SAFETY COMMITTEE MINUTES
December 3, 2014
11:00 am Regular Meeting
Newberg Admin Conference Room
414 E First Street, 2nd Floor

I. **MEETING CALLED TO ORDER :** 11:00 AM Bobbi Morgan

II. **ROLL CALL**: Present: Bobbi Morgan (Chair); Wendy Looney (Secretary); Karan Frketich (Sub for Denise Christensen); Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones (Absent and no sub)

III. **MINUTES:** Reviewed and approved November 5, 2014 meeting minutes

IV. **INSPECTIONS:** All inspections need to be done by next safety meeting
4th Quarter Oct - Dec 2014: *"Evacuation Drill & Exit Plan"*
Animal Shelter, P.W. Yard – Denise & Dawn - COMPLETED
Wastewater Treatment and Water plants – Bill & Wendy
Library and Annex – Mary Lynn & Andy
City Hall, Archive Bldg, PSB – Bobbie & Ed
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. **BUSINESS:**

1. 2015 GOSH conference awards – focusing on preparation for 2016
*Display posters – checking with OSHA or CIS to see if we can get these for free
*Decided the new quarterly theme focus will be *"Slip, Trip, Fall Prevention"*
*Lunch and Learn suggestions: having Reliant Behavior Health come in to talk about stress in the workplace

2. This is Bobbie's last year on the safety committee. A representative from the IT department will replace her next month (January).

3. The safety committee will need to vote for a new chair for the committee at next months meeting.

4. Health/Benefits Fair Grant
*January – need to apply for the grant
*Need to decide on a theme – suggestion was "Everyday Wellness"
*Need to schedule a date for the fair at the next meeting
*Committee decided on the give-a-way bag we would like to order – those will be ordered
*January – we need to send out the vendor letters

VI. INCIDENT REVIEWS:

No accidents for the month of November!

VII. ITEMS FROM DEPARTMENTS:

1. City Hall 1st floor Fire door exit improvement – pending bids
2. PSB bathroom door improvements – The door has been ordered.
3. Fire Extinguisher and Flash Lights in the new children's area at the library – Request put in.

VIII. SAFETY FUND BUDGET: Year 2014/2015: $6290

*Health Fair - $500 (Possible grant funding match)
*Monthly wellness magazines $250 (Looking into possibly getting this amount lowered...less copies)
*Health Inspired Programs
*Assist with department safety costs
*Expense on PSB bathroom door - $1000

VIIII. MOTION TO ADJOURN: at 11:45 PM

Minutes taken by : Wendy Looney

Approved by the Newberg Safety Committee this 6th day of January, 2015.

AYES: **NO:** **ABSENT:** **ABSTAIN:**

Minutes Recorder,
Wendy Looney

Safety Committee Chair,
Bobbie Morgan

SAFETY COMMITTEE AGENDA
November 5, 2014
11:00 AM Regular Meeting
Newberg Admin Conference Room
414 E First Street, 2nd Floor

I. CALL MEETING TO ORDER

II. ROLL CALL: Bobbie Morgan (chair); Wendy Looney (secretary)Sub;Pam Young; Karan Frketich; Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

III. MINUTES: Review and approve October 1, 2014 meeting minutes

IV. INSPECTIONS:

4th Quarter Oct - Dec 2014 – Theme: *"Evacuation Drill & Exit Plan"*
Animal Shelter, P.W. Yard – Denise & Dawn
Wastewater Treatment and Water plants – Bill & Wendy
Library and Annex – Andy & Mary Lynn
City Hall, Archive Bldg, PSB – Bobbie & Ed
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. BUSINESS:

2015 GOSH Conference Awards; Focus on preparation for 2016
1. Injury Awareness – email updates – display posters
2. Comp Claim Reduction
3. Committee imspection Quarterly theme focus

2014 Grants;
1. *Wellness Grant*, ***Closed***
   Phase I – done by Andy and Karen Approved $750.00
   Phase II – Targeted Wellness Programs/Interventions – Dead line October 2014

2. *Health/Benefits Fair Grant* : Available $500 matching fund grant every 2 years, apply for 4 weeks prior to Health Fair
a. Mary Lynn - Health fair supply ordering Sept – Dec. budget $240.00.
   -Give a way bags
   -Start thinking about a theme for the fair

4. *Risk Management Incentive Grant* : ***Closed***
   $5000, reimbursement for safety equipment – Program 2013 – 2016
a. Law Enforcement Gloves for Police Department,
b. Wireless headset systems for Court,
c. Security Camera's for Library – Pending grant fund payback, invoices to be submitted by end of year. - Dawn
~~d.~~ Balance of grant is $.~~0~~

VI. INCIDENT REVIEWS:

1. Code Compliance

VII. ITEMS FROM DEPARTMENTS:

1. Fire extinguishers / signage – signs received pending installation
2. City Hall 1st floor Fire door exit improvement – pending bids
3. PS bathroom door improvements (Clinton pending approval $2098.00)
   -Review report from Clinton before consideration for funding assistance.
   -Brooks Bateman, building inspector to review for 2nd inspection/opinion
4. Dispatcher Treadmill request updates – Not available through city funds unless City Manager Approval, but could be applied for through CIS risk Mitigation grants offered. (City has already exhausted funds through May 2016) possibly new grant money will be offered in the future.
5. Stay Safe Posters,

VIII. SAFETY FUND BUDGET: Year 2014/2015: $6290

1. Health Fair $500, (Possible grant funding match)
2. Monthly wellness magazines $250,
3. Health inspired programs
4. Assist with department safety costs

VIIII. MOTION TO ADJOURN:

ATTACHMENTS:

Minutes 2014 1001
Stay Safe Poster Pack

SAFETY COMMITTEE MINUTES
October 1, 2014
11:00 am Regular Meeting
Newberg Admin Conference Room
414 E First Street, 2nd Floor

I. MEETING CALLED TO ORDER : 11:05 AM Bobbie Morgan, Chair

II. ROLL CALL: Present: Bobbie Morgan (Chair); Wendy Looney (Secretary); Karan Frketich (Sub for Denise Christensen); Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones (Absent and no sub)

III. MINUTES: Reviewed and approved September 3, 2014 meeting minutes

IV. INSPECTIONS:

4th Quarter Oct - Dec 2014: *"Evacuation Drill & Exit Plan"*
Animal Shelter, P.W. Yard – Denise & Dawn
Wastewater Treatment and Water plants – Bill & Wendy
Library and Annex – Mary Lynn & Andy
City Hall, Archive Bldg, PSB – Bobbie & Ed
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. BUSINESS:

1. *CIS Awards Program:* We received the Silver Award – Gold being the highest award you can receive and the City was 1 person away from receiving the Gold award. CONGRATS.

2. Reminder to all employees – Flu Shots October 9th at the City Hall 1-3pm. Bring your insurance card.

3. There is a "fake" fire extinguisher mounted to the outside of the storage shop at the fire station. This is a hollow fire extinguisher used for the geocashing. Some have concerns that if there is a fire and someone might go to use it in case of an emergency . Andy will look into this.

