



# Safety Policies and Procedures Manual

Revised 5/2011

FINAL REVISED COPY

## INTRODUCTION

The Town of Ithaca is dedicated to having a safe and healthful working environment for employees and the public. The Town will make all reasonable efforts to comply with the Public Employers Safety and Health (PESH) and the Occupational Safety and Health Administration (OSHA) regulations pertaining to safety and health issues.

These Safety Policies and Procedures were created by the Safety Committee and approved by the Town Board to minimize employee and public exposure to hazards and risks.

The Town Board of the Town of Ithaca by Resolution #2002-88, June 10, 2002, has approved the following policies and procedures. The manual was revised in May 2011.

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## SAFETY

A dictionary defines safety as:

Safety is quality or condition of being safe; freedom from danger, injury, or damage; security. It could also be defined as reducing danger or harm.

In the context of this manual, safety is:

*“Knowledge of the hazards, knowledge of the protection available, and a frame of mind that makes use of available protection and safe work habits.”*

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## POLICY STATEMENT

People are our most important asset – their safety is our greatest responsibility. It is our policy that every employee is entitled to a safe and healthful place to work.

Employees have a right to expect that they will be provided with an appropriate work environment, safe machines and tools with which to do their job, and that they will be able to devote their energies to their work without undue danger. Only under such circumstances can the association between employee and employer be mutually profitable and harmonious. Our desire and intention is to provide a safe workplace, safe equipment, proper materials, and establish and insist upon safe methods and practices at all times.

Employees are expected to use the safety equipment provided. Rules of conduct and rules of safety and health shall be observed. Safety equipment must not be destroyed or abused.

The joint cooperation of employees and management in the observance of these policies and procedures will provide safe working conditions and maximize incident free performance. The Town considers the safety and health of their employees of primary importance and asks each employee's full cooperation in making this policy effective to accomplish our safety and health goals.

All members of management are responsible and accountable for implementing these policies and procedures and to ensure the correct procedures are followed.

# Chapter 1

# Reporting Policies



## I. DRIVING

### DESCRIPTION

This section of the manual explains the proper procedures for employees to follow in the event of an incident occurring while driving a vehicle for Town functions.

### PROCEDURE

1. If there is an incident with property damage involving a Town vehicle, the police shall be notified immediately to investigate the incident. "Property" is anything that has value, such as a vehicle. The supervisor or the safety officer must be informed directly thereafter. If there is the potential for bodily injury, then dial 911 for emergency response.
2. The driver of the vehicle should fill out the "Vehicle Incident Reporting" form (See Exhibit 1) at the scene, if possible. If employee is injured refer to Section II. INJURY, for information on reporting injuries. The supervisor will fill out forms if driver or other Town employee is not able.
3. If the accident involves a commercial motor vehicle and there was either a fatality or the Town's driver was issue a moving traffic violation citation, a drug and alcohol test must be administered (see Drug and Alcohol policy in personnel manual.) At the discretion of the Department Head, employees may be subjected to a drug and/or alcohol test when there is an accident/incident that involved a piece of equipment or vehicle.
4. The Incident report must be filed with the Human Resources Office within 48 hours.
5. The supervisor and department head will investigate each incident and then the Safety Committee will review.

Listed below are the guidelines to follow when involved in an incident:

1. If possible, stop immediately in a safe place. Turn on overhead lights and/or flashers.
2. Get help for injured people.
3. Protect the incident scene to prevent further damage or incidents.
4. Secure all pertinent details so that an accurate and complete incident report can be written. Do not speak to anyone about the incident, except the police and your supervisor.

## **II. INJURY**

### **DESCRIPTION**

This policy is so employees are afforded the best possible care when injured. Employees are encouraged to report all incidents or accidents. Any exposure to blood or other potentially infectious materials is considered an exposure incident and should be reported to the employer to ensure immediate evaluation and follow up.

### **PROCEDURE**

1. All reportable injuries must be reported to your supervisor within 24 hours of the accident or incident. A "NYS–DOL Injury and Illness Incident Report" (See Exhibit 2) must be filled out, even if it is a minor injury. If warranted (person needs medical attention), the PERMA form (See Exhibit 3) must be filled out, **MUST** be taken with them to medical appointment and returned to the Human Resources Office. Failure to do this may result in delayed Workers Compensation coverage. "Exposure to Blood/Body Fluid Incident Report" (See Exhibit 2A) shall be completed if employee was exposed to blood or other potentially infectious material.
2. If the incident requires immediate medical attention, a supervisor and/or safety officer shall be notified and will either take employee or meet employee at medical center.
3. At the discretion of the Department Head, employees may be subjected to a drug and/or alcohol test when there is an accident/incident that involves injury.

## **III. POTENTIAL PROPERTY DAMAGES**

### **DESCRIPTION**

This section allows employees to report damages created by natural causes. An example of this would be a house with water damage due to a water main break.

### **PROCEDURES**

1. Fill out the "Incident Report (No Injury Involved)" form (See Exhibit 4) that is located at either the Public Works Department Office or Human Resources Office.
2. Turn form into Public Works Office or Human Resources Office.



#### **IV. POTENTIAL HAZARDS**

##### DESCRIPTION

This section of the safety procedure manual assists employees in letting the Town know that an employee feels there is a hazardous working situation or condition that the Town should address.

##### PROCEDURES

1. An employee, who feels there is a potential hazard in their working situation, shall fill out a "Potential Safety Hazard" form (See Exhibit 5) located at the Public Works facility and Town Hall facility. The forms are located at the Town Hall's Human Resources Office and in the Public Works Facility break room.
2. A supervisor or the safety officer shall be informed of the hazard if employee feels that the hazard needs immediate attention.
3. The Safety Committee will review all "Potential Safety Hazard" forms at their regularly scheduled meeting.

