



CITY OF MISSOULA SAFETY MANUAL



BE SMART ABOUT SAFETY

INTRODUCTION FROM THE MAYOR

December 1, 2010

To All City of Missoula Employees:

Much of what we do as public servants has to do with ensuring the safety of the people we serve and many of you work every day to make citizens safe.

This is a gentle reminder to you that your safety is important, too. There are all sorts of good reasons for organizations like ours to preach safety that have to do with efficiency and productivity and finances. All of those reasons are legitimate and important.

More important, though, is your individual safety. I don't want you or your colleagues hurt on the job because I don't want anyone to suffer the pain, disability or worse that come with workplace injuries. We need to take care of ourselves and each other, so please, pay careful attention to the procedures and guidelines in your safety program. Be safe. And thanks for all you do.

Sincerely,

John Engen, Mayor

**ADMINISTRATIVE RULE #12
SAFETY PROGRAM**

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I. CITY OF MISSOULA SAFETY POLICY STATEMENT

The City of Missoula believes that its most valuable resource is its employees. The safety of City employees is, therefore, a primary focus of all City activities. The City also recognizes its legal obligation to maintaining a safe and healthy workplace as described in the Montana Safety Culture Act and other state and federal statutes including but not limited to those administered by the Montana Department of Labor and Commerce and the Occupational Safety and Health Administration.

We recognize that a safe workplace is a shared responsibility which must be fostered and cultivated as a part of regular work duties and responsibilities. City administrators are committed to providing a workplace free of avoidable health and safety hazards. City employees are encouraged to fulfill vital roles in providing a safe and healthful workplace.

The City of Missoula's safety mission is to elevate workplace safety to a preeminent position in the minds of all employees of the City, thereby preserving precious human resources as well as controlling financial losses.

It is the policy of the City of Missoula to provide and maintain safe and healthy working conditions, routine safety training and education, and to follow practices that will safeguard all employees that result in safe working conditions and efficient operation.

II. MANAGEMENT COMMITMENT

The purpose of safety policies and procedures is to provide a mechanism for the prevention of occupational injuries and illnesses as well as to comply with regulations concerning occupational safety and health. Safety policies and procedures assign safety responsibilities, declare citywide procedures, and set minimum safety program requirements for issues involving city departments.

This safety plan provides general direction for the administration of occupational safety and health management for the City of Missoula. Departments and Divisions may issue separate safety policies and procedures as needed to address specific safety and health issues or to meet regulatory requirements for written compliance programs.

The City of Missoula is committed to providing dependable, economical services to the public. The City recognizes that some incidents are caused by unsafe conditions or unsafe behavior and strives to systematically eliminate unsafe acts and conditions.

The management staff will not tolerate actions that jeopardize the safety and health of employees or the general public, including actions that risk non-compliance with established safety and health regulations. Employees who violate city, departmental, and/or divisional rules are subject to disciplinary action. Fulfillment of safety-related responsibilities will be considered a factor in performance reviews and promotion.

III. OVERVIEW OF CITY-WIDE SAFETY PROGRAM

A. Safety Program Elements

The City of Missoula Safety Program shall contain the following elements:

1. **Safety committees** will be established as described in Section III B to maximize employee involvement and awareness of safety in the workplace. Committees will be formed at various levels of the City organization.
2. **Safety training** shall occur throughout the City organization and shall include new employee orientation, job or task-specific training and continuous (**see Section VI, Safety Training**) safety refresher training for all employees.
3. **Safety inspections and hazard identification** shall be performed on a regular basis as described in Section XI and XIK.

4. **Personal protective equipment use** shall be mandatory for certain defined work tasks and groups.
5. **Incident reporting** will be performed promptly and consistently throughout the City's employment groups.
6. **Safety policies and procedures** will be developed for all major aspects of the Citywide safety program.
7. **A safety resource library** will be coordinated by the Human Resources Department for the dissemination of safety-related materials and training resources which are available in various departments throughout the City.

B. Safety Committee Structure

In order to be successful at reducing or eliminating workplace incidents on the job injuries, the City of Missoula has established a comprehensive education-based safety program. Safety program activities take place in three levels of safety committees.

1. **The City Wide Safety Steering Committee** shall be composed of members selected from the Department Safety Committees and the Senior Management Team, and is charged with a broad range of safety-related functions described in section **V.(A)***
2. **The Department Safety Committee** provide a forum for individual work team safety committee representatives to discuss safety-related issues with other work teams in the department.
3. **Work Team Safety Committees** are made up of employees from specific work teams, divisions, or work units within a given City department. These committees shall meet at least monthly and shall report to the department safety committees. Department heads shall be responsible for determining the need for Work Team Safety Committees.

IV. SAFETY PROGRAM RESPONSIBILITIES

All City of Missoula employees share in the responsibility to establish and maintain a safe working environment. The following responsibilities are guidelines to establish accountability for the Safety Program and promote safety in the workplace. These responsibilities are outlined in the Montana Safety Culture Act (Section 39-71-1502 MCA) for the purpose of reducing occupational injuries and illnesses by promoting safety in the workplace and to control the costs for workers compensation insurance. Specific employee responsibilities include:

A. Employees

Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries, not only to themselves, but to their fellow employees and citizens. It is the responsibility of all City of Missoula employees to:

1. Abide by the City of Missoula department/division work practices established for specific job assignments and occupations. If any doubt exists about the safety of doing a job assignment, employees shall STOP and get instructions from their supervisor before continuing to work.
2. Identify unsafe work conditions and unsafe practices. Correct hazards or report them to the appropriate department or division head for prompt attention.
3. Immediately report occupational injuries, incidents, illnesses and near misses to their supervisor. Follow supervisor instructions for obtaining first aid and/or medical attention. Participate in incident investigations as requested by the supervisor.

4. Attend safety training sessions as required. Suggest improvements in safety training requirements or programs to supervisor or safety committee.
5. Wear prescribed personal protective equipment such as safety vests, hard hats, gloves, and goggles as appropriate to perform work safely. This includes seat belts.
6. Employees failing to follow and practice safety policies and procedures in the workplace may be subject to disciplinary action as described in the City Personnel Policy Manual.