4. Mary Lynn has done research on reuseable bags for the Safety / Health Fair. She has done some research and will bring options to the table at next safety meeting. We discussed quantity, colors, and logos for the bags.

5. Regarding Safety / Health Fair Dawn has checked into asking for donations from local businesses – she is still waiting on a response.

6. This next quarter we are focusing on "Evacuation Drill & Exit Plans". Wendy will email the department heads and ask them to do a walk thru of their departments evacuation plan or discuss this at their next meeting.

VI. INCIDENT REVIEWS:

1. PW – Maintenance – Employee stepping out of a sweeper backwards, missed step, fell face first onto the concret floor. (No timeloss from work)
   Per Supervisor – Employee failed to excersize caution when exiting machinery. Employee needs to be more aware and use caution. Safety Committee agrees with Supervisor.
2. PW – WWTP – Employee stepped on an old metal cover in the ground and foot and leg went thru it. (No timeloss from work). Cover got rotten over time.
   Per Supervisor – Get new cover. Employee was wearing good work boots. Safety Committee is happy with the outcome..New cover and employee was wearing protective gear.

VII. ITEMS FROM DEPARTMENTS:

1. Fire extinguishers / signage –pending installation
2. City Hall 1st floor Fire door exit improvement – pending bids
3. PW bathroom door improvements - Need more info – Dawn or Bobbie will have Brooks look into this and look at when building was built and the code at the time of being built. Does the building department know about this request?
4. Standing desk treadmill for dispatch – Need more info and feedback – will propose to CIS and see how they feel about it when we get the answers to some questions we have. Feel this may take more than just the Safety Committees approval. We will discuss more on who else needs to approve this…Chief, City Counsel?

VIII. SAFETY FUND BUDGET: Year 2014/2015: $6290

*Health Fair - $500 (Possible grant funding match)
*Monthly wellness magazines $250 (Looking into possibly getting this amount lowered…less copies)
*Health Inspired Programs
*Assist with department safety costs

VIIII. MOTION TO ADJOURN: at 11:50 PM

Minutes taken by : Wendy Looney

Approved by the Newberg Safety Committee this 5th day of November, 2014.

AYES: **NO:** **ABSENT:** **ABSTAIN:**

Minutes Recorder,
Wendy Looney

Safety Committee Chair,
Bobbie Morgan

PROGRESSIVE BUSINESS Compliance

Phone Orders 1-800-226-2327

Home > Safety Posters

Stay Safe Poster Pack

In a modern workplace, your employees can get injured in numerous ways, and supervisors cannot look out for them every moment of the day. Your workers may forget a critical safety step, take a dangerous short cut or simply not understand a risky situation. The results can mean serious injury or even death for your employees.

The **Stay Safe Poster Pack** serves as a daily reinforcement of your safety message to your workers. Not only do the posters remind them of the importance of safety procedures, but they also reiterate every vital step that needs to be followed for a safe working environment.

The Stay Safe Poster Pack contains one of each of the following posters:

Lockout/Tagout Safety
This poster reminds workers of the importance of locking and tagging machinery and walks them through the critical steps of the lockout/tagout procedure.

Forklift Safety
Proper maintenance and operation of forklifts is vital to the safety of the driver and pedestrians, and this poster provides a checklist to ensure a safer working environment.

Slip and Trip Prevention
Workplace hazards due to slippery floors or obstructions are often invisible until someone gets seriously hurt. This poster will help your workers spot and correct hazards before any injuries occur.

Fall Prevention
Falls from scaffolds and ladders make up a large percentage of injuries and deaths in the workplace. The Fall Prevention Poster will make your workers more aware of the fall hazards that are present and able to work more safely.

Back Safety
In spite of all of the publicity in recent years, back injuries still occur regularly because workers lift improperly. The poster emphasizes the need for safe lifting techniques and gives tips for general back care.

Each poster is laminated and measure 14 inches wide by 20 inches long.

Item #	Price	Quantity
SAFEPACK	$84.95	

Add to Cart

Compliance Forms — **Order Below**

Description	Item#	Price	Quantity
Stay Safe Poster Pack	SAFEPACK	$84.95	
Forklift Safety	FORK	$19.95	
Fall Prevention	FALL	$19.95	
Lockout/Tagout Safety	LOCK	$19.95	
Slip and Trip Prevention	SLIP	$19.95	
Back Safety	BACK	$19.95	

SAFETY COMMITTEE AGENDA
October 1, 2014
11:00 AM Regular Meeting
Newberg Admin Conference Room
414 E First Street, 2nd Floor

I. CALL MEETING TO ORDER

II. ROLL CALL: Bobbie Morgan (chair); Wendy Looney (secretary); Denise Christensen; Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

III. MINUTES: Review and approve September 3, 2014 meeting minutes

IV. INSPECTIONS:

3rd Quarter July - Sept 2014 - Theme: *'Fire extinguishers and Signage'*
Animal Shelter, P.W. Yard – Andy & Ed
Wastewater Treatment and Water plants – Mary Lynn & Dawn - done
Library and Annex – Bobbie & Bill - done
City Hall, Archive Bldg, PSB – Denise & Wendy - done
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

4th Quarter Oct - Dec 2014 – Theme: *"Evacuation Drill & Exit Plan"*
Animal Shelter, P.W. Yard – Denise & Dawn
Wastewater Treatment and Water plants – Bill & Wendy
Library and Annex – Andy & Mary Lynn
City Hall, Archive Bldg, PSB – Bobbie & Ed
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. BUSINESS:

2015 GOSH Conference Awards; Focus on preparation for 2016
1. Injury Awareness
2. Comp Claim Reduction
3. Committee imspection Quarterly theme focus

2014 Grants;
1. *Wellness Grant*,
Phase I – done by Andy and Karen Approved $750.00
Phase II – Targeted Wellness Programs/Interventions – Dead line October 2014

2. *Health/Benefits Fair Grant* : Available $500 matching fund grant every 2 years, apply for 4 weeks prior to Health Fair
a. Need a volunteer for Health fair supply ordering Sept – Dec. budget $240.00.
-Topic: Suggestions to change bag give away – Mary Lynn

3. *Risk Management Incentive Grant* : $5000, reimbursement for safety equipment – Program 2013 – 2016

- ✓ Law Enforcement Gloves for Police Department,
- ✓ Wireless headset systems for Court,
- ✓ Security Camera's for Library – Pending grant fund payback, invoices to be submitted by end of year.
- ✓ Balance of grant is $.0

4. *CIS Awards Program:* taking nominations for 2014 Employee Safety Awards program, recognizes cities with low employee accident frequency rates.