#### **V. VIOLENCE IN THE WORK PLACE**

##### DESCRIPTION

This section assists employees in the description of what is considered violence in the workplace and that the Town will not tolerate any type of workplace violence committed by or against the employees. Employees are prohibited from making threats or engaging in violent activities. Examples of workplace violence include, but not limited to:

- Disruptive behavior is defined as the intent to disturb, interfere with or prevent normal work activities (such as yelling, using profanity, verbally abusing others, or waving arms and fists that may cause reasonable fear of injury or emotional distress).
- Intentional behavior is defined as physical contact for the purpose of causing harm (such as slapping, stabbing, punching, striking, shoving, or other physical attack).
- Menacing or threatening behavior (such as throwing objects, pounding on a desk or door, damaging property, stalking, or otherwise acting aggressively; or making oral or written statements specifically intended to frighten, coerce, or threaten) where a reasonable person would interpret such behavior as constituting evidence of intent to cause harm to individuals or property.
- Possession of a weapon on company property.

## PROCEDURES

1. An employee who feels they have been subjected to violence in the workplace shall report such act using an incident report to their Department Head or Human Resources Manager. Retaliation against anyone who has reported violence is FORBIDDEN. False accusations for personal gain will be considered violation of the policy, and will be disciplined.
2. Town officials will investigate all such complaints thoroughly and promptly. The complaints and the terms of their resolution will remain confidential, to the fullest extent practical. If an investigation confirms that workplace violence has occurred, corrective action will be taken, including disciplinary action up to and including immediate termination of employment, if appropriate. Non-employees engaged in violent acts will be reported and fully prosecuted.

### ◆ Dangerous/Emergency Situations:

Employees who confront or encounter an armed or dangerous person should not attempt to challenge or disarm the individual.

1. Employees should remain calm, make constant eye contact, and talk very passively to the individual.
2. If possible, call 911 (or use panic button—Town Hall) or notify your supervisor or another employee of the situation.
3. Cooperate and follow the instructions given.
4. DO NOT put yourself in more danger by trying to confront the person.

**If you have been injured due to an act of violence in the workplace, an injury report must be completed.**

## VI. INVESTIGATIVE POLICY

### DESCRIPTION

To ensure the employee's safety, each incident shall be investigated. The purpose of the investigation is to help alleviate problems in the future. Employees will be held accountable for their actions.

### PROCEDURE

1. The department head will investigate the incident and fill out appropriate section (back side) of the "NYS—DOL Injury and Illness Incident Report" form.
2. The department head then sends the form to the Human Resources Office.

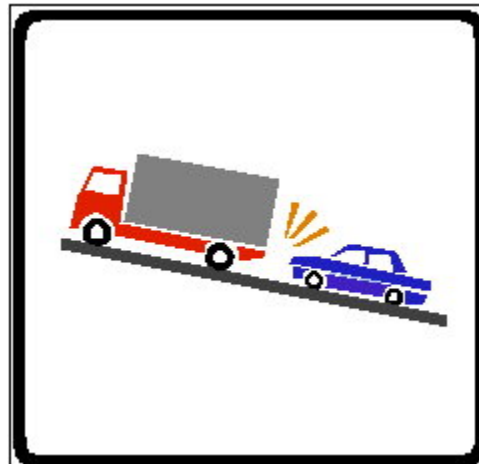
3. The Safety Committee will review each form and make recommendations.

## **VI. TRAINING**

Training and/or refresher training shall be completed using the schedule set up by the Safety Committee. See Exhibit 6 (a) and (b) for schedule.

# Chapter 2

# Driver / Operator Safety



## DESCRIPTION

There is a substantial risk of injury and/or property damage to employees, residents and the public at large in the daily operation of Town-owned motor equipment and vehicles. These procedures will minimize the incidents of employees suffering disabling injuries as well as the risk of liability claims against the municipality. Supervisory monitoring and control are to be exerted to identify/resolve potential problems and enforce correct practices. Drivers will be held accountable for the vehicle they are driving and equipment they are towing, if applicable, or equipment they are operating.

The Town will not tolerate employees operating a vehicle or equipment while under the influence of drugs or alcohol. Refer to Personnel Manual for the Drug and Alcohol Policy, the Driving Record Policy and specific information for drivers with a Commercial Drivers License (CDL). The Town reserves the right to check all drivers' licenses for violations of Vehicle and Traffic Laws.

## PROCEDURES

### Operating Safety

1. According to the State law and PESH regulations seat belts will be used at all times. Cell phones shall only be used with hands free devices or the driver shall pull off the road to answer the call.
2. When backing vehicles, ground guides shall be used unless a ground guide is not available. All precautions shall be taken while operating equipment, with extra caution when backing up vehicle.
3. Driving speeds shall be reasonable and prudent to conditions, work zone, and roadways. Speed limits shall not be exceeded, and driving speeds may be lower depending on road conditions. For example: Maximum 25 mph when plowing or de-icing roads.
4. Pre-trip inspections shall be done each morning, including but not limited to: windshield wipers/fluids, antifreeze/coolant, motor oil, batteries, tires, signal, and brake lights, and ensuring that floors, windows and mirrors are clean. Grease vehicle as necessary.
5. Notify the Public Works Department's Heavy Equipment Mechanic or Mechanic's Assistant of all defects or problems that have arisen during operation, following the procedures as set by the Department.
6. Before leaving any equipment, the operator will lower the blades, boom, or bucket to a ground level, flat surface and out of the traffic flow. If level surface is not available, blocks or chocks should be inserted to prevent vibration-induced movement.