B. Supervisory Personnel

It shall be the responsibility of supervisory personnel to:

1. Establish policies, procedures and safe work practices for department/division occupations, tasks, and locations. Written copies of work rules and safety procedures shall be submitted to the Safety Steering Committee prior to adoption. Copies of the rules shall be available for review in the Human Resources Department.
2. Monitor workplace conditions and employee work behavior through regular, scheduled inspections and frequent observation of the work environment. Identify unsafe work conditions and unsafe practices. Correct immediate hazards within ability or report them to the appropriate department head and/or safety committee member.
3. Provide sufficient training and instruction to ensure all employees are familiar with work rules and fully trained for assigned tasks.
4. Ensure employees participate in city and department required safety training. Recommend additions, deletions, and modifications of safety training requirements or training programs based on observed workplace conditions and employee work behavior.
5. Submit reports of job related injuries and incidents using the Incident Investigation Report form and the First Report of Occupational Injury or Occupational Disease (workers' compensation claim form).
6. Investigate incidents involving employee injury or illness and/or damage to vehicles or other city property. Determine the facts and cause of the incident. Implement or recommend corrective actions for the purpose of preventing future occurrences.
7. Devote a portion of staff meetings to review department/division incidents and discuss plans to bring about a reduction in losses. This procedure will vary with the frequency or severity of losses and the degree of hazardous operations.
8. Ensure that all employees understand the need for, and are trained to use, personal protective equipment.
9. Ensure that all employees understand disciplinary actions associated with failure to comply with safety policies and procedures.
10. Include on the job safety record as a part of the performance review process.
11. Keep a record of the following safety-related matters:
 - Employee recommendations for correction of a potentially unsafe (or hazardous) situation for discussion at employee safety committee meetings;
 - Time and subject of safety meetings

- Time, location, and comments about spot inspections of employee worksites;
- Actions taken to correct unsafe (or hazardous) situations;
- Incidents, and "near misses" at the worksite.

Supervisors are expected to anticipate the unexpected, the unusual, and the consequences of a "worse case" incident when assigning a task to an employee. It is the supervisor's responsibility to communicate these concerns and observations to that employee.

12. Promote employee education in the area of off-the-job safety and injury prevention.

C. Department or Division Heads

Each department or division head is responsible for maintaining safe working conditions within his/her jurisdiction. Each department or division head will:

1. Ensure polices, procedures and safe work practices are adhered to for department occupations, tasks and locations.
2. Ensure the design, maintenance of facilities, tools, equipment and vehicles meet or exceed established safety standards.
3. Establish a department or work team safety committee which meets regularly. Provide opportunity for periodic work-place hazard assessments during meetings to encourage employees to notify supervisors immediately upon discovery of any work-place hazards.
4. Review department Incident Investigation Reports, First Reports of Occupational Injury and Occupational Disease Report trends. Resolve corrective action issues that are beyond the scope of the supervisor to accomplish.
5. Review workplace inspections with supervisors and direct appropriate corrective action to achieve a safe work environment.
6. Share information from City-Wide Safety Steering Committee meetings with employees and supervisors.
7. Provide training, literature, or other information to ensure that supervisors and employees understand incident reporting procedures, safe work practices, and other safety concerns.
8. Secure sufficient training and instruction to ensure all employees are familiar with work rules and fully trained for assigned tasks.
9. Maintain procedures to promptly and thoroughly investigate all incidents. Take prompt corrective action when unsafe acts or conditions are observed.
10. Include safety performance as part of performance review for supervisors.
11. Report changes made in operating procedures which improve safety, at City-Wide Safety Steering Committee meetings.
12. Provide training for supervisors on hazard awareness and assessment.
13. Ensure that supervisors make prompt efforts to remedy any job site hazards.
14. Cooperate with state or federal agency safety inspection activities.

D. Safety Committee Chair

1. Assist and advise all levels of management in establishing an effective safety program.
2. Provide new employee general safety and health training/orientation.
3. Plan and coordinate committee meetings and assist management in all areas of safety and health.
4. Act as permanent Chairperson and coordinate support for Safety Committee.

V. SAFETY COMMITTEES

Safety committees are designed to encourage the exchange of ideas between personnel and to enhance the definition of policies covering hazards, problem areas, and the promotion of loss prevention measures.

A. City-Wide Safety Committee

The City-Wide Safety Committee is an advisory group organized to bring employees and management together in a cooperative effort to foster a safety culture and reduce on the job injuries and illnesses in the workplace

1. The City Wide Safety Committee will meet monthly and shall be comprised of up to ten members from the following departments; Building, Cemetery, Engineering, Fire, Parking Commission, Parks and Recreation, Administration, Police, Streets, Vehicle Maintenance and Wastewater. Members will be appointed by the Department Head of each of the represented departments and approved by the Chief Administrative Officer. Members will serve a two-year staggered term, at least two new members will be added each year. The-Committee Chair shall be selected by the City Wide Safety Committee Members
2. Duties and functions of the committee shall include, but not be limited to the following:
 - a.) Review loss experiences and cost analysis figures, and monitor the progress of the City's incident prevention efforts.
 - b.) Insure that all procedures for reporting, investigating, and taking corrective action on incidents are being performed.
 - c.) Discuss conditions which pose continuing or expanding loss exposure.
 - d.) Discuss and propose recommendations for safety issues which cannot be resolved at the department level.
 - e.) Establish City-wide performance objectives which can be measured in terms of reductions in loss frequency and/or severity.
 - f.) Share information about safety approaches or techniques which are successful.
 - g.) Discuss unsuccessful approaches to specific safety problems and recommend changes.
 - h.) Develop and establish standardized City wide safety policies and procedures for such items as trenching and shoring, hazard communication, confined space entry, bloodborne pathogens, lock-out and tag-out procedures, etc..
 - i.) Conduct annual review of safety programs including policies, procedures and forms. Make recommendations for necessary changes to City Administration.

j.) Keep record of meeting activities by taking meeting minutes. Minutes will be distributed to all safety committee members, department heads, Chief Administrative Officer and posted in each department. Minutes should include:

- Date, time and location of meeting;
- Attendance;
- Topics or issues discussed;
- Recommendations or suggestions made.

C. Department Safety Committees

All City departments shall conduct monthly safety meetings. Meetings may be held in conjunction with regular department staff meetings. Chaired by the department head or his/her representative, these committees determine safety policies within the department and resolve department safety issues.

Department heads are encouraged to include non-supervisory personnel on all committees. Management members shall not exceed employee or bargaining unit members on these committees. Each work group or division within the department must be represented on these committees. The committees shall:

1. Review incident records and evaluate the progress of department for incident control and loss prevention efforts. Discuss methods for avoiding future incidents/accidents.
2. Submit safety items which cannot be resolved at the department/division level to the City-Wide Safety Steering Committee.
3. Implement safety training for all work units. The training will address job or task-specific safety training needs and refresher needs. Topics for training may include watching videos or conducting classes on specific safety issues relevant to the work unit.
4. Provide documentation of all department safety committee activities including taking minutes at all safety committee meetings. Minutes should include who attended and what was discussed. Records should be kept of all hazard identification, all employee training efforts, and any written safety policies or procedures which have been developed.
5. Develop specific department safety rules.

