Safety Committee Agenda
12:30 pm, Wednesday, Nov 7, 2012

MEMBERS PRESENT

Call to Order:
Review and Approval of Minutes:
Inspections:
Fourth Quarter Oct - Dec

Animal Shelter and P.W. Yard –.Andy & Mary
Wastewater Treatment and Water plants – Jason & Pam
Library and Annex Bldg – Karen & Becky
City Hall, Archive Bldg, PSB – Nathan & Lori
NFD – Alex Haven
Pump Stations/Reservoirs – Operations Staff

Business:

Safety Manual Review – Complete ready to mail out to City Manager for approval
Budget - Request to Finance made to move CIS grant $ to main budget Complete

Grants:

- Reapply to CIS for 2013 Primary Grant in November – need a volunteer to prepare & submit
- 3 yr RM Grans from CIS expires June 2013 - $7860.37 remains – apply to CIS for uses
    - *Pending: Dispatchers developing ergo chair request*
    - *Pending: Library preparing floor mat request*
    - ***NEW: Request for Self Defense/Personal Safety lunch & learn***

Chair updates –

City Hall Annual Training – Status
Safety Rail guard city hall first floor lobby- Status

Incident Reports:
Any near miss incidents to report
NFD Muscle/Back
NFD Shin/strike against object
Library Muscle/Car accident
PWM Leg/Strike – fall/slip
PWM Muscle/Back
PWM Muscle/Back
Ops eye – Debri
Ops Arm Laceration/ fall/slip

Reports or Items from Departments:

December Lunch coordinator: Karen/Becky – Dec 5th 1145am – Subterra
Guests: Adrian Albrich from CIS and Lee Elliott – Asst. City Mgr.,
Incoming reps should attend with outgoing reps.

CIS Workers Compensation Group
c/o City County Insurance Services
PO Box 1469
Lake Oswego, OR 97035
Phone: 1-800-922-2684 Fax: 503-763-3901

Report of Job Injury or Illness

Workers' compensation claim

Worker

Complete this form and give a copy to your employer if it is your intention to file a claim for Workers' Compensation Benefits for this injury/disease.

NAME: (Last, first, middle		JOB TITLE: Firefighter / Paramedic	
1. Date of injury or illness: 10/29/2012	2. Date you left work: 10/29/2012	3. Shift on day of injury: 0730 (from) ☒ a.m. ☐ p.m. 1530 (to) ☐ a.m. ☒ p.m.	4. Regularly scheduled days off: ☐ M ☒ T ☐ W ☒ T ☒ F ☒ S ☐ S
5. Time of injury or illness: 820 ☒ a.m. ☐ p.m.	6. Time you left work: 0930 ☒ a.m. ☐ p.m.	7. Check here if you are employed by more than one employer: ☐	

8. What is your illness or injury? What part of the body? Which side? ☒ Left ☒ Right (Example: sprained right foot) Pulled both middle back muscles

9. Workers' language preference other than English: ☐ Spanish ☐ Other (please specify):

10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: fell ten feet when climbing an extension ladder carry a 40 lb. box of roofing materials)
lifting patient gurney up stairs

11. Name of Witnesses: Jared Wick, Brandon Henry, Lawrence Dickerson	12. Have you previously injured or sought treatment for this body part? ☒ No ☐ Yes
13. Your legal name:	14. Birthdate: 03/30/1982 — 15. Gender: ☒ M ☐ F
16. Mailing address, city, state: [illegible] Newberg OR 97132	17. Home Phone: 503-380-1279
18. SSN:	19. Dept.: Newberg Fire Department — 20. Work Phone: 503-534-1230
21. Name of physician or health-care professional: Dr. Gerhart	22. If medical treatment was given away from the worksite, print name and address of facility: Mamie A. Diaz, PA, Providence Immediate Care, Sherwood, Oregon
23. Were you hospitalized overnight as an inpatient? ☒ No ☐ Yes	
24. Were you treated in the emergency room? ☒ No ☐ Yes	

25. By my signature, I am giving notice of a claim for workers' compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers, insurers, self-insured employers and claims administrators to release relevant medical records and claim records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records and claim records include records of prior treatment and claims for related conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law require separate authorization. I certify, as attested by my signature and under penalty of law that all information I have given is true and contains no false statements and/or misrepresentations.

26. Worker Signature	27. Completed (please print)	28. Date: 11/01/12

Employer

Complete the rest of this form and give a copy of the form to the worker and maintain a copy for your records. Notify CIS within five days of knowledge of the claim.

29. Employer legal Business name: City of Newberg Fire Dept	30: Phone: 503-537-1230	31. FEIN: 93-6002221
32. If worker leasing company, List client business name:		33. Client FEIN:
34. Address of principal place of business (not P.O. box): 414 E. First St. Newberg OR 97132		35. Insurance policy no.:
36. Street address from which Worker is/was supervised: 414 E. Second St. Newberg ZIP: 97132		37. Nature of business in which worker is/was supervised: municipal government
38. Street address, city, and State where event occurred: 2902 E. Second St. #84 Newberg OR		
39. Was injury caused by failure of a machine or product, or by a person other than the injured worker? ☐ Yes ☒ No		40. NCCI code: 7711
41. Were other workers injured? ☐ Yes ☒ No	42. Did injury occur during course and scope of job? ☐ Unknown ☒ Yes ☐ No	43. OSHA 300 log case #:
44. Date employer knew of claim: 10/29/2012	45. Worker's weekly wage: hourly $18.83 /hr — 46. Date worker hired: 9/24/12	47. If fatal, date of death:
48. Return-to-work status: ☐ Not returned ☒ Regular Date: 11/1/12 ☐ Modified Date:		49. If returned to modified work, is it at regular hours and wages? ☐ Yes ☒ No
50. Employer signature: Rebecca J. Green	51. Name, title and phone (print): Rebecca J. Green 503537-1361 HR Manager	52. Date: 11/1/12

801

OSHA requirements: On the job fatalities and catastrophes must be reported to OR-OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to OR-OSHA. Call (800) 452-0311, on nights and weekends.

801

x801 1/05

CIS Workers Compensation Group
c/o City County Insurance Services
PO Box 1469
Lake Oswego, OR 97035
Phone: 1-800-922-2684 Fax: 503-763-3901

Report of Job Injury or Illness

Workers' compensation claim

Worker

Complete this form and give a copy to your employer if it is your intention to file a claim for Workers' Compensation Benefits for this injury/disease.

NAME: (Last, first, middle) | JOB TITLE: Firefighter

1. Date of injury or illness: 10/21/2012
2. Date you left work: N/A
3. Shift on 0730 (from) ☒ a.m. ☐ p.m. day of injury: 0730 (to) ☒ a.m. ☐ p.m.
4. Regularly scheduled days off: ☒ M ☒ T ☐ W ☒ T ☒ F ☐ S ☐ S — 10n 2off
5. Time of injury or illness: ☐ a.m. ☒ p.m.
6. Time you left work: ☐ a.m. ☐ p.m.
7. Check here if you are employed by more than one employer: ☐
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) ☒ Left ☐ Right
9. Workers' language preference other than English: ☐ Spanish ☐ Other (please specify):
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: fell ten feet when climbing an extension ladder carry a 40 lb. box of roofing materials) I was reaching for the burner in the medic unit and hit my left upper tibia against the bumber
11. Name of Witnesses: None
12. Have you previously injured or sought treatment for this body part? ☒ No ☐ Yes
13. Your legal name:
14. Birthdate: 4/5/1980
15. Gender: ☒ M ☐ F
16. Mailing address, city, state: Newberg OR 97132
17. Home Phone: 503-332-9483
18. SSN:
19. Dept.: Fire
20. Work Phone: 503-537-1230
21. Name of physician or health-care professional: On Call MD
22. If medical treatment was given away from the worksite, print name and address of facility: Providence Sherwood Urgent Ca
23. Were you hospitalized overnight as an inpatient? ☒ No ☐ Yes
24. Were you treated in the emergency room? ☒ No ☐ Yes

25. By my signature, I am giving notice of a claim for workers' compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers, insurers, self-insured employers and claims administrators to release relevant medical records and claim records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. **Notice:** Relevant medical records and claim records include records of prior treatment and claims for related conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(l)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law require separate authorization. I certify, as attested by my signature and under penalty of law that all information I have given is true and contains no false statements and/or misrepresentations.

26. Worker Signature:
28. Date: 10/26/12

Employer

Complete the rest of this form and give a copy of the form to the worker and maintain a copy for your records. Notify CIS within five days of knowledge of the claim.