7. Towed units shall be hitched/latched and have a safety chain to the pulling unit. Prior to movement, jacks will be placed in the proper storage position. All equipment on the towed units must be latched, bolted, or otherwise secured.
8. Whenever feasible, equipment will be returned to the storage yard at the end of each workday.
9. Job site parked equipment (parked well clear of traffic routes) will be disabled to preclude vandalism or theft, through the removal of ignition keys and locking of doors, etc.
10. Loading/unloading of equipment will be accomplished away from traffic routes unless appropriate warning devices or flag persons are pre-positioned to control traffic.
11. Operators will not dismount trucks or equipment by jumping off, but will climb down using available steps, handhold, etc.

#### Maintenance/Serviceing of Vehicles

1. Vehicles are to be serviced at appropriate times as determined by the Heavy Equipment Mechanic.
2. Maintenance and servicing will be performed only after lockout/tag out procedures has been followed. (See Chapter 3 for lockout/tag out procedures)
3. Deck plates, steps and floor areas will be kept secured, clear and free of greases, oils, etc., and will have anti-slip materials applied as necessary.

#### Reporting Incidents

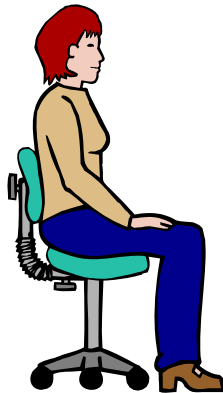
Please see Chapter 1: Reporting Policies for information on reporting incidents.

#### TRAINING

1. All employees (who are required to drive a Town vehicle) will receive initial training on driving safety and Defensive Driver training tri-annually.
2. Driver should be familiar with the information in the vehicle manufacturer's manual.
3. The Town shall provide training on the effects of alcohol and drugs while driving or operating equipment.

# Chapter 3

# Basic Safety



## **I. ERGONOMICS**

### **DESCRIPTION**

Ergonomics is the science of fitting the workplace conditions and job demands to the capabilities of the working population. The goal of ergonomics is to improve both health and productivity. To meet this goal, the capabilities and limitations of workers and their tools, equipment, and furniture are considered in conjunction with how they relate to particular tasks.

### **PROCEDURE**

The purpose of the Town's ergonomics program is to proactively eliminate work-related ergonomics risk factors and prevent or reduce workplace-acquired Muscular-Skeletal Disorders (MSD). This will be provided by management and employee involvement in the identification, correction, and elimination of such risk factors, through information dissemination, education, and training on an on-going basis.

## **II. MATERIAL SAFETY DATA SHEETS (MSDS)/RIGHT-TO-KNOW**

### **DESCRIPTION**

The purpose of this section is to ensure that the Town of Ithaca is in compliance with the OSHA Hazard Communication Standard (HCS) 29 CFR 1910.1200.

The Safety Officer is the overall coordinator for the Town.

Each employee in the facility will be apprised of the substance of the HCS, the hazardous properties of chemicals they work with, and measures necessary to protect themselves from these chemicals.

### **PROCEDURE**

#### **Material Safety Data Sheets**

The Safety Officer or designee will maintain a Material Safety Data Sheet (MSDS) library on every hazardous chemical in the Town Public Works facility at 106 Seven Mile Drive. The Safety Officer's designee will maintain a library on every hazardous chemical in the Town Hall facility at 215 N. Tioga Street. The Safety Officer or designee will ensure that each area maintains an MSDS for hazardous materials used in that area. MSDS will be readily available to all employees.



The Safety Officer is responsible for acquiring and updating MSDS. The Safety Officer will review each MSDS for accuracy and completeness and will consult with the vendors if additional research is necessary.

#### Labels and Other Forms of Warning

The Safety Officer or his designee will ensure that all hazardous chemicals in the facilities are properly labeled. Labels should list at least the chemical identity, appropriate hazard warnings, and the name and address of the manufacturer, importer, or other responsible party. They will refer to the corresponding MSDS to verify label information. An immediate use container (small containers that the employee draws or drains materials for use on that shift only) does not require labeling. To meet the labeling requirements of HCS for other in-house containers, refer to the label supplied by the manufacturer. The Safety Officer or his designee will approve all labels for in-house containers prior to their use.

The Safety Officer or designee will check on a monthly basis to ensure that all containers in the facilities are labeled and that the labels are up to date.

#### Contractors

The Safety Officer will advise outside contractors of any chemical hazards that may be encountered in the normal course of their work on the premises.

Likewise, contractors doing work for the Town will provide the Town's project supervisor with MSDS for all hazardous chemicals that they will be using during their operations.

#### Non-Routine Tasks

Maintenance or other persons contemplating a non-routine task will consult with the Safety Officer and will ensure that employees are informed of chemical hazards associated with the performance of these tasks and appropriate protective measures.

### **III. BLOOD BORNE PATHOGENS / INOCULATIONS**

#### DESCRIPTION

Blood borne pathogens are microorganisms in blood or other body fluids that can cause disease in people. Blood borne pathogens can be transmitted through human blood and various other body fluids. This policy complies with OSHA Hazard Communication Standard (HCS) 29 CFR 1910.1200.

## PROCEDURES

In order to protect themselves from blood borne pathogens, such as hepatitis and HIV/AIDS, all employees shall use appropriate safety/personal protection equipment (PPE) provided by the Town such as gloves, masks, and suits. See PPE section (Chapter 5) of manual for more information on use of PPE. Exposure incidents to blood or other potentially infectious material through a cut, eye, mouth or other mucous membrane shall be reported to the employer. Immediate reporting permits medical follow up and can forestall the development of Hepatitis B or HIV infection. For information on reporting an exposure incident refer to Chapter 1: Reporting Policies -Section II.-Injuries.