D. Work Team Safety Committees

Work Team Safety Committees are made up of employees from individual work teams, divisions, or work units within City Departments. These committees shall serve as the primary vehicle for delivery of safety program elements, in departments or divisions, where they have been implemented. These committees will be chaired by an individual from within the work group and shall be composed of a representative group of work group employees. Supervisory or management personnel shall not exceed employee or bargaining unit members on these committees. Work Team Safety Committees shall meet at least once monthly to:

1. Review incident records and evaluate progress of the work group or division in incident control and loss prevention efforts. Discuss methods for avoiding future incidents and/or accidents.
2. Provide periodic workplace hazard assessment. This shall be accomplished through prompt employee reporting of hazards, proper recording of hazards, and prompt positive preventive responses to eliminate hazards. All hazard identification and elimination should be thoroughly documented by the safety committee in their meeting minutes. All suggestions by employees for improving workplace safety shall be given prompt consideration.

3. Implement comprehensive safety training for all work unit employees. The training will address job or task-specific safety training needs as well as refresher training needs. Training plans may include anything from watching videos to conducting classes on specific safety issues relevant to the work unit.
4. Develop specific safety rules, policies, and procedures.

VI. SAFETY TRAINING

Training and education are an integral part of all safety activities. Safety training will commence with new employee orientation and shall continue throughout an employee's tenure with the City. Employees are expected to participate and cooperate fully in training programs and to accept and follow established safety and health precautions. Each worksite presents a unique training challenge. Therefore, each department/division is expected to specify and provide safety training that is tailored to each employee's occupation, tasks and job location. All safety training must be documented; the records are to be maintained in the Human Resources Department files and/or department files. Documentation shall include a list of employees in attendance, date, name of trainer and an outline of the topics discussed or category of safety training delivered.

The comprehensive safety training program for the City of Missoula shall contain the following major elements:

A. New Employee Orientation

As part of the general orientation to the City, each new employee shall be given a "new employee safety orientation" by his/her immediate supervisor within the first three days or 30 working hours of employment. New employee orientation shall be designed to identify on-the-job hazards and to provide necessary safety training to accomplish tasks essential for the job.

B. Annual Safety Training

Annual safety training shall be conducted and be of sufficient duration and content to assure continued safe operations.

The City of Missoula Human Resources Department shall provide training annually on the following safety topics:

1. Proper Lifting Techniques
2. Violence In The Workplace – **Resource:** U.S. Department of Labor, OSHA, <http://www.osha.gov/SLTC/workplaceviolence/>
3. Fall Protection
4. Personal Protective Equipment
5. Blood and Air Borne Pathogens
6. Hazmat-MSDS
7. Defensive Driving
8. Lock Out Tag Out
9. Repetitive Motion/Ergonomics
10. Recreation or Off Work Activities

11. General Workplace Safety

In addition to the Human Resources Department trainings, each individual Department shall provide additional training appropriate to the work performed by the employees and applicable to the level of exposure.

C. Job or Task-Specific Safety Training

Job-specific safety training includes personal on-the-job instruction, safety meetings and/or formal classroom instruction intended to enhance the safety of specific tasks or occupations. Some job-specific training is prescribed in the City of Missoula/departmental policies and procedures or in regulatory requirements. Departments and divisions will provide additional training as necessary to improve employee knowledge of safety rules, procedures and safe practices. The intent of this policy is that safety training will enhance the employee's understanding of workplace hazards and the prevention of occupational injuries and illnesses, rather than to prescribe the specific format of the safety training.

Each employee shall receive job or task-specific training prior to the performance of any potentially dangerous activities, and should include the following steps:

1. Preparation
 - a.) Define the task and determine the employee's familiarity with the equipment (if any).
 - b.) Break tasks into component steps or movements.
 - c.) Instruct the employee on correct body mechanics (i.e. location of feet and hands), machine operations and methods necessary to accomplish the task. Instruction should take place prior to initial attempt to perform the task and should be designed to reduce the chance of a potential injury.
2. Presentation
 - a.) Demonstrate each step individually.
 - b.) Provide clear instructions. Cover no more than the employee can effectively learn at one time.
3. Performance
 - a.) Have the employee demonstrate the task as instructed.
 - b.) Have him/her explain each component step to you as he/she repeats the task.
 - c.) Continue until you are satisfied that the employee can safely perform the task and/or operate the equipment.
4. Follow-Up
 - a.) Check back frequently with employee to make sure the task is understood.
 - b.) Encourage questions.
 - c.) Use Work Team Safety Committee meeting to provide opportunities for refresher safety training. This may involve lectures from guest speakers, safety videos, hands-on training activities, and/or prepared safety training programs available through various safety organizations.

D. Safety Training Resource Library

The City Human Resources Department will coordinate a central library of printed or recorded safety training materials which will be available to employee safety committees.

VII. SAFETY RULES AND REGULATIONS

As a basis for employee responsibilities and participating in the City of Missoula's Safety Program, the general safety rules listed below will apply to all employees. Employee cooperation by voluntarily complying with these rules and all other safety responsibilities will be appreciated and expected. The intention of the following policies is to establish a minimum level of compliance and safety standards. It will be necessary for some departments and divisions to expand or enhance these requirements specific to the individual workplace requirements.

A. General Safety Rules

1. Seek medical attention, if necessary, for any incidents resulting in an injury. All incidents must be reported to the supervisor within 24 hours.
2. Report unsafe conditions, procedures and practices to supervisor immediately.
3. Possession of firearms on City of Missoula property or in City vehicles is prohibited unless part of the employee's job description.
4. The use or possession of alcohol, illegal drugs or other controlled substances on the job is prohibited.
5. Smoking is not permitted in City vehicles or on City premises.
6. Each employee is responsible for good housekeeping. Keep work area clean and uncluttered.
7. Obey all warning tags and signs.
8. No employee should take chances on the job that could endanger personal safety and health or the safety and health of co-workers or others.
9. Do not operate machinery or use tools not qualified to use.
10. Do not enter hazardous areas without prior authorization.
11. Use all personal protective equipment and devices required and provided.
12. If an established job procedure must be deviated from, supervisory approval must be obtained and an alternative, temporary job procedure must be agreed on. This alternative job procedure must not create any new or additional hazards or unnecessarily expose employees to hazards.
13. Become familiar with and conduct work activities in accordance with these general safety rules and other specific safe operating procedures which are applicable.
14. Follow proper lifting procedures at all times.
15. When operating city vehicles or equipment, drivers must operate/drive safely and prudently.
16. Wearing safety restraints when riding/driving city vehicles is mandatory if so equipped.
17. When using cell phones in city vehicles, pull over and stop on the side of the road or utilize hands free device.

18. Know the location of fire/safety exits and evacuation procedures.

19. Participate in Safety Training.

B. Lock Out / Tag Out

OSHA Standard 29 CFR 1910.147 requires that hazardous energy must be controlled during service or maintenance of machines and equipment. Lockout and tag out (LO/TO) procedures are necessary to protect workers from electric shock, incidental start-ups, or other release of energy.