- Official Entry Form submitted for City of Newberg 08/25/2014

VI. INCIDENT REVIEWS:

- PW – Maintenance
- PW – WWTP

VII. ITEMS FROM DEPARTMENTS:

1. Fire extinguishers / signage – signs received pending installation
2. Building / Planning Dept Carts for rolls of plans storage – received and installed
3. Public Safety Dept rolling carts for evidence room – received and installed
4. City Hall 1st floor Fire door exit improvement – pending bids
5. PS bathroom door improvements (Clinton pending approval $2098.00)

- Review report from Clinton before consideration of funding.

VIII. SAFETY FUND BUDGET: Year 2014/2015: $6290

- Health Fair $500, (Possible grant funding match)
- Monthly wellness magazines $250,
- Health inspired programs
- Assist with department safety costs

VIIII. MOTION TO ADJOURN:

ATTACHMENTS:

Minutes 2014 0903

SAFETY COMMITTEE MINUTES
September 3, 2014
11:00 am Regular Meeting
Newberg Admin Conference Room
414 E First Street, 2nd Floor

I. **MEETING CALLED TO ORDER :** 11:00 AM Bobbie Morgan

II. **ROLL CALL**: Present: Bobbie Morgan (Chair); Wendy Looney (Secretary); Karan Frketich (Sub for Denise Christensen); Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

III. **MINUTES:** Reviewed and approved August 6, 2014 meeting minutes

IV. **INSPECTIONS:** All inspections need to be done by next safety meeting

3rd Quarter July - Sept 2014
Animal Shelter, P.W. Yard – Andy & Ed
Wastewater Treatment and Water plants – Mary Lynn & Dawn
Library and Annex – Bobbie & Bill
City Hall, Archive Bldg, PSB – Denise & Wendy
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. **BUSINESS:**

2014 Grants;

1. *Wellness Grant*,
Phase I – done by Andy and Karen Approved $750.00
Phase II – Targeted Wellness Programs/Interventions: Committee voted not to apply for this grant.
- After a review of the 5210 Challenge survey, committee decided against having the challenge as a phase II wellness grant submission. Survey is showing not enough employee interest or participation.

2. *Health/Benefits Fair Grant* : Available $500 matching fund grant every 2 years, apply for 4 weeks prior to Health Fair

a. Need a volunteer for Health fair supply ordering Sept – Dec. budget $240.00. Mary Lynn volunteered to coordinate.

*Discussed instead of ordering supplies (bag fillers) for bags, to purchase reuseable shopping bags instead.

*Mary Lynn will research cost for reuseable shopping bags.

*Discussed with extra money we could purchase items that would be used (that we would normally purchase for the giveaway bags) and set out in bowls for employees to take one.

*Discussed getting more substantial gifts with the money (door prizes,etc.).

*Discussed readdressing or looking into gifts being donated by surrounding businesses..can they or not.

3. *2015 Gosh Conference Awards* :
   a. The City of Newberg got this award last year.
   b. Set goals for committee to achieve then will discuss nominating the City for this award next year.
   c. Ideas for goals:
   *Reduction in workman's comp claims
   *Getting safety info to employees – (no time to read emails)
   *Staff meetings/Morning Briefings to get information to employees
   *Each quarter focus for inspections, injuries, chemicals, fire extinguishers, etc.
**Have decided Quarter 4 of inspections will be our first focus – will focus on an EMERGENCY EVACUATION DRILL for each department.

4. *CIS Awards Program:* Entry form was submitted for the City of Newberg

VI. INCIDENT REVIEWS:
None

VII. ITEMS FROM DEPARTMENTS:
1. Fire extinguishers / signage – signs received pending installation
2. City Hall 1st floor Fire door exit improvement – pending bids
3. PW bathroom door improvements (Clinton pending decision and bid) – Need more info – clarifications on the bid in order to proceed with a decision.

VIII. SAFETY FUND BUDGET: Year 2014/2015:
$6290
*Health Fair - $500 (Possible grant funding match)
*Monthly wellness magazines $250 (Looking into possibly getting this amount lowered…less copies)
*Health Inspired Programs
*Assist with department safety costs

VIIII. MOTION TO ADJOURN: at 12:55 PM

Minutes taken by : Wendy Looney

Approved by the Newberg Safety Committee this 1st day of October, 2014.

AYES: **NO:** **ABSENT:** **ABSTAIN:**

Minutes Recorder, Wendy Looney

Safety Committee Chair, Bobbie Morgan

SAFETY COMMITTEE AGENDA
September 3, 2014
11:00 AM Regular Meeting "New Meeting Time"
Newberg Admin Conference Room
414 E First Street, 2nd Floor

I. CALL MEETING TO ORDER

II. ROLL CALL: Bobbie Morgan (chair); Wendy Looney (secretary); Denise Christensen; Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

III. MINUTES: Review and approve August 6, 2014 meeting minutes

IV. INSPECTIONS: Reminder need to have all inspections done by next meeting

3rd Quarter July - Sept 2014
Animal Shelter, P.W. Yard – Andy & Ed
Wastewater Treatment and Water plants – Mary Lynn & Dawn
Library and Annex – Bobbie & Bill
City Hall, Archive Bldg, PSB – Denise & Wendy
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. BUSINESS:

2015 GOSH Conference Awards;

2014 Grants;

1. *Wellness Grant*,
Phase I – done by Andy and Karen Approved $750.00
Phase II – Targeted Wellness Programs/Interventions – Dead line October 2014
-5210 Challenge denied due to lack of employee interest after survey results

2. *Health/Benefits Fair Grant* : Available $500 matching fund grant every 2 years, apply for 4 weeks prior to Health Fair
a. Need a volunteer for Health fair supply ordering Sept – Dec. budget $240.00.
-Topic: Suggestions to change bag give away

3. *Risk Management Incentive Grant* : $5000, reimbursement for safety equipment – Program 2013 – 2016
✓ Law Enforcement Gloves for Police Department,
✓ Wireless headset systems for Court,
✓ Security Camera's for Library – Pending grant fund payback
✓ Balance of grant is $.0

4. *CIS Awards Program:* taking nominations for 2014 Employee Safety Awards program, recognizes cities with low employee accident frequency rates.
- Official Entry Form submitted for City of Newberg 08/25/2014

VI. INCIDENT REVIEWS:

VII. ITEMS FROM DEPARTMENTS:

1. Fire extinguishers / signage – signs received pending installation
2. Building / Planning Dept Carts for rolls of plans storage – received and installed
3. Public Safety Dept rolling carts for evidence room – received and installed
4. City Hall 1st floor Fire door exit improvement – pending bids
5. PS bathroom door improvements (Clinton pending approval $2098.00)

VIII. SAFETY FUND BUDGET: Year 2014/2015: $6290

- Health Fair $500, (Possible grant funding match)
- Monthly wellness magazines $250,
- Health inspired programs
- Assist with department safety costs

VIIII. MOTION TO ADJOURN:

ATTACHMENTS:
-Minutes 08/06/2014 Meeting
-GOSH Awards application
-PS Door Proposal