## INOCULATIONS

The Town shall provide any person involved in sanitary sewer work the opportunity to be inoculated for Hepatitis A. Hepatitis A is primarily transmitted by either person-to-person contact or ingesting contaminated food or water.

### **IV. RABIES POLICY**

#### DESCRIPTION

Employees having contact with animals or animal carcasses must take precautions against Rabies. Take care to prevent bites, scratches, and direct contact with blood and bodily fluids of animals. Any warm-blooded animal can be a carrier of the virus. For this reason, consider all animals as infected and use proper procedures to avoid becoming infected.

This policy complies with State Sanitary Code Chapter I, Title 10, Part 2, and Section 2:14.

#### PROCEDURE

##### Cautions

Rabies is a virus that is found in the body fluid of an infected animal. The Rabies virus can survive for long periods of time in the carcass of a dead animal. Avoid allowing body fluids from entering the body through the eyes, cuts, or open wounds. Doctors consider this form of contact as serious as a bite. If an animal bites you, refer to Chapter 1: Reporting Policies, Section II. Injuries, for information on injury procedures.

## Procedures for disposing of animal carcasses

1. Small animal carcasses should be collected in plastic bags for disposal. The bag should be strong (greater than 4 mil) to avoid puncture by the teeth, claws or broken bones of the carcass. Employees should use heavy work gloves (gauntlet, if available) to protect the hands. By dropping the bag over the carcass, and grabbing the carcass through the bag, any possibility of personal contamination can be completely avoided.
2. Seal the bag with a knot or twist tie to avoid contaminating the vehicle.
3. Deer are not usually infected with Rabies, but still should be handled in a manner to avoid contamination of employees and equipment.
4. Dispose of animal carcasses at the Tompkins County Solid Waste Transfer Station or in the Town's compost pile.
5. Any contaminated equipment (hand tools, truck beds) can be decontaminated with a 5 percent to 10 percent solution of household bleach in water. The diluted bleach solution must be made up fresh when needed, due to its rapid loss of strength.
6. If you think that you may have been infected, DO NOT dispose of the carcass. Call your supervisor or the Safety Officer and they will contact the proper authorities to discuss your concerns and test the animal, if necessary.
7. If animal body fluids contact your skin, wash the area with soap and water immediately.

## **V. LOCKOUT/TAGOUT PROCEDURE**

### DESCRIPTION

This procedure establishes the minimum requirements for the lockout or tag out of energy isolating devices. It shall be used to ensure that the machine or equipment is isolated from all potentially hazardous energy, and locked out or tagged out before employees perform any servicing or maintenance activities where the unexpected start-up, or release of stored energy could cause injury. Electrical, mechanical, hydraulic and pneumatic energy are present in the work place.

### PROCEDURES

#### Basic Rules for Using Lockout/Tag out System Procedure:

All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not

attempt to operate any switch, valve, or other energy-isolating device where it is locked or tagged out.

### Preparation for Lockout/Tag out

Before an employee works on equipment, the employee shall make a survey to locate and identify all isolating devices to be certain which switch(s), valve(s), or other energy isolating devices apply to the equipment. More than one energy source (electrical, mechanical, or others) may be involved on the equipment. Employees are exposed to the following types of energy:

Mechanical: Equipment parts, vehicle bodies, vehicle chassis or other parts when jacked, hoisted, or lifted to a position above their lowest possible place of rest.

Electrical: All motors or engines except power or hand tools which receive power through a plug-in type power cord that can be disconnected and controlled by the person servicing the item.

Pneumatic: Air tools, air jacks, air compressor, vehicles with air compression systems all produce some pneumatic energy that is potentially hazardous, i.e.: truck brake lines, truck air tanks, shop air lines.

Hydraulic: All vehicles or equipment that has parts or motors driven by oil pressure can produce some hydraulic pressure that can be hazardous, i.e.: truck hoist feed lines, truck spinner motors and feed lines.

### Sequence of Lockout/Tag out System Procedure

1. If the machine or equipment is operating, shut it down by the normal stopping procedure (depress top button, open toggle switch, etc.).
2. Operate the switch, valve, or other energy isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc. Pneumatic and hydraulic energy sources will be dissipated. Stored mechanical energy will be blocked, wedged, jacked, or chained. Pneumatic and hydraulic energy that cannot be dissipated will be blocked, wedged, jacked, or chained at the source of potential hazard.
3. Lockout/Tag out the energy isolating devices with assigned individual lock(s) or tag(s). If an ignition key controls the equipment, this key will be removed by the

person doing the servicing and kept on his person at all times. A tag will be placed near the key slot to identify the equipment as being out of service and the holder of the key. If the above methods are not available, a tag will be placed at the switch or circuit breaker that controls the equipment.

4. As a check on having disconnected the energy sources and after ensuring that no personnel are exposed, operate the push button or other normal operating controls to make certain the equipment will not operate.

**CAUTION: Return operating control(s) to "neutral" or "off" position after test.**

5. The equipment is now locked out and tagged out and ready for repair.

### Restoring Machines or Equipment to Normal Production Operations

After all tools have been removed from the machine or equipment, guards have been reinstalled, and employees are clear, remove all lockout/tag out devices. Operate the energy isolating devices to restore energy to the machine or equipment.

## **VI. TRAINING**

Training and/or refresher training shall be completed using the schedule set up by the Safety Committee. See Exhibit 6 (a) and (b) for schedule.