1. Every division and/or department that has employees performing maintenance where there is exposure to hazardous energy must have:

- a.) lockout devices and tags that are not used for anything else
- b.) procedures for performing specific maintenance in their area
- c.) training for all employees involved in maintenance activities

2. Basic Rules for Using Lock Out/Tag Out

- a.) All equipment shall be locked out or tagged out to protect against incidental or inadvertent operation when such operation could cause injury to personnel.
- b.) Do not attempt to operate any switch, valve or other energy isolating device, when it is locked out or tagged out.
- c.) Lockout/ tag out devices shall be removed only by the employee who applied the device. [EXCEPTION: In cases where the authorized employee who applied the lock or tag is not available, the lock or tag may be removed by the direct supervisor/superintendent in charge of either the department involved or the maintenance crew that placed the LO/TO or under his/her direct authority.] The employee whose lock was removed must be notified by the supervisor prior to returning to the work site.
- d.) The division supervisor/superintendent will inform outside contractors of the elements of the City's lockout/tag out program and ensure that work efforts are fully coordinated and that compliance is achieved.
- e.) Where shift or personnel changes occur before the lockout/tag out is terminated, a change over period will be established by the supervisor. Departing employees will remove locks and/or tags and arriving employees will apply their locks and/or tags. The supervisor will fully inform arriving employees of the scope and stage of the work.

All incidents involving lockout/tag out must be reported immediately to the City of Missoula Human Resources Office.

Resource: federal OSHA standard, CFR 1910.147 -

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9804

C. Lifting Procedures

Proper manual lifting techniques will prevent most back injuries. The following techniques are not natural movements and must be learned and practiced.

1. Assess load before lifting. Know your limitations and get help for heavy or bulky objects. Use mechanical lifting device when needed and available.
2. Spread feet shoulder width apart to form a solid base of support.
3. Place feet as close as possible to the base of the object being lifted with one foot slightly in front of the other.
4. Bend with the knees and maintain the natural curve in the back during entire lifting operation (weightlifter position).
5. Get a good grip on the object and primarily use the leg muscles, not the back, to lift the load.
6. Move feet to change directions -- avoid twisting.
7. Don't overdo. Take frequent breaks for repetitive lifts.
8. Use mechanical device assistance when available.

Resource: OSHA, http://www.osha.gov/dts/osta/otm/otm_vii/otm_vii_1.html

D. Office Safety

Good housekeeping and proper storage are important factors in office safety and fire prevention. Proper lifting techniques will prevent most back injuries. Offices are typically inspected for safety compliance less often than other areas. It is important that employees correct or report unsafe conditions to their supervisor.

1. Every employee is responsible for keeping his/her work area clean and orderly.
2. Open doors slowly. Be extra cautious when approaching a door that can be opened in your direction.
3. Keep file, desk and table drawers closed when not in use.
4. Never open more than one file drawer at a time.
5. Be careful when opening drawers to full extension in case there is no locking device.
6. Load file cabinets and bookcases with the heaviest items in the bottom to prevent tipping.
7. Maintain office tables, desks and chairs in good condition and free from sharp corners, projecting edges, wobbly legs, etc.

8. Use chairs sensibly. Do not tilt chair or slump back, which may cause the chair to slip or break.
9. Never use a chair, desk or other office furniture for a step stool or ladder.
10. Keep razor and “exacto” blades covered. Report even minor injuries and take precautions to avoid infection.
11. Be sure that cords and plugs on all electrical equipment are in good shape. Do not overload outlets.
12. Keep electrical cords and other tripping hazards out of aisle ways. Do not run cords through doorways.
13. Do not attempt any electrical repairs.
14. Use handrails when ascending or descending stairs. Don’t carry a load that restricts vision.
15. Avoid spilling or splashing liquids on the floor. If liquid spills, clean up. Provide barricades or other warnings as necessary.

Resources: Center for Disease Control: <http://www.cdc.gov/niosh/topics/officeenvironment/>

Underwriter’s Laboratories:

<http://www.ul.com/global/eng/pages/offerings/perspectives/consumer/officesafety/>

E. Office Ergonomics

Ergonomic injuries include tendonitis, carpal tunnel syndrome, lower back pain and other disorders that involve pain and damage to muscles, tendons and nerves in the back, neck, shoulders, elbows, wrists and hands.

1. Musculoskeletal problems are referred to as Cumulative Trauma Disorders (CTD) or repetitive motion injuries. Prevent CTD’s by avoiding awkward body positions:
 - a.) adjust workstation before beginning work
 - b.) maintain the natural curve in back while sitting, standing and lifting.
 - c.) keep wrist straight as much as possible while typing or doing other repetitive tasks
 - d.) take breaks from repetitive motion tasks by switching periodically to other tasks
 - e.) use tools appropriate for the job, especially when used often or for long periods of time
2. Employees with duties requiring a lot of time at a computer workstation should:
 - a.) Position keyboard so that wrists are kept straight – use wrist rest if necessary. Elbows should be at about the same height as the keyboard.
 - b.) Sit with back in a neutral posture, maintaining the natural curve, with feet on the floor and thighs parallel to the floor. (Adjust the chair height and use a foot rest if necessary.)
 - c.) Position computer screen just below eye level and about 18-24” away to prevent neck and shoulder strain (the screen should be lower if employees uses bifocals)

- d.) Change positions, stretch and take “mini-breaks” periodically
- 3. Pay attention to early signs of Cumulative Trauma Disorders and make adjustments to workstations. Employees must report symptoms to supervisor and work together to correct the causes of the injuries. Early indicators of CTD, which usually occur in the hands, arms, shoulders, neck and back, include:
 - a.) stiffness or soreness
 - b.) aches and pains
 - c.) numbness or tingling
 - d.) swelling
 - e.) burning sensation
 - f.) reduced strength

Resource: OSHA, <http://www.osha.gov/SLTC/ergonomics/>

F. Working in Extreme Weather Conditions

Missoula’s climate may be severe and conditions may change rapidly. Hot weather and exposure to the sun present the potential for heat stress and sunburn. Cold conditions can lead to hypothermia or frostbite, either of which can be fatal in the worst cases. Employees are expected to monitor weather and be prepared to protect themselves against its effects.

In general, employees will provide clothing as protection from severe weather conditions, if it is the type of clothing that may be used both on and off the job. Examples include coats, hats or caps, boots and gloves. Departments may provide some or all of such clothing, employees should check with the supervisor.

1. Hot Weather Guidelines

- a.) Dress for conditions – lightweight and light-colored clothing. If working out in sun wear a hat with a wide brim.
- b.) Use sunscreen.
- c.) Reflected sun is even more potent than direct exposure. Be particularly careful of sun exposure on cloudy days and near water, concrete or sand.
- d.) Eat a well-balanced diet.
- e.) Drink plenty of fluids.