29. Employer legal Business name: City of Newberg Fire Dept
30: Phone: 503-537-1230
31. FEIN: 93-6002221
32. If worker leasing company, List client business name:
33. Client FEIN:
34. Address of principal place of business (not P.O. box): 414 E. First St. Newberg OR 97132
35. Insurance policy no.:
36. Street address from which Worker is/was supervised: 414 E Second St. Newberg OR ZIP: 97132
37. Nature of business in which worker is/was supervised: municipal government
38. Street address, city, and State where event occurred: Providence Newberg Hospital - Providence Dr. Newberg
39. Was injury caused by failure of a machine or product, or by a person other than the injured worker? ☐ Yes ☒ No
40. NCCI code: 7710
41. Were other workers injured? ☐ Yes ☒ No
42. Did injury occur during course and scope of job? ☐ Unknown ☒ Yes ☐ No
43. OSHA 300 log case #:
44. Date employer knew of claim: 10/21/2012
45. Worker's weekly wage: monthly $ 6539.
46. Date worker hired: 4/1/2008
47. If fatal, date of death:
48. Return-to-work status: ☐ Not returned ☒ Regular Date: 10/24/12 ☐ Modified Date:
49. If returned to modified work, is it at regular hours and wages? ☐ Yes ☐ No
50. Employer signature: Rebecca J. Green
51. Name, title and phone (print): Rebecca Green HR manager 503-537-1261
52. Date: 10/26/2012

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801

x801 1/05

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Report of Job Injury or Illness

Workers' compensation claim

Worker

Complete this form and give a copy to your employer if it is your intention to file a claim for Workers' Compensation Benefits for this injury/disease.

NAME: (Last, first, middle)			JOB TITLE: Children's Librarian
1. Date of injury or illness: 10-26-2012	2. Date you left work: 9:45 am	3. Shift on 10:00 (from) ☒ a.m. ☐ p.m. day of injury: 5:00 (to) ☐ a.m. ☒ p.m.	4. Regularly scheduled days off: ☒ M ☐ T ☐ W ☐ T ☐ F ☒ S ☒ S
5. Time of injury or illness: 9:50 ☒ a.m. ☐ p.m.	6. Time you left work: ☒ a.m. ☐ p.m.	7. Check here if you are employed by more than one employer: ☐	
8. What is your illness or injury? What part of the body? Which side? (Example: sprained right foot) tightness / Stiffness		☐ Left ☒ Right	9. Workers' language preference other than English: ☐ Spanish ☐ Other (please specify):
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: fell ten feet when climbing an extension ladder carry a 40 lb. box of roofing materials) Going to a Kindergarten Library Visit at Open Bible School Hit by another Vehicle in Intersection			
11. Name of Witnesses: Ken Marron			12. Have you previously injured or sought treatment for this body part? ☒ No ☐ Yes
13. Your legal name:		14. Birthdate: 12-01-56	15. Gender: ☐ M ☒ F
16. Mailing address, City, ... St Newberg OR 97132			17. Home Phone: 503 5385806
18. SSN	19. Dept.: Library		20. Work Phone: 503 5370304
21. Name or physician or health-care professional: Dr. Silvestre			22. If medical treatment was given away from the worksite, print name and address of facility: Providence Medical Group
23. Were you hospitalized overnight as an inpatient? ☒ No ☐ Yes			
24. Were you treated in the emergency room? ☒ No ☐ Yes			

25. **By my signature,** I am giving notice of a claim for workers' compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers, insurers, self-insured employers and claims administrators to release relevant medical records and claim records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. **Notice:** Relevant medical records and claim records include records of prior treatment and claims for related conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law require separate authorization. **I certify, as attested by my signature and under penalty of law that all information I have given is true and contains no false statements and/or misrepresentations.**

26. Worker Signature: M U	28. Date: 10-26-2012

Employer

Complete the rest of this form and give a copy of the form to the worker and maintain a copy for your records. Notify CIS within five days of knowledge of the claim.

29. Employer legal Business name: City of Newberg Library	30: Phone: 503-538 1323	31. FEIN: 93-6002221
32. If worker leasing company, List client business name:		33. Client FEIN:
34. Address of principal place of business (not P.O. box): 414 E. First St. Newberg Or 97132		35. Insurance policy no.:
36. Street address from which Worker is/was supervised: 503 E. Hancock St. Newberg ZIP: 97132		37. Nature of business in which worker is/was supervised: municipal government
38. Street address, city, and State where event occurred: Corner of Hancock & Main. Newberg		
39. Was injury caused by failure of a machine or product, or by a person other than the injured worker? ☐ Yes ☒ No		40. NCCI code: 8810
41. Were other workers injured? ☐ Yes ☒ No	42. Did injury occur during course and scope of job? ☐ Unknown ☒ Yes ☐ No	43. OSHA 300 log case #:
44. Date employer knew of claim: 10/26/12	45. Worker's weekly wage: hrly $21.40	46. Date worker hired: 7/1/1999
47. If fatal, date of death:		
48. Return-to-work status: ☐ Not returned ☒ Regular Date: 10/30/12 ☐ Modified Date:		49. If returned to modified work, is it at regular hours and wages? ☐ Yes ☐ No
50. Employer signature: Rebecca J. Green	51. Name, title and phone (print): Rebecca J. Green HR Manager 503 537-1261	52. Date: 10/26/12

801

OSHA requirements: On the job fatalities and catastrophes must be reported to OR-OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to OR-OSHA. Call (800) 452-0311, on nights and weekends.

801

x801 1/05

CITY OF NEWBERG

Employee Work Related
INJURY / EXPOSURE REPORT

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION AND RETURN TO ***NAME OF DEPT/TITLE OF RESPONSIBLE INDIVIDUAL*** WITHIN 24 HOURS FROM THE TIME OF INJURY.

Employee]
Job Title: Storm Laborer I
Date of Injury/Exposure: 10-16-12
Date Reported: 10-16-12
Dates of Work Lost:
Accident /Incident Location: Dump Site

Location: Dump Site
Date of Hire: 2/2/09
Time of Injury / Exposure 1:20pm
To Whom Reported:
Supervisor: Craig
801 Claim Form Filed? Y ☐ N ☒
Complete if medical treatment sought or time lost from work

Parts of Body Affected

Head/Neck	Left Side	Right Side
☐ Scalp	☐	☐
☐ Neck	☐	☐
☐ Ears	☐	☐
☐ Eyes	☐	☐
☐ Mouth	☐	☐
☐ Teeth	☐	☐
☐ Face	☐	☐
Upper Extremities	**Left Side**	**Right Side**
☐ Shoulder	☐	☐
☐ Upper Arm	☐	☐
☐ Elbow	☐	☐
☐ Forearm	☐	☐
☐ Wrist	☐	☐
☐ Hand	☐	☐
☐ Fingers	☐	☐
Lower Extremities	**Left Side**	**Right Side**
☐ Thigh	☐	☐
☒ Lower Leg	☒	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐
☐ Foot/Toes	☐	☐
Trunk	**Left Side**	**Right Side**
☐ Lower Back	☐	( )
☐ Upper Back	☐	( )
☐ Chest	☐	☐
☐ Abdomen	☐	☐
☐ Hip	☐	☐
☐ Groin	☐	☐

Nature of Injury

( ) Cut
( ) Scrape
(X) Bruise
( ) Skin Rash
( ) Numbness
( ) Inflammation
( ) Jammed Finger or Toe
( ) Foreign Body in Eye or Sliver
( ) Burn
( ) Electric Shock
(.) Difficulty Breathing
( ) Pain in Body Part Identified at Left
( ) Dizziness
☐ Other:

Contributing Factors

( ) Machinery Defect (save defective parts & pieces)
( ) Tool or Equipment Broke (save defective parts & pieces)
( ) Equipment Guarding
( ) Proper Tools/Equipment
(X) Floor, Work Surface, or Walking Surface
( ) Housekeeping
( ) Lighting
☐ Clothing or Jewelry
( ) Improper Ergonomics
( ) Other:

Work Behavior At Time of Injury

(Please check all items that pertain)

( ) Lifting
( ) Carrying
( ) Reaching
( ) Pushing
( ) Pulling
( ) Bending or Twisting (circle correct item)
( ) Running
(X) Stepping (walking/moving from one level to another
( ) Typing/Office Related Repetitive Motion
( ) Other Repetitive Motion Tasks
( ) Jumping
( ) Driving (If so, what vehicle)
( ) Operating Equipment
( ) Innocent Bystander
( ) Other:

Names of Witnesses: (Please provide witness information on a separate sheet of paper)
Craig Boault

Distribution of Copies:
Original: Risk Manager within 24 hours | 1 copy to Employee | 1 copy: Supervisor/Dept. Head

CITY OF NEWBERG

Employee Work Related
INJURY / EXPOSURE REPORT

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION AND RETURN TO ***NAME OF DEPT/TITLE OF RESPONSIBLE INDIVIDUAL*** WITHIN 24 HOURS FROM THE TIME OF INJURY.