## **VII. SUPERVISOR OBSERVATIONS**

The Town is required to have supervisory observations of employees preparing machinery for lock out/tag out before working on it. These observations should be unannounced.

1. A minimum of one observation shall be conducted quarterly.
2. Working Supervisors or a higher management level can conduct the observations.
3. The Highway Superintendent (or designee) will train the Supervisors in the procedures for conducting the observations along with any questions regarding lock out/tag out procedures.
4. If some part of the lock out/tag out is not being done properly, observer shall go over the lock out/tag out procedures with the employee at that time.
5. A log book must be filled out for each observation. The log book is in the Public Works Facility office.

## Chapter 4

# Work Site Safety



## DESCRIPTION

Work site repair activities can make employees vulnerable to injury/accidents and the Town susceptible to liability claims. Hazards such as open trenches, spoil piles, equipment and structures in or on normal traffic routes can result in severe injuries and/or property damage. All street/lane closure and repair actions are to be preplanned and coordinated with appropriate agencies. To assure driver and pedestrian understanding, only standardized control devices (signs, lights, barricades and delineators) should be used.

## PROCEDURE

### Work Site

1. No work will be performed in any public right-of-way without authorization and use of traffic control devices in compliance with the Manual of Uniform Traffic Control Devices (MUTCD). See the MUTCD Chapter on Public Works Work Zone Traffic Control. A copy of the MUTCD is located at the Public Works Department Office and at Town Hall.
2. Public right-of-way repair and maintenance requires preplanning, coordinating with affected agencies, and utilizing safeguards for workers and the general public.
3. Routine maintenance on arterial streets will be scheduled to minimize traffic interference.
4. If a street is to be closed, the following shall be notified:
  - Town of Ithaca Town Clerk
  - Department of Emergency Response
  - Sheriff's Department
  - T-Cat (public buses)
  - Ithaca City School District (school buses)
5. If any digging is involved, Dig Safely New York (DSNY) **must** be contacted. DSNY notifies appropriate agencies to "mark" out where underground wires, pipes, etc. are located. DSNY requires two working days notice (not including the day work is called in). Caution should be used when working near overhead power lines.
6. Construction equipment and other official vehicles not engaged in work shall be parked in an area that will not impede traffic flow or create a safety hazard.

## Building

NOTE: All buildings must comply with the New York State Uniform Fire Prevention and Building Code.

1. Fire extinguishers are located throughout the buildings and are checked monthly.
2. Each exit shall be clearly marked as such.
3. There shall be no smoking near the fuel tanks or in the maintenance bay.
4. If an employee must use (spray) paint cans, the bay doors must be open or spraying must be done out of doors. Be sure all open flames are extinguished before starting to spray.
5. All dirty rags are to be put in the designated, covered, metal barrel.
6. Keep work areas clean and free of loose objects, tripping, or slipping hazards, rubbish, etc. Good housekeeping prevents fires and incidents. Every employee is responsible for his or her own desk and work area.
7. Use caution where floor mats are present. Floor mats can easily shift and create a potential tripping hazard.

## Equipment

1. Do not stand on chairs, desks, or other office furniture. Whenever it is necessary to reach a height, an approved stepladder should be used. No substitutes shall be used.
2. All existing grounds and safety devices will be used when operating power equipment.
3. Power tools shall be inspected, tested, and determined to be in safe operating condition prior to use. Continued periodic inspections shall be made to assure safe operating condition and proper maintenance.
4. Machine tools should never be left unattended, while running.
5. Pressure shall be shut off and exhausted from the line before removing the line from any tool or connection.



6. Air hoses, pipes, valves, filters, and other fittings shall be pressure-rated by the manufacturer and this pressure shall not be exceeded.
7. Tools having defects that will harm their intended operation or render them in any way unsafe for use shall be removed from service immediately (see Chapter 3 Section V. LOCKOUT/TAGOUT PROCEDURES). Defective hoses shall, upon detection, be immediately taken out of service.
8. The practice of using compressed air to blow dirt from hands, face, or clothing is strictly prohibited.
9. The use of ropes, slings and chains shall be in accordance with the safe usage recommendations of the manufacturer and recommendations of the equipment manufacturer when used in conjunction with other devices. Rigging equipment shall not be loaded in excess of its recommended safe working load.

## TRAINING

Training and/or refresher training shall be completed using the schedule set up by the Safety Committee. See Exhibit 6 (a) and (b) for schedule.

## Chapter 5

# Personal Protective Equipment



## DESCRIPTION

The variety of work operations performed by employees involves many hazards. The tasks performed can range from custodial services to heavy construction activities.

When it is impractical or impossible to “engineer out” the hazard, then it becomes advisable to place the protection on the worker. This is done by wearing approved personal protective equipment (PPE) such as hard hats, safety belts, safety goggles, traffic vests, face shields, gloves, aprons, toe guards, respirators, etc. Supervisors shall determine that their employees are properly protected.

Supervisory personnel can select protective clothing and equipment that is acceptable for comfort, appearance and utility and still afford the desired protection. It is sometimes less comfortable to wear than ordinary dress, however, wearing PPE reduces employees risk of injury.

## PROCEDURES

### Clothing

1. The wearing of loose, flowing, or ragged clothing on or near moving machinery or equipment shall be avoided. Clothing with sashes, scarves, full sleeves, full shirts, and ornamental buttons, pins and other jewelry can cause incidents. Appropriate clothes shall be worn for weather.
2. Public Works Department personnel are required to wear safety-toed shoes (no sneakers) at all times. When going on site, Engineers and the Code Enforcement employees are required to wear safety toed shoes. An allowance for buying safety-toed shoes will be provided as per Town Board Resolution or union contract.
3. The safe worker does not wear rings, medals, identification bracelets, and other jewelry, except for medical reasons. Jewelry increases the chance of electric shock and can cause fingers to be badly injured.
4. All personnel on construction/work sites shall wear approved colors safety vests or garments. When working at night or in inclement weather, reflective vests must be worn.
5. Employees shall use hand protection such as gloves when handling rough, sharp-edged, abrasive materials or where the work subjects hands to the possibility of lacerations, punctures, burns or bruises.