SAFETY COMMITTEE MINUTES
Aug 6, 2014
12:30 pm Regular Meeting
Newberg Admin Conference Room
414 E First Street, 2nd Floor

I. **MEETING CALLED TO ORDER :** 12:35 PM Wendy Looney

II. **ROLL CALL**:

Present: Wendy Looney (Chair); Karan Frketich (Sub for Denise Christensen); Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

Absent: Bobbie Morgan

III. **MINUTES:** Reviewed and approved July 2, 2014 meeting minutes, Motion to approve minutes Karen Frketich, 2nd motion by Mary Lynn,

IV. **INSPECTIONS:** On track and being scheduled by committee member

3rd Quarter July - Sept 2014

Animal Shelter, P.W. Yard – Andy & Ed
Wastewater Treatment and Water plants – Mary Lynn & Dawn
Library and Annex – Bobbie & Bill
City Hall, Archive Bldg, PSB – Denise & Wendy
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. **BUSINESS:**

2014 Grants;

1. *Wellness Grant*, due by October 2014
   Phase I – done by Andy and Karen Approved $750.00
   Phase II – Targeted Wellness Programs/Interventions: Committee voted not to apply for this grant.
   - After a review of the 5210 Challenge survey, committee decided against having the challenge as a phase II wellness grant submission. Survey is showing not enough employee interest or participation.

2. *Health/Benefits Fair Grant* : Available $500 matching fund grant every 2 years, apply for 4 weeks prior to Health Fair
   a. Need a volunteer for Health fair supply ordering Sept – Dec. budget $240.00. Mary Lynn volunteered to coordinate.
   b. Will review in September meeting on other ideas for the fair instead of bag fillers.

3. *Risk Management Incentive Grant* : $5000, reimbursement for safety equipment – Program 2013 – 2016
   - ✓ Law Enforcement Gloves for Police Department,
   - ✓ Wireless headset systems for Court,
   - ✓ Security Camera's for Library
   - ✓ Balance of grant is $.0

4. *CIS Awards Program:* taking nominations for 2014 Employee Safety Awards program, recognizes cities with low employee accident frequency rates. Award application is being submitted and completed by Pam in payroll. The deadline to submit is August 15, Pam Young is finalizing the application.

VI. INCIDENT REVIEWS:

1. Public Works Maint. Yard injury: cleaning sweeper and had a elbow injury. Committee suggests to be more aware of surroundings.
2. Public works Maint. Bee Sting. Committee response is to clean equipment of wasps and nests.

VII. ITEMS FROM DEPARTMENTS:

1. Fire extinguishers / signage – signs received pending installation
2. Building / Planning Dept Carts for rolls of plans storage – received and installed
3. Public Safety Dept rolling carts for evidence room – received and installed
4. City Hall 1st floor Fire door exit improvement – pending bids
5. PW bathroom door improvements (Clinton pending decision and bid)

VIII. SAFETY FUND BUDGET: Year 2014/2015:

$6290 (Health Fair $240, Monthly wellness magazines $250, Committee Lunches $ 550)

1. Committee would like to revisit the cost of lunches provided to the committee for having meetings during lunch time. Motion by Andy to do away with lunches and 2nd by Wendy Looney. Committee would like to keep funds in the Safety budget to use for Safety Fair or health inspired programs. Dawn will talk to new City Manager on approval.

VIIII. MOTION TO ADJOURN: at 1:00 PM

Approved by the Newberg Safety Committee this 3rd day of September, 2014.

AYES: **NO:** **ABSENT:** **ABSTAIN:**

Minutes Recorder, Dawn Wilson

Safety Committee Chair, Bobbie Morgan

GOSH 2015 SAFETY & HEALTH

GOSH CONFERENCE AWARDS

Nominate organizations and individuals who make extraordinary contributions to workplace safety and health.

HONOR

Every organization, regardless of size, is encouraged to apply. Nominees will compete with like-sized organizations. We anticipate several award winners in these categories.

- **Employer Safety Program**
- **Association**
- **Safety Committee**
- **Safety and Health Advocate** *(individual or team)*
- **Labor Representative**
- **Safety and Health Professional** *(industry specific)*

Nominations due: October 1, 2014

Awards presented on March 11, 2015

www.oregongosh.com

Award questions: Karen Blythe, 503-618-8871
or e-mail Oregon.GOSH@state.or.us

OREGON GOVERNOR'S OCCUPATIONAL SAFETY & HEALTH CONFERENCE

March 9-12, 2015 • Oregon Convention Center • Portland

A joint effort of ASSE Columbia-Willamette Chapter and Oregon OSHA

Oregon OSHA
A Division of the Department of Consumer and Business Services

Nomination Form

Instructions: Complete and submit this nomination form and the specific information indicated for each category.

GOSH CONFERENCE AWARDS

Select award category for nomination:

- ☐ **Employer Safety Program**
- ☐ **Association**
- ☐ **Safety Committee**
- ☐ **Safety and Health Advocate** *(individual)*
- ☐ **Safety and Health Advocate** *(team)*
- ☐ **Labor Representative**
- ☐ **Safety and Health Professional**

Nominees compete with like-sized organizations:
Provide the number of employees or members _____
(Seasonal employment and temporary agencies may use average number of employees.)

List your industry _____

Person or organization being nominated _____

Is the nominee aware of this nomination? ☐ YES ☐ NO

Nominee contact person (if organization award) _____

Nominee Company _____

Nominee mailing address _____

Nominee phone _____ Nominee e-mail _____

Person making nomination _____

Company _____ Title _____

Mailing address _____
City *State* *ZIP*

Phone _____ E-mail _____

Relationship to nominee _____

How did you hear about this award opportunity? _____
(e.g.: insurance carrier, self, employer, etc.)

Please e-mail, fax, or mail completed nomination form and information by October 1, 2014 to:

Oregon GOSH Conference
Attn: Awards Committee
PO Box 5640
Salem, OR 97304-0640

Fax: 503-947-7019

E-mail: Oregon.GOSH@state.or.us

Office use ONLY
Notification of receipt sent
_____/_____
(initial) *(date)*

We will confirm receipt of your nomination by phone or e-mail.
Nominations received after October 1 will not be accepted.

Award questions:
Karen Blythe, 503-618-8871
or e-mail Oregon.GOSH@state.or.us

OREGON GOVERNOR'S OCCUPATIONAL SAFETY & HEALTH CONFERENCE

March 9-12, 2015 • Oregon Convention Center • Portland

GOSH CONFERENCE AWARDS

Submission Tip Sheet

Below are some tips to help with your submission.

1. Be sure to review the checklist of required items:

- ☐ Complete the Nomination Form.
- ☐ Answer each question for the category.
- ☐ **Limit your nomination to four (4) single-sided typewritten pages using at least a 12-point font.**
- ☐ Verify the information is true and accurate.
- ☐ Provide statistical information if appropriate.
- ☐ Included the Nomination Form with the actual nomination.
- ☐ Submit the nomination by the **October 1, 2014** deadline.