Employee Name: _____ Location: _____
Job Title: LABORER 2 Date of Hire: 4-28-08
Date of Injury/Exposure: 10-16-12 Time of Injury / Exposure 2:00 PM
Date Reported: SAME To Whom Reported: VANCE BARTON.
Dates of Work Lost: NONE Supervisor: MIKE COLLINS.
Accident /Incident Location: P.W. SHOP 801 Claim Form Filed? Y☐ N☒
Complete if medical treatment sought or time lost from work

Parts of Body Affected

Head/Neck	Left Side	Right Side
☐ Scalp	☐	☐
☐ Neck	☐	☐
☐ Ears	☐	☐
☐ Eyes	☐	☐
☐ Mouth	☐	☐
☐ Teeth	☐	☐
☐ Face	☐	☐

Upper Extremities	Left Side	Right Side
☐ Shoulder	☐	☐
☐ Upper Arm	☐	☐
☐ Elbow	☐	☐
☐ Forearm	☐	☐
☐ Wrist	☐	☐
☐ Hand	☐	☐
☐ Fingers	☐	☐

Lower Extremities	Left Side	Right Side
☐ Thigh	☐	☐
☐ Lower Leg	☐	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐
☐ Foot/Toes	☐	☐

Trunk	Left Side	Right Side
☑ Lower Back	☐	(M) ()
☐ Upper Back	☐	()
☐ Chest	☐	☐
☐ Abdomen	☐	☐
☐ Hip	☐	☐
☐ Groin	☐	☐

Nature of Injury

() Cut
() Scrape
() Bruise
() Skin Rash
() Numbness
() Inflammation
() Jammed Finger or Toe
() Foreign Body in Eye or Sliver
() Burn
() Electric Shock
() Difficulty Breathing
(✓) Pain in Body Part Identified at Left
() Dizziness
☐ Other: _____

Contributing Factors

() Machinery Defect (save defective parts & pieces)
() Tool or Equipment Broke (save defective parts & pieces)
() Equipment Guarding
() Proper Tools/Equipment
() Floor, Work Surface, or Walking Surface
() Housekeeping
() Lighting
☐ Clothing or Jewelry
() Improper Ergonomics
() Other: STEPPING OUT OF TRUCK.

Work Behavior At Time of Injury

(Please check all items that pertain)

() Lifting
() Carrying
() Reaching
() Pushing
() Pulling
() Bending or Twisting (circle correct item)
() Running
(✓) Stepping (walking/moving from one level to another
() Typing/Office Related Repetitive Motion
() Other Repetitive Motion Tasks
() Jumping
() Driving (If so, what vehicle)
() Operating Equipment
() Innocent Bystander
() Other: _____

Names of Witnesses: (Please provide witness information on a separate sheet of paper)

_____
_____
_____
_____

Distribution of Copies:
Original: Risk Manager within 24 hours | 1 copy to Employee | 1 copy: Supervisor/Dept. Head

City Attorney
(503) 537-1206

City Manager
(503) 538-9421

City of Newberg

414 East First Street
PO Box 970
Newberg, Oregon 97132

No time loss

INCIDENT REPORT

(TO BE COMPLETED BY CITY STAFF)

DATE OF INCIDENT: 10-10-2012 **TIME:** 8:45am **Weather Conditions:** Brisk clear skys

NAME OF PERSON REPORTING INCID _____

CITY DEPARTMENT: Public Works Maintenance

CONTACT FOR CASE: NAME Russ Thomas **Phone** 503-537-1234

NAME OF INJURED PARTY OR OWNER OF DAMAGED PROPERTY

ADDRESS: 23725 NE Hagey Rd

PHONE NO. 971-275-4068 work/ daytime # _____ **DOB** 6-17-1988 **SS#** _____

EXACT LOCATION OF INCIDENT (BE SPECIFIC): 99W near center medians across from Shel

If slipped and fell, type of shoes: _____ **any debris:** _____ **surface:** _____

Who inspected scene: _____

BRIEFLY DESCRIBE *EXACTLY* WHAT HAPPENED:

Loading Cones into the back of a 1 ton and pulled a Muscle near my lower back toward left side

TO WHOM INCIDENT WAS REPORTED: Howard Whitman **DATE REPORTED:** 10-10-2012

POLICE CALLED? _____ **FIRE DEPT. CALLED?** _____

ITEMIZED DAMAGES AND/OR INJURIES: _____

CITY ATTORNEY'S OFFICE: e-mail: nlegal@ci.newberg.or.us *Fax:* 503-537-5013
Building: 537-1240 ● Community Development: 537-1210 ● Finance: 537-1201 ● Fire: 537-1230
Library: 538-7323 ● Municipal Court: 537-1203 ● Police: 538-8321 ● Public Works: 537-1214 ● Utilities: 537-1205
Municipal Court *Fax*: 537-1277 ● Community Development *Fax*: 537-1272 ● Library *Fax*: 538-9720

"Working Together For A Better Community-Serious About Service"

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PO Box 1469
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Report of Job Injury or Illness

Workers' compensation claim

Worker

Complete this form and give a copy to your employer if it is your intention to file a claim for Workers' Compensation Benefits for this injury/disease.

NAME: (Last, first, middle)

JOB TITLE: Waste Water

1. Date of injury or illness: 10-17-2012
2. Date you left work: No time loss
3. Shift on day of injury: 6:00 (from) ☒ a.m. ☐ p.m. 4:30 (to) ☐ a.m. ☒ p.m.
4. Regularly scheduled days off: ☐ M ☐ T ☐ W ☐ T ☒ F ☒ S ☒ S
5. Time of injury or illness: 3:00 ☐ a.m. ☒ p.m.
6. Time you left work: 4:30 ☐ a.m. ☒ p.m.
7. Check here if you are employed by more than one employer: ☐
8. What is your illness or injury? What part of the body? Which side? ☒ Left ☐ Right (Example: sprained right foot) Lacerated Eye.
9. Workers' language preference other than English: ☐ Spanish ☒ Other (please specify): E
10. What caused it? What were you doing? Include vehicle, machinery, or tool used. (Example: fell ten feet when climbing an extension ladder carry a 40 lb. box of roofing materials) possibly Grinding debris or sawdust.
Grinding steel earlier in day the working on Sawdust dryer equipment
11. Name of Witnesses: Karen Dae michael / Dan Gichel
12. Have you previously injured or sought treatment for this body part? ☒ No ☐ Yes
13. Your legal name:
14. Birthdate: 07-26-1967
15. Gender: ☒ M ☐ F
16. Mailing address, city, state and zip: SE. Salem OR. 97306
17. Home Phone: 503-849-1455
18. SSN:
19. Dept.: Operations
20. Work Phone: 503-537-0875
21. Name of physician or health-care professional: NR Caraballo
22. If medical treatment was given away from the worksite, print name and address of facility: Oregon Eye Phys. 20015 SW Pacific Hwy Sherwood OR. 503-680-2180
Urgent Care Newberg 2880 Hayes St Newberg OR 97132 503-537-9600
23. Were you hospitalized overnight as an inpatient? ☒ No ☐ Yes
24. Were you treated in the emergency room? ☒ No ☐ Yes

25. **By my signature, I am giving notice of a claim for workers' compensation benefits. The above information is true to the best of my knowledge and belief. I authorize health care providers, insurers, self-insured employers and claims administrators to release relevant medical records and claim records to the workers' compensation insurer, self-insured employer, claim administrator, and the Oregon Department of Consumer and Business Services. Notice: Relevant medical records and claim records include records of prior treatment and claims for related conditions or of injuries to the same area of the body. A HIPAA authorization is not required (45 CFR 164.512(I)). Release of HIV/AIDS records, certain drug and alcohol treatment records, and other records protected by state and federal law require separate authorization. I certify, as attested by my signature and under penalty of law that all information I have given is true and contains no false statements and/or misrepresentations.**

26. Worker signature:
27. Completed by (please print):
28. Date: 10-24-2012

Employer

Complete the rest of this form and give a copy of the form to the worker and maintain a copy for your records. Notify CIS within five days of knowledge of the claim.

29. Employer legal Business name: City of Newberg Operations
30. Phone: 503-537-1252
31. FEIN: 93-6002221
32. If worker leasing company, List client business name:
33. Client FEIN:
34. Address of principal place of business (not P.O. box): 414 E. First St. Newberg OR 97132
35. Insurance policy no.:
36. Street address from which Worker is/was supervised: 2301 Wynooski St. Newberg OR 97132 ZIP:
37. Nature of business in which worker is/was supervised: Municipal Government
38. Street address, city, and State where event occurred: 2301 Wynooski St. Newberg OR 97132
39. Was injury caused by failure of a machine or product, or by a person other than the injured worker? ☐ Yes ☒ No
40. NCCI code: 7580
41. Were other workers injured? ☐ Yes ☒ No
42. Did injury occur during course and scope of job? ☐ Unknown ☒ Yes ☐ No
43. OSHA 300 log case #:
44. Date employer knew of claim: 10/17/2012
45. Worker's weekly wage: monthly $5357/mo.
46. Date worker hired: 7/30/04
47. If fatal, date of death:
48. Return-to-work status: ☐ Not returned ☒ Regular Date: 10/17/12 ☐ Modified Date:
49. If returned to modified work, is it at regular hours and wages? ☐ Yes ☐ No
50. Employer signature: Rebecca J. Green
51. Name, title and phone (print): Rebecca J. Green, HR Manager 503-537-1361
52. Date: 10/24/12

801

OSHA requirements: On the job fatalities and catastrophes must be reported to OR-OSHA within eight hours. Report any accident that results in overnight hospitalization within 24 hours to OR-OSHA. Call (800) 452-0311, on nights and weekends.