### Head Protection

1. Employees shall wear hard hats at water, sewer, street, park, trail, and construction work sites as detailed in Appendix 1.

### Face and Eye Protection

1. Employees assigned to perform tasks that require eye protection shall wear protective devices. Face and eye protection shall be provided for any task where there is any probability that an injury may occur without such protection.
2. An allowance will be given for prescription safety eyewear as per Town Board Resolution or union contract.

### Hearing Protection

1. The Town shall provide hearing protection devices.
2. Hearing tests shall be done on a yearly basis and records shall be kept in the employee's confidential health file.
3. Hearing protection will be worn in and around all equipment as specified in Appendix 1.
4. Equipment shall be tested for decibel (db) levels annually.

### Nuisance Dust Mask Protection

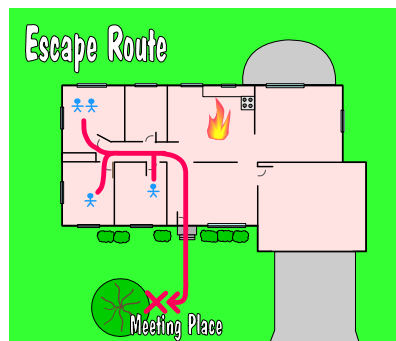
1. The Town shall provide protection equipment.
2. Equipment shall be worn when foreign air borne particles or other respiratory dangers are present.

### TRAINING

Training and/or refresher training shall be completed using the schedule set up by the Safety Committee. See Exhibit 6 (a) and (b) for schedule.

# Chapter 6

# Emergency Evacuation Plan



## DESCRIPTION

The Town of Ithaca is committed to its employees' safety from fire and emergency situations. This section of the Manual advises all employees as to how to exit the building in an emergency.

## PROCEDURES

1. Any person discovering fire or smoke within the facility shall immediately transmit an alarm of fire by using the nearest pull-box signaling station. Fire alarm will automatically call 911.
2. Employees will not use fire extinguishers and/or other fire-fighting equipment unless they have received training on said equipment.
3. All building occupants are to exit building immediately, closing doors and any open windows on the way out, but not locking them, and assisting anyone along the way who needs help getting out. Check all doors with back of hand, if it is hot use a different exit. **Do not use elevator.**
4. **TOWN HALL:** Everyone is to report to the Aurora Street brick wall in the parking lot (designated meeting area). The Town Clerk and/or Court Clerk are to release the crash bar on the way out of the front doors.

**PUBLIC WORKS FACILITY:** All employees shall meet at the fence by the entrance gate. No one, on foot or in a vehicle, will have access beyond the front gate except emergency response personnel.

5. Do **NOT** leave designated meeting place until directed. A stopped alarm does not mean the building is safe to re-enter. **STAY CLEAR OF BUILDING!!**

## TRAINING

Training and/or refresher training shall be completed using the schedule set up by the Safety Committee. See Exhibit 6 (a) and (b) for schedule.

# Attachments



**TOWN OF ITHACA**  
**VEHICLE ACCIDENT REPORTING FORM**

**Exhibit 1**

**Town Vehicle**

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

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

Witnesses' Names: \_\_\_\_\_

Year, make, and Type of Vehicle: \_\_\_\_\_

Detail Damage to Vehicle: \_\_\_\_\_

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**Other Vehicle**

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

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

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

Year, make, and Type of Vehicle: \_\_\_\_\_

Owner of Vehicle: \_\_\_\_\_ Plate Number: \_\_\_\_\_

Detail Damage to Vehicle: \_\_\_\_\_

---

**Other Information**

Location of accident: \_\_\_\_\_

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

Weather Conditions: \_\_\_\_\_

Explanation of how and why accident occurred: \_\_\_\_\_

---

Police Agency Investigation: What agency: \_\_\_\_\_

Was a police report filed?: \_\_\_\_\_

Was Town employee ticketed? \_\_\_\_\_

Please diagram the path of each vehicle during and after the accident below.



**NEW YORK STATE – DEPARTMENT OF LABOR**  
**INJURY AND ILLNESS INCIDENT REPORT**  
 FORM SH 900.2

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and PESH develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state worker's compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to 12 NYCRR Part 801, PESH recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____ Title _____ Phone (____) _____-____ Date ____/____/____
--

**Employee Information:**

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 4) Date hired \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5)  Male  Female

14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer."

15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement."

16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." *Examples:* "strained back"; "chemical burn, hand."

17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "radial arm saw"; "chlorine."

18) **If the employee died, when did death occur?** Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician/Health Care Professional Information:**

6) Name of physician or other health care professional \_\_\_\_\_

7) If treatment was given away from the worksite, where was it given?

Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

8) Was employee treated in an emergency room?  
 Yes  No

9) Was employee hospitalized overnight?  
 Yes  No

**Information about the case:**

10) Case number from the *Log* \_\_\_\_\_

*(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness \_\_\_\_/\_\_\_\_/\_\_\_\_

12) Time employee began work \_\_\_\_\_ AM / PM

13) Time of event \_\_\_\_\_ AM / PM

EMPLOYEE PERMISSION: I, _____ (CHOOSE ONE OPTION) (signature of employee)	independently and voluntarily request that my name NOT be entered on the " <i>Log of Work-Related Injuries and Illnesses</i> ," in case of work-related illness or injury, which may
BY SIGNING)	be released to employees, former employees, their personal representatives and authorized employee representatives without further notice to me.
I, _____ (signature of employee)	understand that my name WILL be entered on the " <i>Log of Work-Related Injuries and Illnesses</i> ," in case of work-related illness or injury, which may be released to employees, former employees, their personal representatives and authorized employee representatives without further notice to me.