Resource: OSHA, https://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_4.html

2. Cold Weather Guidelines

- a.) Dress for the conditions in layers of dry clothing.
- b.) If clothing gets wet change clothing right away.
- c.) Cover head and face. Up to 40 percent of body heat is lost if no hat is worn.

- d.) Wear shoes and gloves designed for cold weather.
- e.) Keep moving when in the cold.
- f.) Return to a warm vehicle or take regular breaks in warm areas frequently.

For hypothermia, get medical help quickly and keep the person covered with blankets. Don't use hot baths, electric blankets or hot water bottles. For frostbite, get medical help and warm the body part with blankets or warm (not hot!) water. Don't rub, use heat lamps or hot water bottle or go near a hot stove. Don't break any blisters that form.

Resource: OSHA, http://www.osha.gov/as/opa/cold_weather_prep.html

G. Confined Space Entry

DO NOT ENTER HAZARDOUS AREAS WITHOUT PRIOR AUTHORIZATION.

Very few work situations have as much potential for serious safety hazards as confined spaces. The atmosphere in a confined space may have insufficient oxygen to support life, or may be toxic, flammable or explosive. The lack of ventilation in confined spaces causes welding, painting, use of hazardous materials, or other activities that change the atmosphere to be especially dangerous. The limited opening for entry and exit makes rescue difficult and dangerous.

Most of the severe injuries and fatalities in confined spaces occur because an employee either went into a confined space without first testing its atmosphere or did not continuously monitor the space. These are general guidelines for all employees. Each department/division that encounters confined spaces in assigned duties will develop, train, operate and monitor a specific confined space program for their area.

A confined space entry is a space that has all of the following characteristics:

1. is large enough for an employee to bodily enter and configured so that the employee can perform assigned work, and
2. has limited or restricted means for entry or exit, and
3. is not designed for continuous employee occupancy.

Examples of confined spaces include: tanks, vessels, manholes, storm drains, headwalls, silos, storage bins, hoppers, meter vaults, digesters, lift and transfer stations, shafts and pits. Unfavorable natural ventilation is common in confined spaces.

Resource: federal OSHA standard 29 CFR 1910.146
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9797

H. Personal Protective Equipment and Clothing

Personal protective clothing and equipment (PPE) plays an important role in protecting employees from hazards on the job. PPE is required in particular locations and for certain tasks, based on safety regulations and good safety practices. Examples of PPE include, but are not limited to:

1. safety shoes
2. fall protection harnesses
3. protective headgear
4. safety glasses

5. goggles
6. face shields
7. welding glasses
8. protective clothing
9. high-visibility clothing
10. hearing protection
11. air purifying respirators
12. self-contained breathing apparatus (SCBA)
13. welding clothing
14. gloves
15. rubber boots

The City of Missoula provides personal protective equipment if required for certain tasks or in certain locations. Employees need to check with their supervisor to learn what equipment is required and/or provided in their work areas. Departments will specify and issue all required safety equipment to employees except in some cases where the PPE must be fitted to the employee, such as safety shoes or prescription safety glasses. Employees must obtain department approval prior to purchasing safety shoes and/or glasses, and must demonstrate that all safety specifications are met, to be reimbursed for the cost. Supervisors need to budget appropriately based on required PPE and pursuant to all collective bargaining agreements.

All PPE must meet the appropriate American National Standards Institute (ANSI) specifications as directed by OSHA. Any employee who provides his or her own PPE must present the PPE to the supervisor for approval prior to use on the job.

Even where specific PPE is not required, certain types of clothing may not be appropriate for some jobs or work locations. For example, sandals, high-heeled shoes and athletic-type shoes may not be suitable for some types of jobs. Some non-PPE clothing and equipment may be provided by the department, but generally it is the employee's responsibility to be dressed properly for work.

Employee responsibilities:

1. Always use PPE when and where it is required.
2. Inspect PPE prior to each use.
3. Never use defective or damaged PPE.
4. Keep PPE in a clean and sanitary condition.
5. Follow the correct methods of putting on, taking off and adjusting PPE.
6. Properly care for, maintain and dispose of PPE.

Resource: federal OSHA standard, 29 CFR 1910 CFR Subpart I,
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10118

I. Hearing Conservation/Protection

High noise levels damage hearing and may also cause stress and fatigue. Hearing protection such as safety earmuffs and earplugs are designed to reduce exposure to harmful noise, while they enable employees to hear conversations and machine warnings. Never substitute audio headphones for hearing protection devices.

Employees must always wear hearing protection in areas posted “HEARING PROTECTION REQUIRED” and follow department rules for use of hearing protection for designated operations or near particular equipment. In addition, employees must follow the three-foot rule – hearing protection must be used in situations where employees must raise their voices to be heard by a co-worker at a distance of three feet.

Insert foam earplugs properly – roll the plug between thumb and forefinger until it is completely compressed. With the opposite hand pull the outer ear up and out and insert the plug into the ear, leaving a small portion of the plug exposed.

When using earmuffs, employees need to have a good seal between the muff and the skin around your ear. Be sure that hair, jewelry, and glasses do not interfere with the seal. Earmuffs and earplugs may be worn together for added protection.

Resource: federal OSHA standard, 29 CFR 1910.95
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9735

J. Respiratory Protection

Respiratory protection is required for some employees as protection from exposure to high dust or particulate levels, exposure to toxic materials or oxygen deficiency. If an employee is required to wear a respirator, the employee will be given a medical examination, fit tested with the respirator and trained on the proper use and care of the respirator. In addition, the employee will be required to be clean-shaven where the respirator face piece contacts the skin.

In some situations, such as dusty outdoor conditions, dust masks will be available as a convenience. There is no obligation that the masks be worn, and the requirements in the above paragraph do not apply.

Resource: federal OSHA standard, 29 CFR 1910.132
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716

K. Bloodborne Pathogens

Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV), which causes AIDS, are the two most prominent bloodborne pathogens.

1. Although these diseases are most commonly transmitted by sexual contact or sharing infected hypodermic needles, occupational exposure usually occurs by:
 - a.) Incidental puncture with an infected needle
 - b.) Getting infected blood or other potentially infectious materials on skin, especially if skin has open sores, nicks or cuts
 - c.) Getting infected blood or other potentially infectious materials in the mucous membranes of eyes, nose or mouth

In addition to blood, potentially infectious materials include semen, vaginal secretions and certain other body fluids (cerebrospinal, etc.).