2. Use examples

Being specific in your examples can help judges better understand your workplace, industry, and the people you are nominating. For instance, when you describe an individual as passionate or caring about safety, share ***how*** they may have demonstrated those qualities.

3. Enlist help

Another set of eyes can help ensure you are presenting information clearly and with enough detail. If you have a marketing or public relations department at your organization, consider recruiting them to help review or even write your submission.

4. What sets you apart?

Include enough information to allow judges to understand how and why your nominee is special. Back up claims with facts, examples, or challenges.

GOSH 2015 SAFETY & HEALTH

Award questions:
Karen Blythe, 503-618-8871
or email Oregon.GOSH@state.or.us

HONOR

GOSH CONFERENCE AWARDS

Employer Safety Program

This award recognizes an employer's activities or projects that resulted in an outstanding contribution to occupational safety and health.

HONOR

Every employer, regardless of size, is encouraged to apply. Employers will compete with like-sized companies. Several award winners are expected in this category.

Instructions: Limit answers to the specific questions and provide no more than four (4) typewritten pages (12-point font).

Please respond to each of the following in numeric order:

1. **What are the unique safety and health challenges to the business or industry of the nominee? Give examples of how the employer dealt with the challenges.**
2. **Tell us about the safety culture – address employee and management commitment, involvement, and accountability. Give examples.**
3. **Describe the training opportunities or activities the employer has in place to promote occupational safety and health?**
4. **If you have a wellness program, describe how it supports your safety and health program. Give examples.**
5. **How do the above activities or actions of the employer contribute to a reduction in injuries, illnesses, or fatalities in the workplace? Provide available statistical information to support improvement.**
6. **If the nominee was a GOSH Award winner in this category at the 2011 or 2013 GOSH Conference, what have they done to improve upon prior success?**

Award questions: Karen Blythe, 503-618-8871 or email Oregon.GOSH@state.or.us

CHECKLIST

- ☐ Complete the Nomination Form.
- ☐ Answer each question for the category.
- ☐ **Limit your nomination to four (4) single-sided typewritten pages using at least a 12-point font.**
- ☐ Verify the information is true and accurate.
- ☐ Provide statistical information if appropriate.
- ☐ Included the Nomination Form with the actual nomination.
- ☐ Submit the nomination by the **October 1, 2014** deadline.

OREGON GOVERNOR'S OCCUPATIONAL SAFETY & HEALTH CONFERENCE

March 9-12, 2015 • Oregon Convention Center • Portland

GOSH CONFERENCE AWARDS

Safety Committee

This award recognizes safety committees that made substantial efforts in the prevention of workplace injury and illness.

(Safety committee as defined by OAR 437-001-0765, "Rules for Workplace Safety Committees")

Safety Committees, regardless of the number of employees in the organization or number of members in the association, are encouraged to apply. Nominees will compete with like-sized organizations and associations. Several award winners are expected in this category.

Instructions: Limit answers to the specific questions and provide no more than four (4) typewritten pages (12-point font).

Please respond to each of the following in numeric order:

1. **What are the unique safety and health challenges to the business or industry of the nominee? Give examples of how the safety committee dealt with the challenges.**
2. **How are employees/members involved in the committee's activities?**
3. **Describe the safety committee's accomplishments, projects, or recommendations that had a significant impact on the safety and health of workers in the organization. Provide available statistical information to support improvement. You may also include examples of activities related to health and wellness.**
4. **If you have a wellness program, describe how it supports your safety and health program. Give examples.**
5. **If the nominee was a GOSH Award winner in this category at the 2011 or 2013 GOSH Conference, what have they done to improve upon prior success?**

Award questions: Karen Blythe, 503-618-8871 or email Oregon.GOSH@state.or.us

CHECKLIST

- ☐ Complete the Nomination Form.
- ☐ Answer each question for the category.
- ☐ **Limit your nomination to four (4) single-sided typewritten pages using at least a 12-point font.**
- ☐ Verify the information is true and accurate.
- ☐ Provide statistical information if appropriate.
- ☐ Included the Nomination Form with the actual nomination.
- ☐ Submit the nomination by the **October 1, 2014** deadline.

OREGON GOVERNOR'S OCCUPATIONAL SAFETY & HEALTH CONFERENCE

March 9-12, 2015 • Oregon Convention Center • Portland

HONOR

GOSH CONFERENCE AWARDS

Association

This award recognizes associations who actively promote workplace safety and health.

HONOR

This category is open to trade, advocacy, and professional organizations.

Instructions: Limit answers to the specific questions and provide no more than four (4) typewritten pages (12-point font).

Please respond to each of the following in numeric order:

1. **What are the unique business and industry safety and health challenges of the association's members? Give examples of how the association provided resources or helped members deal with the challenges.**
2. **Describe any occupational safety and health educational programs or activities the association has provided for its members.**
3. **How does the association communicate occupational safety and health programs and issues to its membership? Give examples.**
4. **How is commitment and involvement of association members demonstrated in occupational safety and health programs and activities. Give examples.**
5. **If the nominee was a GOSH Award winner in this category at the 2011 or 2013 GOSH Conference, what have they done to improve upon prior success?**

Award questions: Karen Blythe, 503-618-8871 or email Oregon.GOSH@state.or.us

CHECKLIST

- ☐ Complete the Nomination Form.
- ☐ Answer each question for the category.
- ☐ **Limit your nomination to four (4) single-sided typewritten pages using at least a 12-point font.**
- ☐ Verify the information is true and accurate.
- ☐ Provide statistical information if appropriate.
- ☐ Included the Nomination Form with the actual nomination.
- ☐ Submit the nomination by the **October 1, 2014** deadline.

OREGON GOVERNOR'S OCCUPATIONAL SAFETY & HEALTH CONFERENCE

March 9-12, 2015 • Oregon Convention Center • Portland

GOSH CONFERENCE AWARDS

- ***Safety and Health Advocate***
  (Individual or team)
- ***Labor Representative***
- ***Safety and Health Professional***
  (Individuals do not need professional credentials to qualify.)

HONOR

These awards are for individuals or teams who made a significant contribution to the field of occupational safety and health.

Instructions: Limit answers to the specific questions and provide no more than four (4) typewritten pages (12-point font).

Please respond to each of the following in numeric order:

1. **Give a brief description of the industry and the nominee's role in the organization.**
2. **What are the unique safety and health challenges to the business or industry of the nominee? Give examples of how the nominee dealt with those challenges.**
3. **Describe the activities the nominee has developed or implemented that improve occupational safety and health. Provide statistical information, publications, training and educational programs, research, procedures, etc., that the nominee created, designed, or improved.**
4. **How does the nominee demonstrate leadership, passion, and/or dedication to safety and health?**
5. **If the nominee was a GOSH Award winner in this category at the 2011 or 2013 GOSH Conference, what have they done to improve upon prior success?**

Award questions: Karen Blythe, 503-618-8871 or email Oregon.GOSH@state.or.us

CHECKLIST

- ☐ Complete the Nomination Form.
- ☐ Answer each question for the category.
- ☐ **Limit your nomination to four (4) single-sided typewritten pages using at least a 12-point font.**
- ☐ Verify the information is true and accurate.
- ☐ Provide statistical information if appropriate.
- ☐ Included the Nomination Form with the actual nomination.
- ☐ Submit the nomination by the **October 1, 2014** deadline.