SH 900.2 (11-01)

Date reported to Human Resources Office: \_\_\_\_\_

Exposure to Blood/Body Fluid Incident Report

Exhibit 2A

Date Completed \_\_\_\_\_ By Whom \_\_\_\_\_

Employee's Name \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_

Employee Vaccination Status: Had Hepatitis B Shots? \_\_\_\_\_ When? \_\_\_\_\_



Date of Exposure \_\_\_\_\_ Time \_\_\_\_\_

Location of Incident (Home, Street, Work, Etc., - Be Specific) \_\_\_\_\_

Nature of Incident (Auto Accident, Trauma, Medical Emergency - Be Specific)

\_\_\_\_\_

Describe what task(s) you were performing when the exposure occurred:

\_\_\_\_\_

\_\_\_\_\_

Were you wearing Personal Protective Equipment (PPE)? \_\_\_\_\_

If yes, list \_\_\_\_\_

Did the PPE fail? \_\_\_\_\_ If yes, explain how:

\_\_\_\_\_

\_\_\_\_\_

What body fluids were you exposed to (Blood or other potentially infectious material)?  
Be Specific

\_\_\_\_\_

\_\_\_\_\_

Employee Exposure Follow Up Record

Exhibit 2a cont:

**Source Individual Follow Up:**

Request made to \_\_\_\_\_ Date \_\_\_\_\_

Information given on source individual's blood test results Yes\_\_\_\_ No\_\_\_\_

Results \_\_\_\_\_

**Employee Follow Up:**

Employee's Health File Reviewed By \_\_\_\_\_

Date \_\_\_\_\_

Referred to healthcare professional with required information:

Name of healthcare professional \_\_\_\_\_

By Whom \_\_\_\_\_ Date \_\_\_\_\_

Blood Sampling/Testing Offered

By Whom \_\_\_\_\_ Date \_\_\_\_\_

Vaccination Offered/Recommended

By Whom \_\_\_\_\_ Date \_\_\_\_\_

Counseling Offered

By Whom \_\_\_\_\_ Date \_\_\_\_\_

Employee Advised of need for further evaluation of medical condition

By Whom \_\_\_\_\_ Date \_\_\_\_\_



PUBLIC EMPLOYER RISK MANAGEMENT ASSOCIATION, INC.  
P.O. Box 12250, Albany, NY 12212-2250  
Toll Free in US: 1-888-737-6269 • Fax: 1-877-737-6232 • Tel: (518) 220-1111



P E R M A

YOU ARE ENCOURAGED TO SUBMIT THIS INFORMATION ONLINE AT [www.perma.org](http://www.perma.org).

(Please print)

Injured Person: \_\_\_\_\_ Sex: M  F

Employer's or Volunteer District's Name: \_\_\_\_\_

Home address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: (\_\_\_\_) \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Dept: \_\_\_\_\_ Job title: \_\_\_\_\_ Dept. code (see reverse side): \_\_\_\_\_

Volunteer  Paid  If volunteer, who is your regular employer? \_\_\_\_\_

Employer contact name: \_\_\_\_\_ Employer contact phone #: (\_\_\_\_) \_\_\_\_\_

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Injury: \_\_\_\_\_ AM \_\_\_\_\_ PM Part-time  Full-time

Name of Witness: \_\_\_\_\_

Description of injury and how injury occurred: \_\_\_\_\_

Where did injury/accident occur? \_\_\_\_\_

Describe medical treatment: \_\_\_\_\_

Has employee returned to work? Yes  No  Return to work date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Actual  Expected

Weekly wage: \_\_\_\_\_ Will wages be continued during disability? Yes  No

Based on restriction, the employee will be assigned the following status: Full Duty  Transitional Duty

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**COMPLETE AND SUBMIT THIS FORM WITHIN 24 HOURS OF ACCIDENT**  
*For coverage questions, please feel free to contact PERMA at the above address or phone number.  
When completed, please fax to above number or enter the information online at [www.perma.org](http://www.perma.org).*

PROVIDE A COPY OF THIS FORM TO: Injury Coordinator, Department, and Employee

TO BE COMPLETED BY SUPERVISOR

**TOWN OF ITHACA**

Exhibit 4

INCIDENT REPORT  
(NO INJURY INVOLVED)

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

**Place/Address of Incident**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Description of Incident:

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Action Taken by the Town of Ithaca:

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Name of Reporter: \_\_\_\_\_ Date: \_\_\_\_\_

Date Reported to Human Resources Office: \_\_\_\_\_

Date Reported to Insurance Company: \_\_\_\_\_

# Potential Safety Hazard

Exhibit 5

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

Reported by: \_\_\_\_\_

Logged by: \_\_\_\_\_

## Description of Hazard

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## Situation Rectified

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

## Action Taken

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## Safety Committee Review

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**Construction Site Safety Training Schedule**