2. The following precautions are useful in avoiding exposure to bloodborne pathogens:

- a.) Do not eat, drink or use tobacco products around blood or other potentially infectious materials.
- b.) Do not perform janitorial, emergency rescue or other jobs where there is risk of exposure to bloodborne pathogens, unless trained to do so.
- c.) Follow department requirements concerning exposure to BBP, including use of personal protective equipment such as nitrile or other impervious gloves,
- d.) Minimize the risk of puncture by a discarded hypodermic needle:
 - don't reach into trash containers or attempt to compact trash by pressing with hands or feet
 - watch for needles in parks, rest rooms, storm sewers, sanitary water system, police vehicles and other places where they may be discarded
 - don't pick up a needle with your bare hands – wear gloves or use tongs.
- e.) Avoid direct contact with blood or other potentially infectious materials:
 - use tongs or wear gloves to pick up condoms, sanitary napkins and other items which may be contaminated with body fluids
 - use an approved disinfectant to destroy BBP virus before cleaning a potentially infected area
- f.) Clean up own blood if possible after a minor injury; dispose of small quantities of cleanup materials in a toilet.
- g.) Cover all wounds with waterproof bandages; replace bandage as necessary.
- h.) Minimize contact with injured persons if not trained in emergency medical response.
- i.) Wash with soap and water.
- j.) Report all exposure incidents to supervisor and report to hospital for evaluation and treatment.

Follow department procedures for dealing with potentially infectious materials

Resource: federal OSHA standard, 29 CFR 1910.1030
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

VIII. DISCIPLINARY POLICY

See Chapter Nine (9) –Employee Work Rules/Discipline of City Personnel Policy Manual

IX. ACCIDENT/INCIDENT REPORTING - WORKERS' COMPENSATION

Employee occupational injuries and illnesses are covered by Workers' Compensation Insurance provided by the Montana Municipal Interlocal Authority. Workers' Compensation covers medical and rehabilitation expenses, partial income replacement if the employee is out of work more than 4 days or 32 working hours, as well as benefits to the surviving family in case of death. It is a no-fault system, providing exclusive remedy for on-the-job injuries or illnesses regardless of blame, except in certain situations, such as employees:

- Willfully hurting themselves;
- Acting in a premeditated way to cause injury;
- Starting a fight with a co-worker

- Intentionally violating safety rules; and
- Becoming intoxicated or impaired by alcohol and/or drug use.

If an employee is injured on the job or has a work-related illness it must be reported to the supervisor immediately in addition to getting proper medical treatment. Worker's compensation benefits may be denied if an employee waits too long to report an injury, as it may be difficult to establish the cause of the injury. Cooperate with City, medical, professional and insurance claims personnel in order to ensure that you receive your full Workers' Compensation benefits.

Recovery from an occupational injury or illness is sometimes slow, but light duty or alternative duty is sometimes possible during your transition back to normal employment. Transitional employment situations, and sometimes rehabilitation programs recommended by medical professionals, can speed recovery and provide better compensation than Workers' Compensation benefits allow.

Workers' Compensation income replacement does not begin until the occupational illness or injury has caused the employee to miss work for 32 working hours, and provides only a portion of your normal wage. Employees may elect to use vacation and/or sick leave credits in lieu of Workers' Compensation wage payments.

A. Reporting Requirements

Employees must report job related injuries to their supervisor/employer within 24 hours of the injury occurring. Minor injuries need to be reported to the supervisor/employer whether or not medical treatment is sought.

Employees must fill out a First Report of Occupational Injury or Disease form (*Appendix A*) and submit it to the Human Resources Department. Each department/division is responsible to coordinate the benefits to be received by an employee due to a work related injury with the Human Resources Department. For all circumstances an employee who is off work due to a work related injury or illness must have a note from a licensed medical care provider taking the employee off work before the injury can be considered compensable under the Workers' Compensation Act, M.C.A. 39-71-701(2).

The City of Missoula's Workers' Compensation administrator and claims processor is:

Montana Municipal Interlocal Authority (MMIA)
PO Box 6669
Missoula MT 59604
1-800-635-3089

Physicians need to address claim questions to the above workers' compensation administrator. Claim numbers will be available several days following an injury. When the claim is received, by MMIA, a number will be assigned to the claim. **A claim number is not required for a physician to file paperwork with MMIA. Please advise physicians to include patient's name, date of injury and employer on paperwork.**

B. Early Return to Work

Employees who are injured on the job must report all injuries to their supervisor within 24 hours of the injury. Employees seeking medical attention must advise their treating physician of the possibility of a light or modified work assignment so the treating physician can evaluate if the employee can return to work in a light or modified capacity. Employees released to light or modified work duties must provide their supervisor with medical certification from their treating physician documenting any specific work restrictions.

Supervisors/Managers will work aggressively to return employees injured on the job back to work as soon as medically feasible. The focus will be to modify the employee's existing position and/or work schedule temporarily, or to create a position based on the temporary restriction identified by the treating physician. Light duty will be evaluated based on the departments need and medical treatment of the employee. When an employee is released without restrictions employees must provide their supervisor with medical certification from their treating physician documenting their full release to work. If the injury results in permanent restrictions, medical certification documenting permanent restrictions will be reviewed by the Risk Management Committee.

C. Reporting Other Accidents/Incidents

Employees must report all other vehicle accidents, City property damage and incidents of citizen injury and/or property damage to their supervisor. The employee will need to fill out the City of Missoula's Incident Report (*Appendix B*). Attach pictures, statements, sketches and other support data as appropriate. Report only factual information – do not speculate.

City employees and officials have a duty to protect the City from unjust accusations and lawsuits. Do not admit liability in any way. This is a matter for the police, the City Attorney, MMIA and others to determine. Employees need to be careful what they say. If an employee says something like "We'll take care of it," the statement may be misconstrued to mean that the City is admitting fault. Employees should not admit guilt or speculate about the cause of the accident; refer questions from citizens to their supervisor. Refer any questions about the City's responsibilities or liabilities to the supervisor and/or to the City Attorney's Office at 406-552-6020.

X. TRAINING REQUIREMENTS FOR SAFETY & HEALTH

The Human Resources Department will be responsible for providing additional opportunities for safety training for all employees. Departments and Divisions are strongly encouraged to notify HR prior to providing additional safety training so that others may be made aware of the availability. Any department or division requiring specific or general safety training should utilize the Human Resources Department as a resource for obtaining such training.

Human Resources will assist departments and divisions to develop and provide additional safety training when a new safety program is established, employee job assignments change, new substances, processes, procedures or equipment are introduced, or when a new hazard is identified.

XI. EMERGENCY EVACUATION & RESPONSE PLANS

Each Department and/or Division within the City shall have posted in their work area a current Emergency Evacuation and Response Plan, a copy of which shall be maintained in the Human Resources Department.

This plan shall include maps and/or drawings indicating the safe egress from work places and buildings and a procedure to be followed by employees in the event of specific emergency situations, such as fire or earthquake. As part of each plan there should be a designated safe gathering area for employees following such an evacuation, which will allow for a proper accounting of employees.

Any revisions in the current plan must be submitted to the Human Resources Department for review.