801

01 1/05

CITY OF NEWBERG

Employee Work Related
INJURY / EXPOSURE REPORT

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION AND RETURN TO ***NAME OF DEPT/TITLE OF RESPONSIBLE INDIVIDUAL*** WITHIN 24 HOURS FROM THE TIME OF INJURY.

Employee Name: _____
Job Title: Operator II
Date of Injury/Exposure: 10-18-12
Date Reported: 10-18-12
Dates of Work Lost: NONE
Accident /Incident Location: WWTP composter

Location: 2301 Wynooski Rd
Date of Hire: 7-1-05
Time of Injury / Exposure 0730
To Whom Reported: Andrew, Troy
Supervisor: Troy
801 Claim Form Filed? Y ( ) N ( )
Complete if medical treatment sought or time lost from work

Hours on Shift

Conditions at Location

Parts of Body Affected

Head/Neck	Left Side	Right Side
(X) Scalp	( )	(X)
( ) Neck	( )	( )
( ) Ears	( )	( )
( ) Eyes	( )	( )
( ) Mouth	( )	( )
( ) Teeth	( )	( )
( ) Face	( )	( )

Upper Extremities	Left Side	Right Side
(X) Shoulder	(X)	( )
( ) Upper Arm	( )	( )
(X) Elbow	(X)	( )
(X) Forearm	(X)	( )
( ) Wrist	( )	( )
( ) Hand	( )	( )
( ) Fingers	( )	( )

Lower Extremities	Left Side	Right Side
( ) Thigh	( )	( )
( ) Lower Leg	( )	( )
( ) Knee	( )	( )
( ) Ankle	( )	( )
( ) Foot/Toes	( )	( )

Trunk	Left Side	Right Side
( ) Lower Back	( )	( )
( ) Upper Back	( )	( )
( ) Chest	( )	( )
( ) Abdo men	( )	( )
( ) Hip	( )	( )
( ) Groin	( )	( )

Names of Witnesses: (Please provide witness information on a separate sheet of paper)
Ron Layne

Nature of Injury

- (X) Cut
- ( ) Scrape
- (X) Bruise
- ( ) Skin Rash
- ( ) Numbness
- ( ) Inflammation
- ( ) Jammed Finger or Toe
- ( ) Foreign Body in Eye or Sliver
- ( ) Burn
- ( ) Electric Shock
- ( ) Difficulty Breathing
- (X) Pain in Body Part Identified at Left
- ( ) Dizziness
- ( ) Other: _____

Contributing Factors

- ( ) Machinery Defect (Save defective parts & pieces)
- ( ) Tool or Equipment Broke (Save broken parts & pieces)
- ( ) Equipment Guarding
- ( ) Proper Tools/Equipment Not Available
- ( ) Floor, Work Surface, or Walking Surface
- ( ) Housekeeping
- (X) Lighting
- ( ) Clothing or Jewelry
- ( ) Improper Ergonomics
- ( ) Other: _____

Work Behavior At Time of Injury

(Please check all items that pertain)

- ( ) Lifting
- ( ) Carrying
- ( ) Reaching
- ( ) Pushing
- ( ) Pulling
- ( ) Bending or Twisting (circle correct item)
- ( ) Running
- (X) Stepping (walking/ moving from one level to another)
- ( ) Typing / Office Related Repetitive Motion
- ( ) Other Repetitive Motion Tasks
- ( ) Jumping
- ( ) Driving (If so, what vehicle?)
- ( ) Operating Equipment
- ( ) Innocent Bystander
- ( ) Other _____

Distribution of Copies:
Original: Risk Manager within 24 hours | 1 copy to Employee | 1 copy: Supervisor/Dept. Head

Safety Committee Agenda
12:30 pm, Wednesday, OCT 3, 2012

EMBERS PRESENT

Call to Order:
Review and Approval of Minutes:
Inspections:

Third Quarter: July – Sept - Complete

Fourth Quarter Oct - Dec

Animal Shelter and P.W. Yard –.Andy & Mary
Wastewater Treatment and Water plants – Jason & Pam
Library and Annex Bldg – Karen & Becky
City Hall, Archive Bldg, PSB – Nathan & Lori
NFD – Alex Haven
Pump Stations – Operations Staff

Business:

Safety Manual Review – Will be sent out email in Oct
Budget - Will email in Oct
Request to Finance made to move CIS grant $ to main budget *(this is done each Sept) Results pending*

Grants:

- Reapply to CIS for 2013 Primary Grant in October/Nov
- 3 yr RM Grans from CIS expires June 2013 - $7860.37 remains – apply to CIS for uses
  - *Dispatchers developing ergo chair request*
-

Chair updates –
Ada Ramp Library – Status
City Hall Annual Training – Status

Incident Reports:
Water Treatment – Fall / steps – 1 employee
PW Maint. Vactor Truck Accident/Highpressure Hose – 3 employees

Any near miss incidents to report

Reports or Items from Departments:
Phone complaints – Reliability connections & sound quality - 4 complaints

November Lunch coordinator: Andy

December Lunch coordinator: Karen/Becky – Dec 5th 1145am – Subterra --- need suggestions guest speaker
Incoming reps should attend **with** outgoing reps.

Safety Committee Agenda
12:30 pm, Wednesday, Sept 5, 2012

MEMBERS PRESENT: Karen Tarmichael, Becky Green, Andy Willette, Karan Frketich for Mary Newell, Lori Biever-Launder, Jason Wertz, Pam Young, and Nathan Anderson.

Call to Order:
Review and Approval of Minutes:
Inspections:

Third Quarter: July - Sept

Animal Shelter and P.W. Yard –.Lori & Nathan (Completed)
Wastewater Treatment and Water plants – Karen & Andy (Completed)
Library and Annex Bldg – Jason & Mary
City Hall, Archive Bldg, PSB – Becky & Pam
NFD – Alex Haven
Pump Stations – Operations Staff (Completed)

Business:

Safety Manual Review – Review Revisions
Budget-Tabled to Oct for Full Committee Attendance
Request to Finance made to move CIS grant $ to main budget *(this is done each Sept)*

Quarterly Wellness Newsletter to be issued this week

Grants – Reapply to CIS for 2013 Primary Grant in October
- Less than 1 year for 3 yr risk mitigation grant – Need to review $funds left and apply
  - *1 request is Ergo chairs for Dispatch*

Incident Reports:
Old – NFD Review of July Heat Exhaustion pending
New – None

Any near miss incidents to report

Reports or Items from Departments:

Ops – Field stream testing / Springs access

October Lunch coordinator: Lori
November Lunch coordinator: Mary
December Lunch coordinator: Karen/Becky – Speaker ?

Safety Committee Agenda
12:30 pm, Wednesday, July 11, 2012

MEMBERS PRESENT: Karen Tarmichael, ~~Becky Green~~, Andy Willette, Mary Newell, Lori Biever-Launder, Jason Wertz, Pam Young, and Nathan Anderson.

Call to Order:
Review and Approval of Minutes:
Inspections:

SECOND QUARTER: APRIL – JUNE 2012 completed.
Third Quarter: July - Sept

Animal Shelter and P.W. Yard –.Lori & Nathan
Wastewater Treatment and Water plants – Karen & Andy
Library and Annex Bldg – Jason & Mary
City Hall, Archive Bldg, PSB – Becky & Pam
NFD – Alex Haven
Pump Stations – Operations Staff Complete

Old Business:

Is debris still placed in front of extinguisher at City Hall – problem resolved?
Safety Manual Review – assignments sent out. Due Sept 1
Ergo Reviews for Library and Police – handout/info

New Business:

- 2012-13 budget
- 2011-12
  - budget Additional Wellness Fair supplies have been pre-purchased for 2013
  - 4 ergo Chairs and second P90x were also purchased using remaining grant funds before budget year ended.

Quarterly Wellness Newsletter to be issued in late July.

Incident Reports:
NPD – Blood Borne Path exposure
PWM – Laceration

Reports or Items from Departments:

Operations: Now an active construction zone in several areas of 2301 Wynooski facility. Hard Hats, Hi vis vests etc. All visitors should check in at main office.