OREGON GOVERNOR'S OCCUPATIONAL SAFETY & HEALTH CONFERENCE

March 9-12, 2015 • Oregon Convention Center • Portland

PROPOSAL

Pg. 1 of 1

METRO ACCESS CONTROL

FOR: CITY OF NEWBERG

PHONE: 503.664.6380

ADDRESS:

DATE: 8/25/14 TERMS:

JOB ADDRESS: PUBLIC SAFETY BUILDING

Clinton.Alley@NewbergOregon.gov
FAX: 503.554.9411
ATTENTION: CLINTON ALLEY

WE PROPOSE TO FURNISH THE FOLLOWING	AMOUNT
WOMEN'S RESTROOM INSTALL: 1) RECORD 6100 AUTO OPERATOR 2) BEA 4.5" PTOHC WITH CAMDEN RADIO CONTROLS	$ 2,098.00
NOTE: * Labor quoted at standard wage rates during normal working hours.	
DATE INSTALLATION DESIRED	TOTAL

The above proposal is valid for 60 days. Agreements are contingent upon strikes, accidents or other conditions beyond our control. We carry manufacturers', contractors', & employers' liability & workman's compensation insurance. Customer agrees that all equipment is the property of contractor & allows contractor access to property to remove equipment if full payment is not made per contract terms. A 1 ½% finance charge per month is charged on all past due accounts, plus all attorney fees & court cost for collection.
CCB # 46091 CC # METROOD121MJ CITY NEWBERG

METRO ACCESS CONTROL

WE ACCEPT THE ABOVE PROPOSAL:

BY:_____ DATE:_____

2525 NE COLUMBIA BLVD PORTLAND OR. 97211
(503) 595-4716 (503) 285-1793 Fax

Submitted By: MIKE SHIEL

SAFETY COMMITTEE AGENDA
Aug 6, 2014
12:30 pm Regular Meeting
Newberg Amin Conference Room
414 E First Street, 2nd Floor

I. CALL MEETING TO ORDER

II. ROLL CALL: Bobbie Morgan (chair); Wendy Looney (secretary); Denise Christensen; Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

III. MINUTES: Review and approve July 2, 2014 meeting minutes

IV. INSPECTIONS:

3rd Quarter July - Sept 2014
Animal Shelter, P.W. Yard – Andy & Ed
Wastewater Treatment and Water plants – Mary Lynn & Dawn
Library and Annex – Bobbie & Bill
City Hall, Archive Bldg, PSB – Denise & Wendy
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. BUSINESS:

2014 Grants;

1. *Wellness Grant*, due by October 2014
   Phase I – done by Andy and Karen Approved $750.00
   Phase II – Targeted Wellness Programs/Interventions

a. Review 5210 Challenge survey and decide on whether to have the challenge and start date.

2. *Health/Benefits Fair Grant* : Available $500 matching fund grant every 2 years, apply for 4 weeks prior to Health Fair

a. Need a volunteer for Health fair supply ordering Sept – Dec. budget $240.00.

3. *Risk Management Incentive Grant* : $5000, reimbursement for safety equipment – Program 2013 – 2016

- ✓ Law Enforcement Gloves for Police Department,
- ✓ Wireless headset systems for Court,
- ✓ Security Camera's for Library
- ✓ Balance of grant is $.0

4. *CIS Awards Program:* taking nominations for 2014 Employee Safety Awards program, recognizes cities with low employee accident frequency rates. Award application is being submitted and completed by Pam in payroll. The deadline to submit is **August 15,.**

VI. INCIDENT REVIEWS:

1. Public Works Maintance Yard injury

VII. ITEMS FROM DEPARTMENTS:

1. Fire extinguishers / signage – signs received pending installation
2. Building / Planning Dept Carts for rolls of plans storage – received and installed
3. Public Safety Dept rolling carts for evidence room – received and installed
4. City Hall 1st floor Fire door exit improvement – pending bids
5. PW bathroom door improvements (Clinton pending)

VIII. SAFETY FUND BUDGET: Year 2014/2015: $6290 (Health Fair $240, Monthly wellness magazines $250, Committee Lunches $ 550)

VIIII. MOTION TO ADJOURN:

ATTACHMENTS:
-Minutes
-5210 Challenge survey results

Provides Lunch:

~~Jan: Dawn~~	~~Feb: Wendy~~	~~Mar: Denise~~	~~Apr: Bobbie~~	~~May: Ed~~	~~Jun: Dawn~~
~~Jul: Mary Lynn~~	Aug: **Bill**	Sep: **Denise**	Oct: **Andy**	Nov: **Wendy**	Dec: **Bobbie**

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: Kirby Brumfield
Job Title: Police Officer
Date of Injury/Exposure: 8/4/14
Date Reported: 8/6/14
Dates of Work Lost: —
Accident /Incident Location: CAD 14022463

Location: 625 N. Elliott RD #A
Date of Hire: 6/5/05
Time of Injury / Exposure 10:50 pm
To Whom Reported:
Supervisor: Sgt. Downing
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	(X)	( )
( ) 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)
Ofc. Scott Liston
Toni Charles
Brittany Bitrich

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
(X) Pain in Body Part Identified at Left
( ) Dizziness
( ) Other: loss of stability

Contributing Factors

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

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 Equipment/ Personal Protective Equipment In Use At Time of Injury /Exposure:

Describe what happened (include sequence of events; equipment, materials, and substances being used; and environment — PLEASE BE SPECIFIC): ~~Left~~ Slipped and fell while walking At a normal pace down carpeted stairs about 8" wide.

How long have you been doing this particular job?: 1997

Have you had any similar incidents in the past? Yes X No _____ (If yes, please describe by including date, type of incident, and if any action was taken): I fell down stairs At home injuring back about 3-4 years Ago.

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): Around 14 years ago, twisted same knee getting out of 4 wheel drive truck.

What do you think can be done to prevent this incident from reoccurring? new boots, watch my step, install handrailing ??

To Be Completed By Employee's Supervisor:

Why did the Injury/Exposure happen or the condition exist? Worn tread on boot heel. No Stair rail existed

What could have been done, or should be done, to prevent this Injury/Exposure: No Stair rail installed in apartment.

Have there been Injuries or Incidents in this same activity? Was action taken? Not to my knowledge.

