



# **SAFETY TRAINING PROCEDURES**

## **RISK MANAGEMENT**

REVISED OCTOBER 2020



# **ADMINISTRATIVE PROCEDURES**

## **SAFETY TRAINING POLICY AND PROCEDURES**

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### **Purpose /Policy**

The City of Jackson requires all full-time and part-time employees, new hires included, to be trained in the handling of City heavy equipment, vehicles, mowers, heavy & light power tools, personal protective equipment (PPE), and equipment/tools utilized to perform the job duties for the purpose of annual safety training.

It is the goal of Risk Management to be more proactive in safety, and less reactive.

All departments should develop Safety Training Policy and Procedures, specific to their department. Risk Management will maintain copies of each department's "Safety Training Procedures," other than Police and Fire Departments.

Risk Management Department will assist each department for Safety Training.

### **Safety trainings will be provided for:**

Equipment/Power Tools

Personal Protective Equipment (PPE)

Fire Extinguishers

Vehicle Safety

On-The-Job Injuries (OJI)

Remedial Safety Trainings

Mandatory OSHA trainings, such as HAZ Com and Blood Borne Pathogens, etc. will be conducted under the direction of Risk Management.

### **II. Procedure**

Risk Management will assist each department in their annual Safety Training schedules.

New Hires will be trained according to their department's Safety Training Procedures.

Remedial Training as required by Risk Management/Supervisor/Department Head will be scheduled accordingly and in a timely manner.

Mandatory Training will be scheduled by Risk Management.

Departments may require additional Safety Training and should notify Risk Management of the training. If assistance of the training is needed, Risk Management is available. Contact the Safety Officer at 731-425-8277.

### **III. Certification of Training**

After remedial training, if an employee fails to qualify and cannot properly, safely, or comfortably use any of the required equipment, vehicles, or power tools, assigned to their job, the employee shall be given a 30 day period to qualify in certification. If after this 30 day period, the employee does not achieve the proper certification in training and the supervisor observes the employee cannot perform the job they were hired for, the employee is subject to disciplinary action up to and including termination for failure to meet standards.

The department shall maintain certification/training log for each employee. The log shall consist of the following:

- Employee's name, position title and list of equipment, tools or vehicles assigned to the employee;
- Certification/training hour forms;
- Inspection forms of equipment, tools or vehicles;
- Training sign-in sheets and all sign-in sheets must contain the following:
  - Name of training;
  - Instructor(s) name(s) who conducted the training
  - Date and time of training;
  - Location of training;
  - Signatures of all employees in attendance for the training;
  - Supervisor's approval of the employee's ability to perform his/her duties safely, accurately and efficiently as assigned to them.
- Sign-in sheets for trainings shall be kept as pertains to OSHA record keeping retention rules.
- Copies of all training sign-in sheets shall be sent to the Safety Officer in Risk Management.

### **IV. Condition of Vehicles, Equipment, and/or Power Tools**

Employees assigned tools, equipment, or vehicles shall keep all in good serviceable condition.

All tools, equipment, or vehicles shall be inspected daily.

All tools, equipment, or vehicles may be subject to inspection by any of the employee's supervisors at any time. Supervisors should plan periodic inspections and document their findings.

Failure to inspect, maintain or report any damage or problems with any assigned tools, equipment, or vehicles may result in disciplinary action.

Upon inspection of tools, equipment, or vehicles, there is evidence damage, the following procedures apply:

The employee shall notify his/her supervisor.

The employee shall complete an Accident/Incident Report (AIR) form. The supervisor shall sign the form and send it to Risk Management.

Pictures should be taken of the damage. Any documentation, such as previous inspection forms should be included and all sent with the AIR form to Risk Management.

In the event to damage to tools, equipment, or vehicles is determined the damage was a result of the employee's negligence, the employee may be subject to disciplinary action.

### **Review of Policy and Procedures**

The Department Head will review the Safety Training Policy & Procedures annually and revise as necessary.

### **Self-Cancellation**

The Safety Training Policy & Procedures will remain in force until revoked or superseded by competent authority.