XII. ALCOHOL AND OTHER DRUGS

The City of Missoula is committed to maintaining a safe, healthy, and productive work environment which is drug and alcohol free. Substance abuse increases the potential for incidents, absenteeism, sub-standard performance, and poor employee morale. Impaired judgment of employees may have serious financial consequences for the City through increased risk of incidents, potential incident liabilities, increased Worker's Compensation liabilities, and potential faulty decision-making. Substance abuse undermines the City's mission to provide the community with an excellent quality of life through leadership, communication and delivery of services which are responsive to citizen's needs, cost effective, and oriented' to the future.

The use of City vehicles and equipment, during or following the consumption of alcoholic beverages, illegal/legal drugs is prohibited. It does not matter whether the employee is off-duty, on-duty, or on-call. This may be grounds for immediate dismissal. Such an employee shall be immediately dismissed from on-call status and not considered to be acting within the scope of his/her employment.

XIII. SAFETY AND HEALTH INSPECTIONS

Occupational safety and health audits of ALL work teams and work areas shall be conducted ANNUALLY by the work team or department committee. At least one other informal inspection shall be accomplished annually to assure that hazards are kept at a minimum and safe work practices are enforced. Unannounced formal inspections on OSHA standards may be made by the State of Montana at any time. Departments are encouraged to invite state or OSHA inspectors to do inspections of City worksites.

XIV. HAZARD COMMUNICATION

All City departments, divisions, and work teams are required to comply with OSHA standards for hazard communication . The following procedures must be followed at any work site where toxic or hazardous substances are used or stored:

- A. Read and understand the OSHA standards.
- B. Maintain a current list of all hazardous chemicals in each workplace.
- C. Obtain Material Safety Data Sheets (M.S.D.S.) for all chemical substances. Make sure that all employees have easy access to the M.S.D.S.
- D. Make sure that all containers are properly labeled.
- E. Develop and implement a written hazard communication program.

XV. OFF THE JOB INJURY CONTROL

Off-the-job injuries present many of the same problems to the injured employee and to the City as do on-the-job injuries. Since twice as many injuries occur off-the-job as occur at work, the need for efforts to control them is obvious; yet, this is an area which is generally ignored or resented because of the infringement upon the freedom of the individual to do as he/she pleases on his/her time off. Any attempt to control these injuries, therefore, must be by way of appeal to the better judgment of each individual. This can be accomplished by citing examples of errors that brought about misfortune to others.

Prevention of off-the-job injuries is an integral part of the City's commitment to safety. The impact of off-the-job injuries upon the efficient operation of city government is the same as on-the-job injuries and includes: absenteeism, disruption of work schedules, pain and suffering. To promote off-the-job safety, the following recommendations are directed to supervisors and employees:

- A. Supervisors should devote a portion of the safety meeting for the promotion of off-the-job safety. Appropriate subjects may include seasonal activities such as proper use and handling of firearms (hunting season), boat and water safety, power mower safety, workshop hazards, hazards of home repairs, hazards of do-it-yourself construction projects, etc.. Discuss injuries that have resulted from these activities.
- B. Encourage employees to submit ideas for the promotion of off-the-job safety.

APPENDIX A

First Report of Injury and Occupational Disease
Return to City of Missoula, Human Resource Office

Worker

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH		SOCIAL SECURITY NUMBER	
HOME ADDRESS				CITY		STATE	POSTAL CODE	
PHONE NUMBER	EDUCATION <input type="checkbox"/> LESS THAN HIGH SCHOOL <input type="checkbox"/> GED OR HIGH SCHOOL DIPLOMA <input type="checkbox"/> BEYOND HIGH SCHOOL			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FEMALE		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> NOT <input type="checkbox"/> UNKNOWN		NUMBER OF DEPENDANTS

Wages

DATE HIRED	GROSS EARNINGS FOR FOUR PAY PERIODS PRECEDING THE INJURY	DATE/AMOUNT /	DATE/AMOUNT /	DATE/AMOUNT /	DATE/AMOUNT /	
EMPLOYMENT STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		NUMBER OF DAYS WORKED PER WEEK	WAGE	<input type="checkbox"/> HOUR <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> OTHER: <input type="checkbox"/> DAY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> YEAR		
IN ADDITION TO GROSS EARNINGS CITED ABOVE WORKER RECEIVED: ESTIMATED VALUE IF ANY <input type="checkbox"/> BOARD & ROOM <input type="checkbox"/> OVERTIME <input type="checkbox"/> BONUS <input type="checkbox"/> COMMISSIONS <input type="checkbox"/> OTHER:						
WORKED NEXT SCHEDULED SHIFT <input type="checkbox"/> YES <input type="checkbox"/> NO	OFF WORK MORE THAN 5 WORK DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	DATE LAST WORKED	DATE OF RETURN TO WORK	FULL WAGES PAID FOR DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	SALARY CONTINUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Incident Description

JOB TITLE		DESCRIPTION OF INCIDENT				
CAUSE OF INJURY	CAUSE CODE	PART OF BODY	PART CODE	NATURE OF INJURY	NATURE CODE	DATE AND TIME OF INJURY /
DATE DISABILITY BEGAN	DATE OF DEATH	NAMES OF WITNESSES: 1) _____ 2) _____		3) _____		
INCIDENT ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		INCIDENT ADDRESS OR LOCATION CITY _____ STATE _____ POSTAL CODE _____				
DATE EMPLOYER NOTIFIED	INCIDENT REPORTED TO	SAFETY EQUIPMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		SAFETY EQUIPMENT USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Medical

ATTENDING PHYSICIAN'S NAME	ADDRESS	STATE	POSTAL CODE	PHONE NUMBER
HOSPITAL NAME	ADDRESS	STATE	POSTAL CODE	PHONE NUMBER
TYPE OF INITIAL MEDICAL TREATMENT RECEIVED <input type="checkbox"/> NO TREATMENT <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> TREATMENT ON-SITE BY EMPLOYER OR MEDICAL STAFF <input type="checkbox"/> CLINIC/DR. OFFICE <input type="checkbox"/> HOSPITAL				

Signature

"This is my claim for workers' compensation benefits due to the on-the-job injury, occupational disease or death of the above named worker. I understand that signing this claim for compensation authorizes the release of rehabilitation records, Social Security records and health care information relevant to this claim to the workers' compensation insurer and the insurer's agents (medical records pursuant to HIPAA, Public Law 104-191, 42 U.S.C. 1301 et seq. and Section 50-16-527(4)&(5), MCA and Section 39-71-604(2)&(3), MCA – refer to the back of this form). I also understand that if I obtain or exert unauthorized control over workers' compensation benefits, I may be fined and/or imprisoned."