August Lunch coordinator:
Sept Lunch coordinator:
October Lunch coordinator:
December Lunch coordinator: Karen

Safety Committee Agenda
12:30 pm, Wednesday, June 6, 2012

MEMBERS PRESENT: Karen Tarmichael, Becky Green, Andy Willette, Mary Newell, Lori Biever-Launder, Jason Wertz, Pam Young, and Nathan Anderson.

Call to Order:
Review and Approval of Minutes:
Inspections:

SECOND QUARTER: APRIL – JUNE 2012

Animal Shelter, P.W. Yard – Karen & Pam
Wastewater Treatment and Water plants – Becky & Nathan
Library and Annex – Lori & Andy-(Completed)
City Hall, Archive Bldg, PSB – Jason & Mary
NFD – Alex Haven
Pump Stations – Operations Staff – (Completed)

Old Business:

- Fire Extinguishers at City Hall and Annex – are they now being checked regularly
- Annual May inspections
- Is debris still be placed in front of extinguisher at City Hall – problem resolved ?

New Business:
Safety Manual Review
2012-13 budget

Incident Reports:
PWM - Head Injury
NFD – Chest Pain/Physical Exertion
NPD – Knee – Impact Pain

Safety Fair Wrap up:
Vendors
Food
Raffle
Give aways
Room Layout
Overall expenses
Comments/changes:

Reports or Items from Departments:

July Lunch coordinator: **Karen**

NOTE JULY MEETING IS 7-11-12 due to Independence Day Holiday:

Safety Committee Agenda
12:30 pm, Wednesday, May 2, 2012

MEMBERS PRESENT: Karen Tarmichael, Becky Green, Andy Willette, Karan Frketich for Mary Newell, Lori Biever-Launder, Jason Wertz, Pam Young, and Nathan Anderson.

Call to Order:
Review and Approval of Minutes:

Inspections:

SECOND QUARTER: APRIL – JUNE 2012

Animal Shelter, P.W. Yard – Karen & Pam
Wastewater Treatment and Water plants – Becky & Nathan
Library and Annex – Lori & Andy
City Hall, Archive Bldg, PSB – Jason & Mary
NFD – Alex Haven
Pump Stations – Operations Staff

Old Business:

- Safety Fair Grant – Spring Into Health May 10, 2012. Andy Willette
- Animal Shelter. Hose Reel in storage at Operations until construction completed
- Fire Extinguishers at City Hall and Annex – who has been assigned to check these monthly?
- 2nd quarter Wellness Newsletter due out in May – Karen will complete by May 16.

Incident Reports:
OLD Items:
STREET SWEEPER Markings – Looks like reflective tape has been added to current sweeper.

PW Maint – review of Eye protection supplies and policy- PWM has been asked to audit and to obtain Eyewear that has head straps. If grant funds are needed PWM will ask for them via Safety Committee.

Injury Reports.
Hand injury PW Ops

Safety Fair /May 10th 11-1 pm – *Set up 10am for vendors – anyone who can help at 930 welcome*

- Status vendors
- Give away Bags
- Snacks status - Mary and Pam
- Table or Wall Signs
- Reminder Email on Tuesday and Thursday Am
- Balloons & Other Décor if any
- Raffle Slips and basket – Highly recommend gift bags be given out as folks sign in
- Confirm W IT wireless Passwords if any needed
- Room Layout

Reports or Items from Departments:
June Lunch coordinator: **Pam**

Safety Committee Agenda
March 7, 2012 12:30

Members: Becky Green, Karen Tarmichael (absent), Andy Willette, Mary Newell, Lori Biever-Launder, Jason Wuertz, Pam Young, Nathan Anderson

Call to Order

Review and Approval of Minutes:

Approval of Draft Minutes from the Safety Committee Meeting of Feb 1 2012

Inspections:

First Quarter Inspections January-March 2012

Animal Shelter, P.W. Yard – Becky & Jason
Wastewater Treatment and Water plants – Mary & Lori (*Completed*)
Library and Annex – Pam & Andy *(completed)*
City Hall, Archive Bldg, PSB – Karen & Nathan (scheduled 3-8-12)
NFD – Alex Haven *(Station 20 completed – Station 21 pending)*
Pump Stations – Operations Staff (completed)

Old Business:

- First Aid Kits – Dept Heads have addressed. ***Kits should be located by AED's.*** All kits should be inspected every 60 days for expired materials either by the contract company or by a department employee. Reordering costs are the responsibility of the department where kit is located. Reorders should be made through Clinton if kit is under contract or by the employee responsible for checking the kit as designated by each location. *This issue has been completed in so far as Safety Committee is involved.*

- Safety Fair Grant – *Andy Willette*

- Hose reel at Animal Shelter – has it been installed – *Mary Newell*

New Business:

- Safety Fair /May 10th 11-1pm: *Pam Young*
  - Status on letters to vendors /
  - Ordering of giveaway items needs to be done
  - Room is reserved – PWM has been informed of Date/requested assistance in set up.
- NFD New Accident investigating forms pending – *status Andy Willette*
- Handouts for Departments – OSHA expectation has increased that all level supervisors should train regularly and document in writing plan and training of all staff AND volunteers.

  - OSHA advisory staff should be **regularly** trained/ plan for adverse weather **annually** reviewed. OSHA will expect this to be **done and documented** by each department regularly.

  - OSHA advisory that asbestos is being used again in new products. In addition any work in older structures are still at risk for exposure. Each department is required to have a written plan in place for PRE TESTING new work areas for asbestos regardless of age of materials and should document training on annual basis.

Incident Reports:

OLD Items:

STREET SWEEPER Markings – *Karen* working with Lt Craig/ NFD to order correct tape for PW Maint to install conspicuity markings to current sweeper to meet US Federal Motor Carrier Safety Standards
PW MAINT – Manhole covers – EAIP Funds from CIS/ *Becky Green - status*

NEW:

PW Maint – 2 employees w debris into eyes from water pipe under pressure. One with PPE one without PPE.

Reports or Items from Departments:

April Lunch coordinator: Mary

CITY OF NEWBERG

Employee Work Related
Accident / Incident Analysis Report

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION AND RETURN TO *NAME OF DEPT/TITLE OF RESPONSIBLE INDIVIDUAL* WITHIN 24 HOURS FROM THE TIME OF INJURY.

Employee Name: _____
Job Title: Laborer 2
Date of Accident/Incident: 2/20/12
Date Reported: 2/24/12
Dates of Work Lost: _____
Accident /Incident Location: Dayton ave. Newberg

Location: Newberg Oregon
Date of Hire: 8/14/03
Time of Accident/Incident: 10:00 AM
To Whom Reported: Russ Thomas
Supervisor: Mike Conolly
801 Claim Form Filed? Y ( ) N (X)
Complete if medical treatment sought or time lost from work

Parts of Body Affected

Head/Neck	Left Side	Right Side
( ) Scalp	( )	( )
( ) Neck	( )	( )
( ) Ears	( )	( )
(X) Eyes	(X)	( )
( ) Mouth	( )	( )
( ) Teeth	( )	( )
( ) Face	( )	( )

Upper Extremities	Left Side	Right Side
( ) Shoulder	( )	( )
( ) Upper Arm	( )	( )
( ) Elbow	( )	( )
( ) Forearm	( )	( )
( ) Wrist	( )	( )
( ) Hand	( )	( )
( ) Fingers	( )	( )

Lower Extremities	Left Side	Right Side
( ) Thigh	( )	( )
( ) Lower Leg	( )	( )
( ) Knee	( )	( )
( ) Ankle	( )	( )
( ) Foot/Toes	( )	( )

Trunk	Left Side	Right Side
( ) Lower Back	( )	( )
( ) Upper Back	( )	( )
( ) Chest	( )	( )
( ) Abdomen	( )	( )
( ) Hip	( )	( )
( ) Groin	( )	( )

Names of Witnesses: (Please provide witness information on a separate sheet of paper)

_____
_____
_____
_____

Nature of Injury

( ) Cut
(X) Foreign Body in Eye or Sliver
( ) Scrape
( ) Burn
( ) Bruise
( ) Electric Shock
( ) Skin Rash
( ) Difficulty Breathing
( ) Numbness
( ) Pain in Body Part Identified at Left
( ) Inflammation
( ) Dizziness
( ) Jammed Finger or Toe
( ) Other: _____

Contributing Factors

( ) Machinery Defect (Save defective parts & pieces)
( ) Tool or Equipment Broke (Save broken parts & pieces)
( ) Equipment Guarding
( ) Proper Tools/Equipment Not Available
( ) Floor, Work Surface, or Walking Surface
( ) Housekeeping
( ) Lighting
( ) Clothing or Jewelry
( ) Improper Ergonomics
( ) Other: _____

Work Behavior At Time of Injury

(Please check all items that pertain)
( ) Lifting
( ) Carrying
( ) Reaching
( ) Pushing
( ) Pulling
(X) Bending or Twisting (circle correct item)
( ) Running
( ) Stepping (walking or moving from one level to another)
( ) Typing / Office Related Repetitive Motion
( ) Other Repetitive Motion Tasks
( ) Jumping
( ) Driving (If so, what vehicle?)
( ) Operating Equipment
( ) Innocent Bystander
(X) Other Bent over in a Ditch Shoveling

Distribution of Copies: Original: Risk Manager within 24 hours 1st copy: Employee 2nd copy: Supervisor/Dept. Head

Safety Equipment/ Personal Protective Equipment In Use At Time of Accident/Incident:
Safety Glasses vest Hard hat

Describe what happened (include sequence of events; equipment, materials, and substances being used; and environment – PLEASE BE SPECIFIC): Working on a broken water main that was under pressure, Debris shot up at my face knocking my safety glasses off, gravel and mud got into my left eye.