## MOWER REPORT

DATE \_\_\_\_\_ EQ # \_\_\_\_\_ TIME: START \_\_\_\_\_ STOP \_\_\_\_\_

CHECK BELTS ( ☐ ) CHECK ALL FLUIDS ( ☐ ) WALK AROUND ( ☐ ) CHECK WATER ( ☐ )

## CHECK DAILY

### REPORT ANY PROBLEMS WITH EQUIPMENT

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GREASED ( ☐ )

\*\*\*\*\*

HOURS IN \_\_\_\_\_

HOURS OUT \_\_\_\_\_

DRIVER \_\_\_\_\_ DEPT \_\_\_\_\_

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SHOP TIME: IN \_\_\_\_\_ OUT \_\_\_\_\_

REASON IN SHOP: \_\_\_\_\_

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COMMENTS;

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## DAILY TRUCK REPORT

DATE \_\_\_\_\_ EQ # \_\_\_\_\_ TIME: START \_\_\_\_\_ STOP \_\_\_\_\_

CHECK TRUCK ( ) CHECK LIGHT ( ) CHECK ALL FLUIDS ( )

CHECK HYDRAULICS ( ) SELF INSURANCE CARD ( )

### CHECK DAILY

#### REPORT ANY PROBLEMS WITH EQUIPMENT

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#### GREASE WEEKLY

GREASED ( )

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MILEAGE IN \_\_\_\_\_

MILEAGE OUT \_\_\_\_\_

TOTAL MILEAGE \_\_\_\_\_ FUEL \_\_\_\_\_

SECTIONS WORKED \_\_\_\_\_

DRIVER \_\_\_\_\_ CO-DRIVER \_\_\_\_\_

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SHOP TIME: IN \_\_\_\_\_ OUT \_\_\_\_\_

REASON IN SHOP: \_\_\_\_\_

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COMMENTS;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SWEEPER REPORT

### CHECK DAILY

DATE \_\_\_\_\_ EQ # \_\_\_\_\_ TIME: START \_\_\_\_\_ STOP \_\_\_\_\_

CHECK OIL ( FRONT & REAR ENGINES) ( )	CHECK HYDRAULIC FLUID ( )
CHECK COOLANT FRONT & REAR ENGINES ( )	CHECK ALL BELTS/ HOSES ( )
CHECK AIR FILTER RESTRICTION GAUGE ( )	CHECK ALL LIGHTS ( )
CHECK TIRES ( )	CHECK VACCUM HEAD ( )
INSPECT SPRAY NOZZLES & WATER LINES ( )	CHECK HOPPER DOOR SEAL ( )
CLEAN WATER FILTER ( )	CHECK CENTERBOARD POSITION ( )
CHECK BROOM WEAR AND PATTERN ( )	WASH TRUCK AFTER USE ( )
REMOVE WATER DRAIN PLUG AFTER SHIFT ( )	

### TAKE PRIDE IN THE JOB YOU DO

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MILES IN _____	HRS FRONT ENGINE IN _____
MILES OUT _____	HRS FRONT ENGINE OUT _____
TOTAL MILEAGE _____	HRS REAR ENGINE IN _____
	HRS REAR ENGINE OUT _____
DRIVER _____	FUEL _____

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SHOP TIME: IN \_\_\_\_\_ OUT \_\_\_\_\_

REASON IN SHOP: \_\_\_\_\_

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COMMENTS;

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WALK-AROUND TRAINING RECORD				
Date	Name	Trainer	Department	Equipment Type

**Employee**

I have read and understand the equipment manual:                      YES                      NO

I understand all inspection requirements:                                      YES                      NO

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

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



## City of Jackson

### Record of Equipment Training/Qualification Form

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EMPLOYEE NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

EQUIPMENT TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_

Hours Trained for Qualification
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#### FORM INSTRUCTIONS

##### Equipment Walk-Around Procedures:

- The walk-around procedure must be completed prior to on-the-job training.
- All walk-around procedures are equipment specific.
- Upon completion of the walk-around, the trainer will fill out the Walk-Around Training Record and place in employee's personnel file within the department.

##### On-The-Job Training Procedures:

- A qualified equipment operator (trainer) shall work with the employee on the operations of the specific equipment being used.
- As the training occurs, the trainer will document the employee's training ours and progress and fill out the On-The-Job Training Record.

**Training Sign-Off:** The supervisor will review the training record and sign off indicating the employee is ready for evaluation.

**Qualification Sign-Off:** The supervisor will evaluate the employee's performance using a Supervisor Evaluation/Check Sheet form to the specific equipment and then sign this form recommending or not recommending the employee for qualification.



## City of Jackson

### Record of Equipment Training/Qualification Form

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**EMPLOYEE NAME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**EQUIPMENT TYPE:** \_\_\_\_\_

Hours Trained for Qualification

\_\_\_\_\_

I, \_\_\_\_\_ have received  
adequate training to safely and efficiently operate the above equipment.