Signature of Injured Worker or Beneficiary: _____ Date _____

Employer

EMPLOYER NAME		DOING BUSINESS AS		FEDERAL EMPLOYER IDENTIFICATION NUMBER (TAX I.D.)		
MAILING ADDRESS:			CITY	STATE	POSTAL CODE	PHONE NUMBER
LOCATION OF OPERATION, IF DIFFERENT FROM MAILING ADDRESS				NATURE OF BUSINESS OR SIC/NAICS CODE		SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER IS A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY			INJURED WORKER IS A <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> A MEMBER OF THE EMPLOYER'S (SOLE PROPRIETOR OR <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (PARTNER) FAMILY LIVING IN THE EMPLOYER'S HOUSEHOLD.			
DO YOU HAVE ANY REASON TO QUESTION THIS INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN FULLY. USE SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE.					WAS WORKER INJURED WHILE IN YOUR EMPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREPARED BY			OFFICIAL TITLE		DATE:	
PAYROLL CLASSIFICATION CODE UNDER WHICH YOU REPORT EMPLOYEE'S WAGES		AUTHORIZED EMPLOYER'S SIGNATURE _____ DATE _____				

Insurer

CLAIM ADMINISTRATOR'S CLAIM NUMBER	DATE REPORTED TO CLAIM ADMINISTRATOR	THE ABOVE INFORMATION IS CORRECT WITH THE FOLLOWING EXCEPTIONS <input type="checkbox"/> (ATTACH EXTRA SHEETS IF BOX AT RIGHT IS CHECKED)	
THIRD PARTY CLAIM ADMINISTRATOR'S NAME		CLAIM ADMINISTRATOR'S ADDRESS	INSURER FEIN
INSURER NAME		THIRD PARTY ADMINISTRATOR FEIN	
POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	

First Report of Injury or Occupational Disease **Instructions**

Workers' compensation insurance is a state-required insurance, which provides medical benefits, wage compensation and rehabilitation to workers injured on the job. Severe penalties can be assessed against an uninsured employer. Neither general liability nor health and accident insurance policies are substitutes for workers' compensation insurance.

The worker and employer may complete this form together or they may each submit a separate form.

Injured Worker's Instructions

Workers have two reporting requirements: 1) Notify your employer of an on-the-job injury within 30 days of its occurrence and 2) Complete this form as a claim for compensation. The form must be signed and submitted to the employer's insurer or the Department of Labor and Industry within 12 months of the accident. The form must be submitted for all injuries in order to protect your right to benefits in the event a seemingly minor injury develops into a more serious condition.

Complete a report of the injury

Be thorough in completing all areas except the gray shaded areas. It is important to you that we have complete information. You must provide your Social Security Number (SSN). This is a mandatory requirement that is permitted under Section 7(a) the Privacy Act of 1974 because the Montana Department of Labor and Industry's forms, prescribed by department rules in existence prior to January 1, 1975, have required disclosure of the SSN. The SSN is used as a key identifier of the claimant, and is needed because of the number of persons who have similar names and birth dates, and whose identities can only be distinguished by the SSN. Use extra sheets of paper if needed. Type or print with a ballpoint pen.

To ensure that workers' compensation systems will not be disrupted, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, 42 USC 1301, et. seq., **permits the disclosure of protected health care information pursuant to the provisions of state laws regarding workers' compensation.** 45 CFR 164.512(l) states: "Standard: Disclosures for workers' compensation: A covered entity may disclose protected health information **as authorized by and to the extent necessary to comply with laws relating to workers' compensation** or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault."

Employer's Instructions

Montana law requires employers to complete this form within six days after notice of every on-the-job accident, injury and/or occupational disease (OD) by a worker. Ensure all areas are completed except the gray shaded areas, which your insurer will complete. **It is important that we have complete information.**

Type or print with a ballpoint pen. If you are completing with WORD software, you may tab through the fields. If the injured worker is available to do so, they may file a claim for workers' compensation by completing and signing their portions of this form. You may then complete the employer section.

Send the original immediately to your workers' compensation insurer. If you don't know whom your insurer is, contact the Montana Department of Labor and Industry (see below). **SEND THIS FORM WITHIN THE 6-DAY LIMIT EVEN IF THE WORKER IS NOT AVAILABLE TO SIGN.** This form must be submitted even if the employer questions whether or not the reported injury and/or OD are job-related. Additional sheets of paper may be attached, if needed to fully explain all conditions concerning the injury and/or OD.

The United States Department of Labor, OSHA, requires employers to maintain a record of occupational injuries in the employer's office. Please copy the completed form for your records.

Insurer/Adjuster (not submitting electronically)

Please complete all gray shaded areas, and mail a completed copy immediately to the Montana Department of Labor and Industry at the address shown below. Boxes that have been **BOLDED** are mandatory in order to file this report. If you wish to file First Report information electronically, please contact the Employment Relations Division.

Further Information

Department of Labor & Industry
Employment Relations Division
Workers' Compensation Claims Assistance Bureau
PO Box 8011
Helena MT 59604-8011
(406) 444-6543
<http://erd.dli.mt.gov>

The United States Department of Labor, OSHA, requires employers to maintain a record of occupational injuries in the employer's office.

7/15/09dje

APPENDIX B



WORKERS COMPENSATION REPORT

PLEASE FILL OUT REPORT COMPLETELY AND RETURN TO: City Personnel Department

Today's Date: _____ Supervisor/Director: _____

Department: _____ Date Occurrence Reported to Supervisor: _____

Name of Employee Involved in Accident/Injury: _____

Type of Injury to Employee/Individual if any/describe Injury: _____

Date of Injury/Accident: _____ Time: _____ A.M./P.M.

Location of Injury/Accident: _____

Describe the Injury/Accident (what, how, where & type of equipment/activity): _____

Name of Person/Witness Involved: _____ Address: _____

City: _____ State: _____ Home/Work PH. NO.: _____ or _____

Witness Statement:

Signature of Witness & Date

Name of Person/Witness Involved: _____ Address: _____

City: _____ State: _____ Home/Work PH. NO.: _____ or _____

Witness Statement:

Signature of Witness & Date

What unsafe acts or conditions may have caused this accident/injury? (Examples: violation of safety rules; horseplay; distractions; poor housekeeping; improper ventilation; unsafe handling; OTHER.)

Recommendation for correction action (Please include implementation date):

Signature of Supervisor Reporting & Date

APPENDIX C

Montana Municipal Insurance Authority

AUTHORIZATION FOR MEDICAL RECORDS AND REPORTS

Date

I, the undersigned, authorize any physician or nurse who as attended me, or any hospital at which I have been confined, to furnish to any authorized representative of Montana Municipal Insurance Authority (MMIA), any and all information which may be requested regarding my physical condition and treatment rendered thereof, and if necessary, to allow them or any physician appointed by them to examine any X-ray pictures taken of me or records regarding my physical condition or treatment.

A photostatic copy of this authorization is to be given the same force and effect as the original.

Date _____

Signed _____

Address _____

Witness

Please mail to the following address:

MMIA
P O Box 6669
Helena, MT 59604