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

Employee's Signature: _____ Date: 08/06/14
Supervisor's Signature: _____ Date: 8/6/14.
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: _____

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: SEAN SUDLAND
Job Title: SENIOR WASTE WATER MECHANIC
Date of Injury/Exposure: 8-4-2014
Date Reported: 8-4-2014
Dates of Work Lost: Ø
Accident /Incident Location: SHOP
Hours on Shift 5
Conditions at location OK

Location: OPERATIONS MAINT SHOP.
Date of Hire: NOVEMBER 25 2013
Time of Injury / Exposure 1245 PM
To Whom Reported: SELF
Supervisor: RUSS REED
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	( )	( )
( ) Eyes	( )	( )
( ) Mouth	( )	( )
( ) Teeth	( )	( )
( ) Face	( )	( )

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

(X) Cut	( ) 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
(X) Other: SHARP EDGE ON PIECE OF STEEL

Work Behavior At Time of Injury

(Please check all items that
( ) 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?)
(X) Operating Equipment
( ) Innocent Bystander
( ) Other

Distribution of Copies: Original: **Human Resources** Manager within 24 hours | 1 copy to Employee |
1 copy: Supervisor/Dept. Head *(redact protected information under HIPPA and OCPA – original data stored by HR)*

Was Safety Equipment/ Personal Protective Equipment In Use At Time of Injury /Exposure: Yes (No)

Type SE OR PPE In Use: _____

Describe what happened (include sequence of events; equipment, materials, substances being used and environment — PLEASE BE SPECIFIC): *additional pages may be added*

CUT HAND ON PIECE OF STEEL BY SAW

How long have you been doing this particular job?: RAN SAWS MANY YEARS, 10 MIN INTO THIS JOB.

Have there been similar incidents/near misses in the past? X No ____ YES

Describe history or similar incidents: —

What do you think can be done to prevent this incident from reoccurring? BE WATCHFUL OF SURROUNDINGS WHERE WORK IS BEING PREFORMED

To Be Completed By Employee's Supervisor: *additional pages may be added*

Why did the Injury/Exposure happen or the condition exist?

USED PIECE OF STEEL STORED IN A BAD SPOT

What should be done, to prevent this Injury/Exposure:

REMOVE PIECES OF LEFT OVER STEEL FROM SAW.

Employee's Signature: _____ Date: 8-7-2014

Supervisor's Signature: Ron Reed Date: 8/4/14

HR Manager's Signature: _____ Date: _____

SAFETY COMMITTEE EVALUATION OF INJURY / EXPOSURE

Committee Recommendations/Corrective Action

Corrective Action Assigned To _____

Date corrections shall be implemented: _____

SAFETY COMMITTEE AGENDA
July 2, 2014
12:30 p.m. Regular Meeting
Newberg Amin Conference Room
414 E First Street, 2nd Floor

I. CALL MEETING TO ORDER

II. ROLL CALL: Bobbie Morgan (chair); Wendy Looney (secretary); Denise Christensen; Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

III. MINUTES: Review and approve June 4, 2014 meeting minutes

IV. INSPECTIONS:

2nd Quarter April - June 2014
Animal Shelter, P.W. Yard –Denise & Andy
Wastewater Treatment and Water plants – Ed & Bill – Completed need copies
Library and Annex – Mary Lynn & Wendy - Completed
City Hall, Archive Bldg, PSB – Bobbie & Dawn - Completed
NFD 20 & 21 – Operations Staff - !st & 2nd Qtr need copies
Pump Stations – Operations Staff - !st & 2nd Qtr need copies

3rd Quarter July - Sept 2014
Animal Shelter, P.W. Yard – Andy & Ed
Wastewater Treatment and Water plants – Mary Lynn & Dawn
Library and Annex – Bobbie & Bill
City Hall, Archive Bldg, PSB – Denise & Wendy
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. BUSINESS:

1. 2014 Grants;

1. *Wellness Grant*, due by October 2014
   -Phase I – done by Andy and Karen Approved $750.00
   -Phase II – Targeted Wellness Programs/Interventions
   -Phase III

2. *Safety Fair Grant* : Not offered through CIS at this time

3. *Risk Management Incentive Grant* : $5000, reimbursement for safety equipment – Program 2013 - 2016
   - ✓ Law Enforcement Gloves for Police Department,
   - ✓ Wireless headset systems for Court,
   - ✓ Security Camera's for Library
   - ✓ Balance of grant is $.0

VI. INCIDENT REVIEWS:

Provides Lunch:

~~Jan: Dawn~~	~~Feb: Wendy~~	~~Mar: Denise~~	~~Apr: Bobbie~~	~~May: Ed~~	~~Jun: Dawn~~
Jul: **Mary Lynn**	Aug: **Bill**	Sep: **Bobbie**	Oct: **Andy**	Nov: **Wendy**	Dec: **Chair**

VII. ITEMS FROM DEPARTMENTS:

1. Fire extinguishers / signage – signs received pending installation
2. Building / Planning Dept Carts for rolls of plans storage – received and installed
3. Public Safety Dept rolling carts for evidence room – approved/ordered
4. City Hall 1st floor Fire door exit improvement

VIII. SAFETY FUND BUDGET: 3rd Quarter $5500

VIIII. MOTION TO ADJOURN:

ATTACHMENTS:
-Minutes

Provides Lunch:

~~Jan: **Dawn**~~	~~Feb: **Wendy**~~	~~Mar: **Denise**~~	~~Apr: **Bobbie**~~	~~May: **Ed**~~	~~Jun: **Dawn**~~
Jul: **Mary Lynn**	Aug: **Bill**	Sep: **Bobbie**	Oct: **Andy**	Nov: **Wendy**	Dec: **Chair**

Safety Committee Minutes
12:30 pm, Wednesday, June 4, 2014
City Hall, 3rd Floor Administration Conference Room

PRESENT: Bobbie Morgan (chair); Wendy Looney (Secretary); Ed Thomas; Dawn Wilson; Mary Lynn Thomas; Denise Christensen; Andy Willette; Bill Jones

Meeting Called to order: Bobbie Morgan at 12:50pm

Inspections:

2nd Quarter April – June 2014
Animal Shelter, P.W. Yard – Denise & Andy
Wastewater Treatment and Water Plants – Ed & Bill - COMPLETED
Library and Annex – Mary Lynn & Wendy - COMPLETED
City Hall, Archive Bldg, PSB – Bobbie & Dawn - COMPLETED
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

Business:

*May minutes were reviewed and approved.

*We discussed how the Wellness Fair turned out.
60 Attendees – drop in attendees from last year.
Had a suggestion to have a vendor draw names for the prizes.
The vendors were very happy – only 1 vendor didn't appear.

We are not funded for the Wellness Fair for next year. Discussed that it was fairly cheap to put this fair together and maybe next year just taking the funding for it out of the Safety budget or get the money approved to do the fair thru the Wellness Grant.