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

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

\_\_\_\_\_  
**Supervisor Signature**

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

\_\_\_\_\_  
**Department Head Signature**

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

City of Jackson Risk Management

Personal Protective Equipment (PPE) Hazard Assessment Form

Department: \_\_\_\_\_ Job Classification \_\_\_\_\_

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

1. The workplace must be assessed for hazards which could potentially cause injury to employees while performing normal job tasks.
2. If such hazards exist, the assessment must determine if personal protective equipment (PPE) must be worn to protect the worker from such hazards.
3. If personal protective equipment is required the assessment should determine what type of personal protective equipment is best suited to protect the worker.
4. The department should keep the PPE Hazard Assessment form in a file and a copy should be sent to the Safety Officer in Risk Management.

**HEAD HAZARDS:** Tasks that can cause head hazards included: working below other workers who are using tools and materials which could fall, working under machinery or processes which might cause materials or objects to fall.

PPE Required: ☐ Yes or ☐ No

Describe head hazard(s): \_\_\_\_\_

If Yes, what type: \_\_\_\_\_

If No, why not: \_\_\_\_\_

**EYE HAZARDS:** Tasks that can cause eye hazards include: working with chemicals, working around flying objects such as when grinding, sanding, or woodworking, or when there is the potential for flying objects such as when lawn mowing.

PPE Required: ☐ Yes or ☐ No

Describe eye hazard(s): \_\_\_\_\_

If Yes, what type: \_\_\_\_\_

If No, why not: \_\_\_\_\_

## City of Jackson Risk Management

**EAR HAZARDS:** Tasks that can cause ear hazards include: working around noisy equipment for extended periods of time.

PPE Required: ☐ Yes or ☐ No

Describe ear hazard(s): \_\_\_\_\_

If Yes, what type: \_\_\_\_\_

If No, why not: \_\_\_\_\_

**HAND HAZARDS:** Tasks that can cause hand hazards include: cutting or working with hot materials.

PPE Required: ☐ Yes or ☐ No

Describe hand hazard(s): \_\_\_\_\_

If Yes, what type: \_\_\_\_\_

If No, why not: \_\_\_\_\_

**FOOT HAZARDS:** Tasks that can cause foot hazards include: carrying or handling materials 15 pounds or more, and working in hot, cold, or wet environments.

PPE Required: ☐ Yes or ☐ No

Describe foot hazard(s): \_\_\_\_\_

If Yes, what type: \_\_\_\_\_

If No, why not: \_\_\_\_\_

**FALL HAZARDS:** Tasks which can expose an employee to falling hazards include climbing ladders, building maintenance, or working on bucket trucks that require harnesses.

PPE Required: ☐ Yes or ☐ No

Describe fall hazard(s): \_\_\_\_\_

If Yes, what type: \_\_\_\_\_

If No, why not: \_\_\_\_\_

## City of Jackson Risk Management

**LUNG/RESPIRATORY HAZARDS** Tasks that can cause lung hazards include: working in areas without adequate oxygen or with atmospheres of chemicals or particulates in the air. i.e. respirators for use of paints.

PPE Required: ☐ Yes or ☐ No

Describe lung/respiratory hazard(s): \_\_\_\_\_

If Yes, what type: \_\_\_\_\_

If No, why not: \_\_\_\_\_

**SKIN HAZARDS** Tasks that can cause skin hazards include: working around chemicals or in contact with substances such as powder, flour, or water which might cause an allergic reaction.

PPE Required: ☐ Yes or ☐ No

Describe skin hazard(s): \_\_\_\_\_

If Yes, what type: \_\_\_\_\_

If No, why not: \_\_\_\_\_

List any personal protective equipment that you currently do not have, but should consider. List the purpose, should it be required, type of work involved, and the description of the PPE.

Name of PPE	Purpose	Required	Description of PPE
		<input type="checkbox"/> Yes or <input type="checkbox"/> No	
		<input type="checkbox"/> Yes or <input type="checkbox"/> No	
		<input type="checkbox"/> Yes or <input type="checkbox"/> No	
		<input type="checkbox"/> Yes or <input type="checkbox"/> No	
		<input type="checkbox"/> Yes or <input type="checkbox"/> No	

\_\_\_\_\_  
Supervisor/Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Department Head (please print name)