How long have you been doing this particular job?: 8 years

Have you had any similar incidents in the past? Yes _____ No ✓ (If yes, please describe by including date, type of incident, and if any action was taken): _____

Have you injured this part(s) of your body previously or is there any pre-existing condition that could affect the injury? Yes _____ No ✓ (if yes, please explain): _____

What do you think can be done to prevent this incident from reoccurring? Not sure at this time, I had my protective gear on.

To Be Completed By Employee's Supervisor:

Why did the accident/incident happen or the condition exist? _____

What could have been done, or should be done, to prevent this accident/incident?: _____

Have there been accidents or incidents in this same activity? Was action taken? _____

****Please Provide Witness Information On A Separate Piece of Paper****

Employee's Signature: _____ Date: _____
Supervisor's Signature: _____ Date: 2/24/2012
Risk Manager's Signature: _____ Date: _____

SAFETY COMMITTEE EVALUATION OF ACCIDENT/INCIDENT

Corrective Action Needed: _____

Corrective Action Assigned To (if applicable): _____

Date Corrective Action Completed: _____

Committee Recommendations: _____

CITY OF NEWBERG

Employee Work Related
INJURY / EXPOSURE REPORT

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION AND RETURN TO ***NAME OF DEPT/TITLE OF RESPONSIBLE INDIVIDUAL*** WITHIN 24 HOURS FROM THE TIME OF INJURY.

Employee Name: _____
Job Title: Laborer I
Date of Injury/Exposure: 2-27-12
Date Reported: 2-2712
Dates of Work Lost: none
Accident /Incident Location: Washington & North

Location: 500 W 3rd st
Date of Hire: 2-2-09
Time of Injury / Exposure 8:30 AM
To Whom Reported: Mike Conway
Supervisor: Same
801 Claim Form Filed? Y ☐ N ☑
Complete if medical treatment sought or time lost from work

Parts of Body Affected

Head/Neck	Left Side	Right Side
☐ Scalp	☐	☐
☐ Neck	☐	☐
☐ Ears	☐	☐
☑ Eyes	☐	☑
☐ Mouth	☐	☐
☐ Teeth	☐	☐
☐ Face	☐	☐

Upper Extremities	Left Side	Right Side
☐ Shoulder	☐	☐
☐ Upper Arm	☐	☐
☐ Elbow	☐	☐
☐ Forearm	☐	☐
☐ Wrist	☐	☐
☐ Hand	☐	☐
☐ Fingers	☐	☐

Lower Extremities	Left Side	Right Side
☐ Thigh	☐	☐
☐ Lower Leg	☐	☐
☐ Knee	☐	☐
☐ Ankle	☐	☐
☐ Foot/Toes	☐	☐

Trunk	Left Side	Right Side
☐ Lower Back	☐	( )
☐ Upper Back	☐	( )
☐ Chest	☐	☐
☐ Abdomen	☐	☐
☐ Hip	☐	☐
☐ Groin	☐	☐

Names of Witnesses: (Please provide witness information on a separate sheet of paper)
Ray Pacini

Nature of Injury

( ) Cut	(X) Foreign Body in Eye or Sliver
(X) Scrape	( ) Burn
( ) Bruise	( ) Electric Shock
( ) Skin Rash	( ) Difficulty Breathing
( ) Numbness	( ) Pain in Body Part Identified at Left
( ) Inflammation	( ) Dizziness
( ) Jammed Finger or Toe	☐ Other: _____

Contributing Factors

( ) Machinery Defect (save defective parts & pieces)
( ) Tool or Equipment Broke (save defective parts & pieces)
( ) Equipment Guarding
( ) Proper Tools/Equipment
( ) Floor, Work Surface, or Walking Surface
( ) Housekeeping
( ) Lighting
☐ Clothing or Jewelry
( ) Improper Ergonomics
( ) Other: _____

Work Behavior At Time of Injury

(Please check all items that pertain)

( ) Lifting
( ) Carrying
( ) Reaching
( ) Pushing
( ) Pulling
( ) Bending or Twisting (circle correct item)
( ) Running
( ) Stepping (walking/moving from one level to another
( ) Typing/Office Related Repetitive Motion
( ) Other Repetitive Motion Tasks
( ) Jumping
( ) Driving (If so, what vehicle)
( ) Operating Equipment
( ) Innocent Bystander
(X) Other: Shoveling

Distribution of Copies:
Original: Risk Manager within 24 hours | 1 copy to Employee | 1 copy: Supervisor/Dept. Head

Safety Equipment/ Personal Protective Equipment In Use At Time of Injury /Exposure:
Hardhat and safety vest

Describe what happened (include sequence of events; equipment, materials, and substances being used; and environment—PLEASE BE SPECIFIC): Shoveling and broke peice of asphalt loose small piece flew into right eye.

How long have you been doing this particular job?: 3 years

Have you had any similar incidents in the past? Yes _____ No X (If yes, please describe by including date, type of incident, and if any action was taken): _____

Have you injured this part(s) of your body previously or is there any pre-existing condition that could affect the injury? Yes _____ No X (If yes, please explain): _____

What do you think can be done to prevent this incident from reoccurring? Wearing safety glasses while shoveling?

To Be Completed By Employee's Supervisor:

How did the Injury/Exposure happen or the condition exist? was shoveling and was trying to lift a piece of asphalt up to remove from area to be excavated and a small piece of debris broke off and flew up into his right eye.

What could have been done, or should be done, to prevent this Injury/Exposure: Wearing safety glasses might have prevented this incident

Have there been Injuries or Incidents in this same activity? Was action taken? No

****Please Provide Witness Information On A Separate Piece of Paper****

Employee's Signature: _____ Date: 2-28-12

Supervisor's Signature: [signature] Date: 2-28-12

Risk Manager's Signature: _____ Date: _____

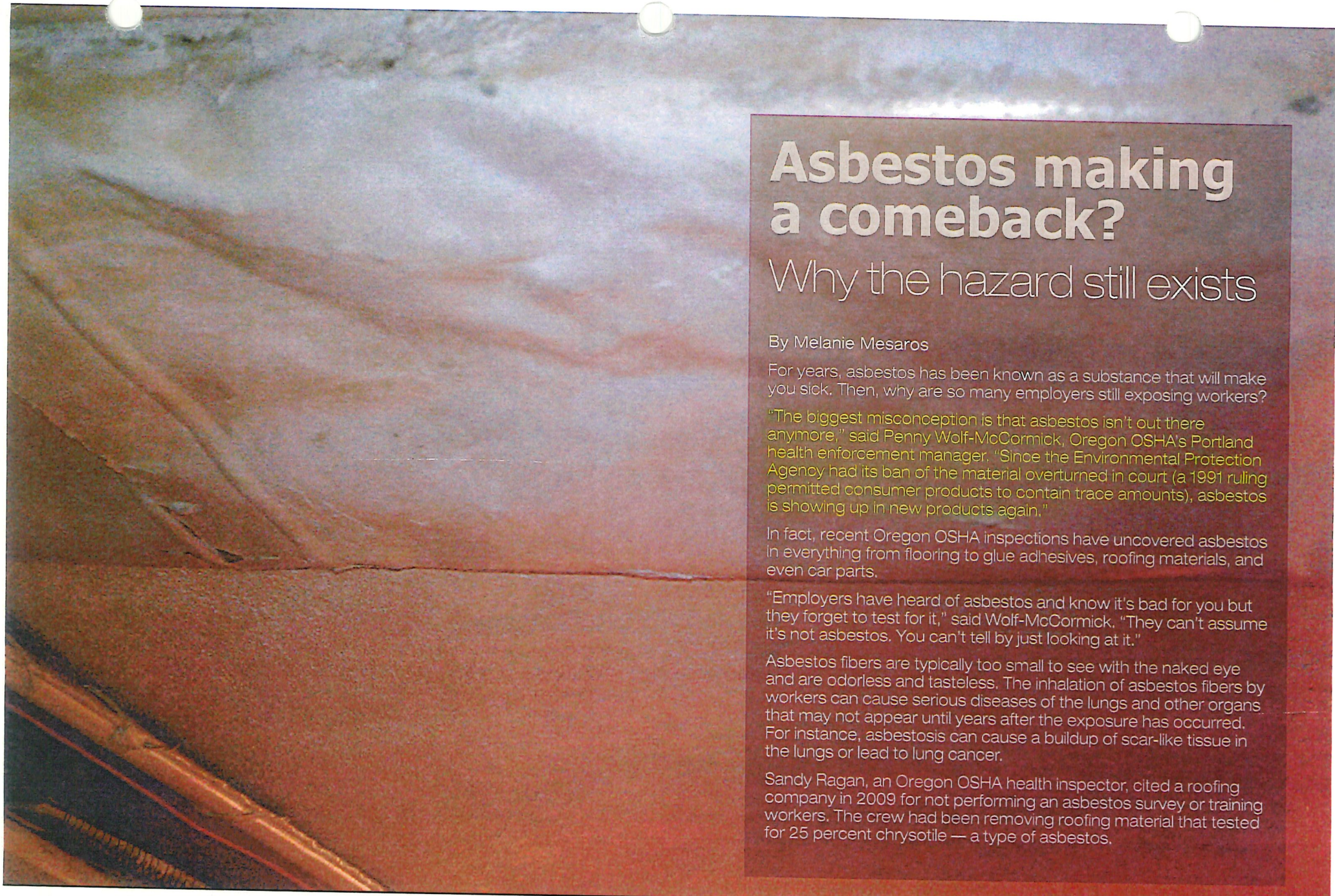
SAFETY COMMITTEE EVALUATION OF INJURY / EXPOSURE

