking area properly marked & protected:
- d) Areas designated for delivery:
- e) Signs in good condition:
- f) Holes filled in parking areas:
- g) \_\_\_\_\_
- h) \_\_\_\_\_

**14. Unsafe Practices:**

- a) Existence or observance of unsafe practices:
- b) Personal protective equipment provided/used:
- c) Following safety rules:
- d) \_\_\_\_\_

CONDITION AND PROTECTION SATISFACTORY?	<u>YES</u>	<u>NO</u>	RESPONSIBLE DEPT./PERSON	<u>ACTION TAKEN</u>
15. Cell Area				
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

**16. Other:**

Use this space for additional information or suggestions

**Report Submitted to:**

**Date:**

**Follow-up conducted by:**

**Date:**

**Additional actions/recommendations:**

## HAZARD COMMUNICATION CHECKLIST (HazCom)

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Entity/Department: \_\_\_\_\_

Completed By: \_\_\_\_\_

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

Action to be Taken	Yes	No
1. Listed all of the hazardous chemicals in our workplace.		
2. Established a file for information on hazardous chemicals.		
3. Obtained an MSDS for each hazardous chemical in use.		
4. Developed a system to ensure that all incoming hazardous chemicals are labeled.		
5. Reviewed each MSDS to be sure it is complete.		
6. Made sure that MSDS's are available where necessary.		
7. Developed a written hazard communication program.		
8. Developed a method to communicate hazards to employees and others.		
9. Informed employees of protective measures for hazardous chemicals used in the workplace.		
10. Alerted employees to other forms of warning that may be used.		