	Training	Frequency
	Powered Industrial Trucks	Initial
	Truck Cranes	Initial
	Welding, cutting & brazing	Initial
	Electrical Training	Initial
	Woodworking Tools	Initial
	Rabies Exposure Control Guide	Initial
	Em. Plan & Fire Prevention	Initial
	Powered Platforms and Vehicle Mounted Work Platforms	Initial
	Powered Platforms Care & Use	Initial
	Personal Protection	Initial
	Flammable & Combust. Liquids	Initial
	Accident Prevention Signs	Initial
	Medical Serv. & First Aid	Initial
	Fire Detection System	Initial
	Lead	Initial
	Bloodborne Pathogens	Initial
	Drug and Alcohol--CDL	Initial
	Bloodborne Pathogens, Asbestos, Lead	Annual
	Excavation--General Protection Req.	Annual
	Fall Protection	Annual
	Ground Fault Protection	Annual
	Haz. Waste Op. & Em. Response	Annual
	Lockout/Tagout	Annual
Optional	Medical Serv. & First Aid/CPR	Annual
	Permit-Required Confined Space	Annual
	Respiratory Protection	Annual
	Hearing Tests	Annual
	Drug and Alcohol--CDL	Annual
	Fire Extinguishers & Evacuation Plan	Annual
	Hazard Communication (Including MSDS)	Annual
	Power Hand Tools (Chain Saws & Trimmers)	Annual
	PPE	Annual
	Sexual Harassment	Annual
	Violence in the Work Place	Annual
	Work Zone Safety	Annual
October	Defensive Driving	3-years

## Office Safety Training Schedule

Exhibit  
6(b)

Month	Training	Minimum Frequency	Length
March	Medical Serv. & First Aid	Annual (Optional)	
	CPR	Annual (Optional)	
	Violence in the Work Place	Annual	
	Sexual Harassment	Annual	
October	Defensive Driver	3-year	6 hours
December	Asbestos (RIGHT-TO-KNOW)	Annual	15
	Lead	Annual	15
	Bloodborne Pathogens	Annual	30
	PPE--including Hearing Pro. and Back Pro.	Annual	30
	Port. Fire Extinguishers/Evacuation	Annual	30
	Hazard Communication	Annual	30
	General Office Safety/Ergonomics	Annual	
	TOTAL		150
	Safety Procedures in Town Hall	Every 6 Months	



## Appendix 1

TOWN OF ITHACA  
Personal Protective Equipment (PPE) Requirements for in the Field

Job/Operation	Safety Shoes	Safety Glasses	Hard Hat/ Helmet	Gloves	Safety Vest	Goggles	Face Shield	Apron/ Smock	Dust/ Particle Mask	Hearing Protection	Respirator	Other
Brush Tasks	X		X	X	X	X	X			X		
Ditching	X	X	X	X	X					X		
Flagging	X		X		X							Signs
Gas Cut-Off Saw	X	X							X	X		
Lawn Mowing	X	X			X					X		
Oil&Stone/Cold Patch	X				X							
Paver Crew	X		X	X	X					X		
Road Signs	X	X	X	X	X							
Sewer Cleaning	X	X	X	X	X							
Water Break	X		X	X	X							
Welding	X			X			X	X				
Any job requiring some- one in or near road	X		X		X							
Survey Crew	X		X	R	X							Signs

X = Required

R = Recommended

TOWN OF ITHACA  
Personal Protective Equipment (PPE) Requirements for in the Field

The OSHA Personal Protective Equipment Standard (29 CFR 1910.132) requires that a "hazard assessment" of the workplace be conducted for the purpose of evaluating the need for personal protective equipment (PPE), and that necessary PPE be acquired and employees fitted and trained in its use. The Standard requires that a certification attesting to the hazard assessment and training be maintained.

I have:

1. Conducted a workplace hazard assessment with regard to identifying needed PPE for specific tasks;
2. Acquired PPE deemed necessary (if not already acquired);
3. Insured that employees have been fitted (where applicable); and
4. Trained employees so that each employee has demonstrated an understanding with regard to:
  - a. What PPE is necessary;
  - b. How to properly don, doff, adjust, and wear PPE;
  - c. The limitations of the PPE; and,
  - d. The proper care, maintenance, useful life, and disposal of the PPE.

Training rosters showing employee names, training date(s), and training topic(s) are kept in the Administrative Office.

Signature

Date

  
*Highway Superintendent*  
*Director of Public Works*

Town of Ithaca Public Works Department



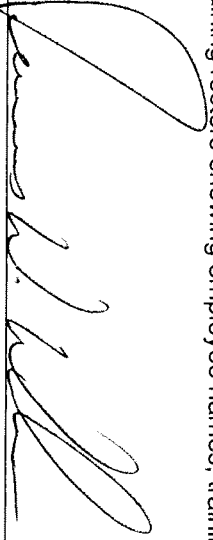
TOWN OF ITHACA  
Personal Protective Equipment (PPE) Requirements for Shop

The OSHA Personal Protective Equipment Standard (29 CFR 1910.132) requires that a "hazard assessment" of the workplace be conducted for the purpose of evaluating the need for personal protective equipment (PPE), and that necessary PPE be acquired, and employees fitted and trained in its use. The Standard requires that a certification attesting to the hazard assessment and training be maintained.

I have:

1. Conducted a workplace hazard assessment with regard to identifying needed PPE for specific tasks;
2. Acquired PPE deemed necessary (if not already acquired),
3. Insured that employees have been fitted (where applicable), and
4. Trained employees so that each employee has demonstrated an understanding with regard to:
  - a. What PPE is necessary;
  - b. How to properly don, doff, adjust, and wear PPE;
  - c. The limitations of the PPE; and,
  - d. The proper care, maintenance, useful life, and disposal of the PPE.

Training rosters showing employee names, training date(s), and training topic(s) are kept in the Administrative Office.

Signature 

Date 

Title *Assistant Supervisor of Director of Public Works*

Town of Ithaca Public Works Department