Corrective Action Needed: _____

Corrective Action Assigned To (if applicable): _____

Date Corrective Action Completed: _____

Committee Recommendations: _____



Asbestos making a comeback?

Why the hazard still exists

By Melanie Mesaros

For years, asbestos has been known as a substance that will make you sick. Then, why are so many employers still exposing workers?

"The biggest misconception is that asbestos isn't out there anymore," said Penny Wolf-McCormick, Oregon OSHA's Portland health enforcement manager. "Since the Environmental Protection Agency had its ban of the material overturned in court (a 1991 ruling permitted consumer products to contain trace amounts), asbestos is showing up in new products again."

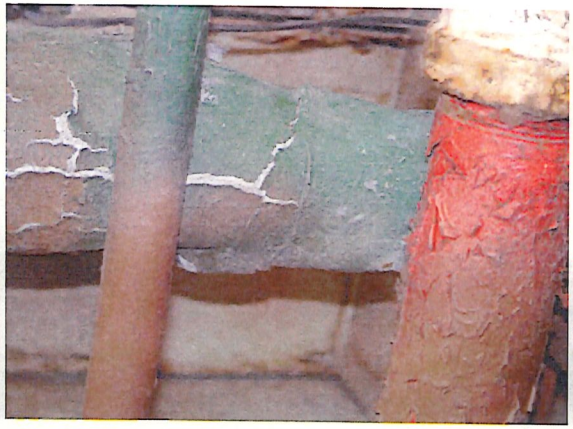
In fact, recent Oregon OSHA inspections have uncovered asbestos in everything from flooring to glue adhesives, roofing materials, and even car parts.

"Employers have heard of asbestos and know it's bad for you but they forget to test for it," said Wolf-McCormick. "They can't assume it's not asbestos. You can't tell by just looking at it."

Asbestos fibers are typically too small to see with the naked eye and are odorless and tasteless. The inhalation of asbestos fibers by workers can cause serious diseases of the lungs and other organs that may not appear until years after the exposure has occurred. For instance, asbestosis can cause a buildup of scar-like tissue in the lungs or lead to lung cancer.

Sandy Ragan, an Oregon OSHA health inspector, cited a roofing company in 2009 for not performing an asbestos survey or training workers. The crew had been removing roofing material that tested for 25 percent chrysotile — a type of asbestos.

Asbestos making a comeback? - Continued



"An employee working at the convenience store (where work was under way) saved a piece of roofing debris and made an OSHA complaint because he suspected the material contained asbestos," Ragan said. "They were ripping off the pieces and throwing them down from the rooftop, making it airborne."

Oregon OSHA rules require building owners to perform a survey to identify asbestos-containing or presumed asbestos-containing material. If it's identified, the owner must maintain asbestos-survey records and inform employees, contractors, subcontractors, and tenants' employees about the hazard.

"When the roofer bid on this job, he was told there was no asbestos," Ragan said. "It's notable because it shows the misconception goes beyond just the contractor – the building owner was also misinformed."

Oregon OSHA inspector Chris Zimmer said in recent years he has cited subcontractors in trades such as plumbing, electrical, or HVAC for their exposures.

"They are constantly putting themselves at risk because they don't think of asbestos as a primary concern," Zimmer said. "You have electricians who need to drill into siding or walls and may unknowingly come in contact with it."

It's well-known that many building materials installed before 1981 contain asbestos, but employees who perform jobs such as brake and clutch repair should also be cautious.

"Any auto shop that does brake or clutch work should assume asbestos is present and must follow specific control methods," said Wolf-McCormick. "Many parts are imported from foreign countries and don't highlight the asbestos hazard."

Training workers to ask questions or recognize when asbestos might be present is essential to keeping them safe, said Wolf-McCormick.

"Even if there's less than 1 percent asbestos, OSHA rules apply," she said. "The truth is you can't grind it, cut it, or work with it dry and create a dusty environment if there is even trace amounts of asbestos."

More information on working with asbestos:

Oregon OSHA fact sheet for automotive shops:

http://www.orosha.org/pdf/hazards/2993-09.pdf

Guidance for building owners:

http://www.orosha.org/pdf/pubs/3022.pdf

Left: A 2011 home remodel in Portland uncovered asbestos. (Photo: Chris Zimmer)
Middle: Piping with asbestos. (Photo: Brandi Davis)
Right: Brake and clutch repair work requires certain control methods because it's likely asbestos is present in parts. (Photo: Sharon Dey)

How workers are exposed today

One thing about asbestos has not changed over the years: the nature of exposure. People are exposed when they ingest or inhale asbestos fibers. The fibers end up in the lungs or the stomach and that's where they do their damage. Now, however, workers who are exposed to asbestos can protect themselves with appropriate engineering and administrative controls – and personal protective equipment. Still, many workers and employers aren't aware of potential exposures and they may not know how to protect themselves. In the construction industry, for example, exposures can occur during renovation work and in demolition. And workers can still be exposed to asbestos in general industry work such as automotive brake and clutch repair.

Regulating asbestos exposures in the workplace

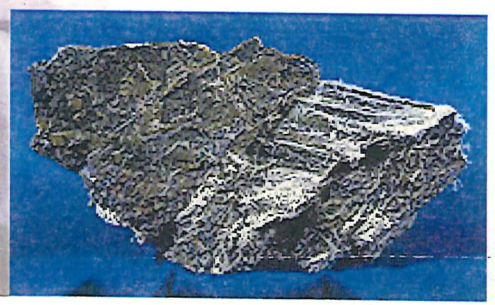
Oregon OSHA's rules regulating asbestos cover construction, general industry, and agricultural work (federal OSHA has jurisdiction over maritime and shipyard work).These rules require that employers provide personal exposure monitoring to assess employees' exposure risk and hazard awareness training for work where there is potential exposure to asbestos.

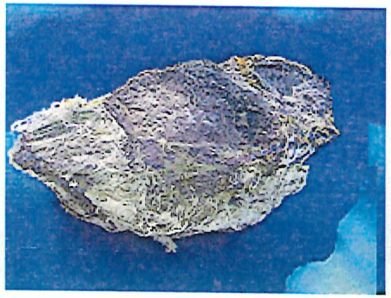
The rules prohibit airborne levels of asbestos from exceeding "permissible exposure levels" (PELs). If the exposure does exceed legal limits, employers are required to create regulated areas, prohibit certain work practices, and use engineering controls to bring exposures within permissible limits. Employers must also use administrative controls and require workers to use appropriate personal protective equipment to reduce exposure levels.

The rules also assume that building materials installed before 1981 contain asbestos – they're defined as "presumed asbestos-containing materials" (PACM). Workers must treat these materials as if they contain asbestos until they have been sampled and shown to be asbestos free.

All employees who are exposed to asbestos must have one of four different levels of training, which depends on the type of work they'll do.

Construction work involving handling and disposal of asbestos invokes additional requirements from the Oregon Department of Environmental Quality and the Lane Regional Air Pollution Authority. These agencies require that all public and private buildings be surveyed for asbestos before renovation or demolition. All asbestos-containing material must be removed before any work – including demolition and remodeling – begins.





SAFETY BREAK

for Oregon

Wednesday May 9, 2012

Details at:

www.orosha.org

SAVE THE DATE!

Oregon OSHA offers tips for working in winter weather

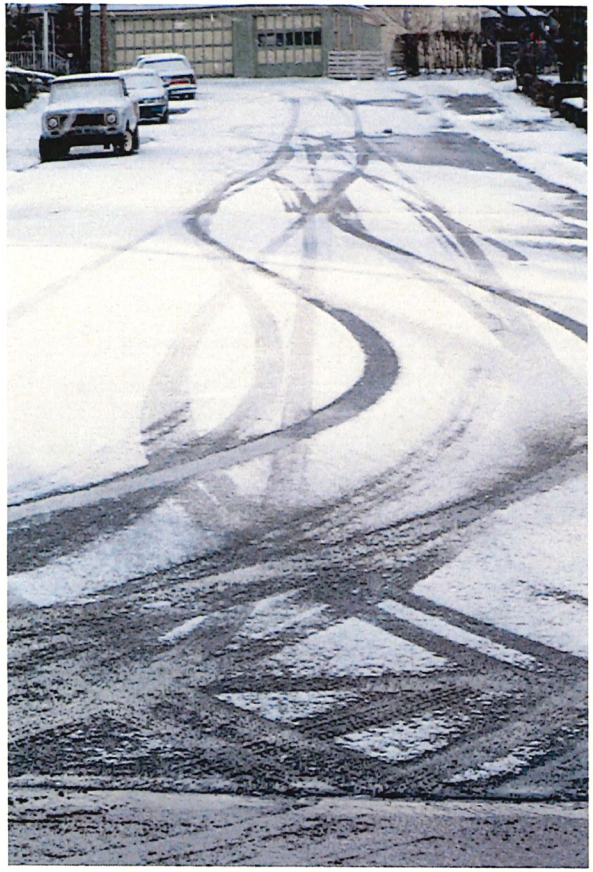
Flooding, downed trees, and icy and snowy conditions can all lead to more accidents on the job if workers aren't prepared. Find fact sheets for working in winter weather and other hazardous conditions online: http://orosha.org/winter_conditions.html.

Gary Beck, Oregon OSHA's statewide safety manager, said workers should consider putting off certain activities, such as going on a rooftop, until conditions improve.

"Have a pre-construction meeting and discuss with employees whether they have the appropriate gear to do the job and whether it's absolutely necessary to accomplish that task when the weather is severe," he said.

"If an accident occurs, Oregon OSHA will ask questions during the investigation such as, 'How did you plan or train your people to work in these conditions?'" Beck said.

Oregon OSHA also encourages employers to develop an emergency plan. Find tips for managing an emergency in the guide, "Expecting the Unexpected": http://orosha.org/pdf/pubs/3356.pdf.



SHARP

Congratulations to the new SHARP companies:

- Roseburg Forest Products EWP, Roseburg
- Harris Rebar, Portland

Share feedback on our new design

After nearly four years, it was time to give the Resource newsletter a makeover. We want to know what you think. Send feedback on the new layout, articles you'd like to see, and any other comments to Resource editor Melanie Mesaros at melanie.l.mesaros@state.or.us.

February 20th, 2011 Agenda
NFD Safety Committee

Call to Order @ ~1800 Station 20

Review of November 21st Minutes (Approved/Disapproved)

Reading of any communications:

Incident Reports & Recommendations

Old Business:

New Business:

Action Items:

Next meeting: March 19th, 2012 @ 1730 Station 20

Adjourned @ _____

Safety Committee Agenda
February 1, 2012 12:30

Members: Becky Green, Karen Tarmichael, Andy Willette, Mary Newell, Lori Biever- Lauder, Jason Wuertz, Pam Young, Nathan Anderson

Call to Order

Review and Approval of Minutes:
Discussion – posting Draft version of Minutes to increase employee awareness
Approval of Minutes from the Safety Committee Meeting of January 4, 2012

Inspections:
First Quarter Inspections January-March 2012

Animal Shelter, P.W. Yard – Becky & Jason
Wastewater Treatment and Water plants – Mary & Lori (*WWTP Completed*)
Library and Annex – Pam & Andy
City Hall, Archive Bldg, PSB – Karen & Nathan
NFD – Alex Haven
Pump Stations – Operations Staff (completed)

Old Business:

- P90x2 Strength training - Email to all staff re new available equipment *A. Willette*
- First Aid Kits
  - Memo to Dept Heads sent Jan 18 2012 – DH have 3 action items
  - All Safety Reps- Report have you checked on location of Kits in their area / relocated as needed?
  - Advised by Fac. Maint. that kits at CH, PSB, PWM and Library are on a 60 day schedule
  - Cost for service has been $914.25 for last 24 months.

- Safety Fair Grant – *A. Willette*

New Business:

- Safety Fair – Set Date - *Pam*
- Quarterly Wellness Newsletter – *Lori*
- Renewal Wellness Magazines – *Karen*
- NFD New Accident investigating forms pending - *Karen*

Incident Reports:
Response to PW MAINT – Sweeper Markings
Response to PW MAINT – Manhole covers – EAIP Funds from CIS/*Becky*

NPD – 3 officers bruised kicked and scratched by combative suspect during arrest.
PW Maint – Vehicle/Minor

Reports or Items from Departments:

March Lunch coordinator: Lori

Safety Committee Agenda
January 4, 2012 12:30

Members: Becky Green, Karen Tarmichael, Andy Willette, Mary Newell, Lori Biever- Launder, Jason Wuertz, Pam Young, Nathan Anderson

Call to Order

Review and Approval of Minutes:

Minutes from the Safety Committee Meeting of November 2, 2011

Inspections:

Fourth Quarter Inspections: Oct – Dec 2011

Animal Shelter and P.W. Yard – Andy & Mary (completed – forms needed)
Wastewater Treatment and Water plants – Jason & Caleb (completed)
Library and Annex Bldg – Karen & Craig (completed)
City Hall, Archive Bldg, PSB – Lori & Becky (completed)
Fire Dept-NFD - Alex Haven (completed)
Pump Stations – Operations Staff (completed)

First Quarter Inspections January-March 2012

Animal Shelter, P.W. Yard – Becky & Jason
Wastewater Treatment and Water plants – Mary & Lori
Library and Annex – Pam & Andy
City Hall, Archive Bldg, PSB – Karen & Nathan
NFD – Alex Haven
Pump Stations – Operations Staff (completed)

Old Business:

Wellness Grant: Balance $900.00

- P90x2 Strength training systems @$ 107.87 for downtown – Clinton Alley recv'd /will deliver to NFD 20 Email to all staff req available equipment – Volunteer _____
- Request 1 weight room mat 4x6 NPD $150 - Kosmicki received and paid
- Massages completed - $510 billed to date.

$767.87 Est Spent – final balance at next meeting

New Business:

- Planning Bldg Inspections – question about Confined space – under buildings
- Library – First Aid Kits – inventory and cost
- Wellness Grant for 2012 – submitted successfully $1475 to be received Jan 2012
- Safety Fair Grant - Andy

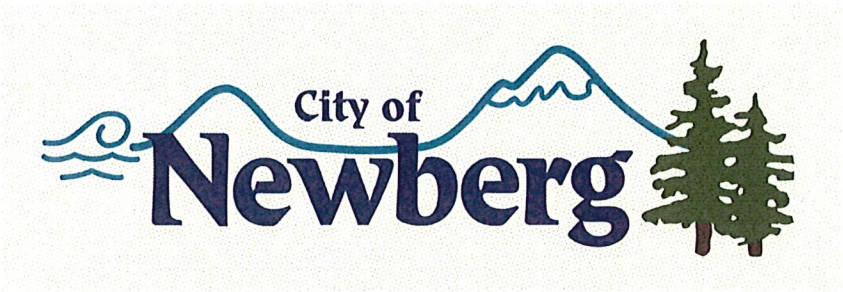
Incident Reports:

NPD – Pathogen exposure to face by custody subject
PW Maint – Sweeper hit by Drunk Driver Property and injury
NFD – Back & Muscle injury – Gurney w Patient tipped
PW Maint – Outdoor Slip – back strain
PW Maint – Outdoor Fall – back strain – Lifting

Reports or Items from Departments:

Committee Business:

Assignments: Volunteer for Secretary _____ - Duties minutes and Conf. Room Calendar
Wellness Fair Coordinator _____ Coordinate Fair – all members assist
Lunch volunteers for each month in 2012



SAFETY COMMITTEE MEMBERS
2012

Karen Tarmichael – PW Operations – Chair
Andy Willette – Fire Dept.
Jason Wuertz – Building/City Hall
Mary Newell – Police Dept.
Lori Biever-Launder – Library
Nathan Anderson – Public Works Maintenance
Pam Young – Finance
Becky Green – HR/Administration