*Risk Management Incentive Grant
There were 7 votes of yes to purchase security cameras for the library to help with vandalism that has been going on. The purchase of these cameras will take the remaining money in this grant and the remainder of the cost will come out of library's budget.
$7,381.96 total requested $4,881.96 to be paid by CIS, $2,500.00 to be paid out of library's budget.

*Wellness Grant
Andy is working with Karen on the Phase II of this grant. We will be watching for updates on the CIS website.
All committee members will bring ideas to the next meeting on contests or programs we could put together.
An idea from committee member that to get the best employee participation with contests or programs, it might be a better turn out if there were individualized prizes / rewards given.

*The Safety Fund Budget has $2700.00 remaining.

*The Safety Committee with purchase all the fire extinguisher signs needed for the city. We will have a final count on how many signs need to be ordered after all inspections are done.

*During the inspection of the building and planning department it was found that plans/drawings were just leaned up against walls with no form of containment...and drawings keep falling. Discussed how this could be a trip hazard. Bobbie has researched racks to hold these drawings in place and make them easily assessable. It would be a total of $545 for the racks needed to hold all the plans/drawings. There were 8 votes of yes to purchase the racks needed for building/planning. The money will come out of the Safety Fund Budget.

*Police evidence doesn't have a good logical way to move evidence around to and from places. We discussed purchasing two roll carts for evidence to help with this issue, and to avoid future work comp claims. There were 8 votes of yes to purchase two roll carts for police evidence. The money will come out of the Safety Fund Budget.

Incident Reviews:
No accidents reported for the month of May.

Motion to adjourn meeting made by Bill Jones, and 2nd by Mary Lynn, meeting adjourned at 1:30pm.

Next Meeting: July 2nd @ 12:30pm @ City Hall (2nd Floor/Admin – Large Conf Rm)
(1st Wednesday of the month)

Provides Lunch:

Jan: Dawn	Feb: Wendy	Mar: Denise	Apr: Bobbie	May: Ed	Jun: Dawn
Jul: **Mary Lynn**	Aug: **Bill**	Sep: **Bobbie**	Oct: **Andy**	Nov: **Wendy**	Dec: **Chair**

Wendy Looney
Secretary

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: RAYMOND PACINI
Job Title: MAINT TECH 1
Date of Injury/Exposure: 7-17-2014
Date Reported: 7-17-2014
Dates of Work Lost: NONE AS OF THIS DATE
Accident /Incident Location: P.W. MAINT YARD

Location: SWEEPER CLEANING BAY
Date of Hire: 4-28-08
Time of Injury / Exposure NOON
To Whom Reported: RUSS THOMAS
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	[ ]	[ ]

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: CONTUSION

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 LOSS
( ) 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)
NONE

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:

Describe what happened (include sequence of events; equipment, materials, and substances being used; and environment — PLEASE BE SPECIFIC): WHEN CLEANING SWEEPER. I WHIPPED BACK THE WATER HOSE, AS I WAS WHIPPING BACK WITH RIGHT ARM I SMACKED A CONCRETE BLOCK WITH MY ELOBOW CAUSING EXTREME PAIN.

How long have you been doing this particular job?: 4.5 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? BE MORE CAREFUL

To Be Completed By Employee's Supervisor:

Why did the Injury/Exposure happen or the condition exist? Employee Not Aware of How Close He was To Concrete Block

What could have been done, or should be done, to prevent this Injury/Exposure: Employee Being More Aware of His Location, and Using More Care with Hose

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

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

Employee's Signature: _____ Date: 7-17-14

Supervisor's Signature: Russ Thomas Date: 7-17-14

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: More aware of surroundings.

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: Jennya Surcamp
Job Title: seasonal employee
Date of Accident/Incident: 07/17/2014
Date Reported: 07/17/2014
Dates of Work Lost: _____
Accident /Incident Location: BNM - 3rd st.

Location: 500 W 3rd street
Date of Hire: 06/2011
Time of Accident/Incident: 9 am 07/17
To Whom Reported: Vance Barton
Supervisor: Vance Barton
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	( )	( )
(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	( )	( )
( ) Abdomen	( )	( )
( ) Hip	( )	( )
( ) Groin	( )	( )

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

_____
_____
_____
_____

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
(X) Other: insect sting

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
( ) 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
(X) Innocent Bystander
( ) Other _____

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:

Describe what happened (include sequence of events; equipment, materials, and substances being used; and environment – PLEASE BE SPECIFIC): I was stung by a hornet

How long have you been doing this particular job?: June 2011 - Current

Have you had any similar incidents in the past? Yes X No _____ (If yes, please describe by including date, type of incident, and if any action was taken): I have been stung in the past but not with this reaction

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? Kill the bees...

To Be Completed By Employee's Supervisor:

Why did the accident/incident happen or the condition exist? Bees made nest at over fueling station

What could have been done, or should be done, to prevent this accident/incident?: everything that could have been done was done. long sleeve shirt was being worn at time of incident.

Have there been accidents or incidents in this same activity? Was action taken? other bee stings yes at this location no. Bee spray to nest has been applied.

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

Employee's Signature: _____ Date: 07/18/2014

Supervisor's Signature: Vance Burton Date: 7/18/2014

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: Clean up all nests, set traps

City Attorney
(503) 537 – 12306

City Manager
(503) 538 – 9421

City of Newberg

414 East First Street
PO Box 970
Newberg, Oregon 97132

INCIDENT REPORT

DATE OF INCIDENT: 07/17/2014

NAME OF PERSON REPORTING INCIDENT: Jenaya Surcamp

TELEPHONE NO: 5033414950 **IF CITY EMPLOYEE, DEPARTMENT:** maintenance

NAME OF INJURED PARTY OR OWNER OF DAMAGED PROPERTY: Jenaya Surcamp

ADDRESS: 22732 Yeany ln NE Aurora, OR 97002

TELEPHONE NO: 5033414950 **WEATHER CONDITIONS:** clear/sunny

EXACT LOCATION OF INCIDENT (BE SPECIFIC): 500 W 3rd street

BRIEFLY DESCRIBE *EXACTLY* WHAT HAPPENED:

hornet sting on right forearm

TO WHOM WAS INCIDENT REPORTED: Vance Barton

DATE REPORTED: 07/17/2014 **POLICE CALLED?** No **FIRE DEPT. CALLED?** No

NAME OF WITNESS(ES):

NAME	*TELEPHONE NO.*	*ADDRESS*

City Attorney
(503) 537 – 12306

City Manager
(503) 538 – 9421

City of Newberg

414 East First Street
PO Box 970
Newberg, Oregon 97132

INCIDENT REPORT

- CONTINUED -

ITEMIZED DAMAGES AND/OR INJURIES:

insect sting - allergic reaction

IF CITY VEHICLE IS DAMAGED, LIST THE FOLLOWING:

VIN: _____ **YEAR:** _____

MAKE: _____ **MODEL:** _____

IS THE VEHICLE LEASED: ☐ **YES** ☐ **NO**

IF YES, COMPANY VEHICLE IS LEASED THROUGH: _____

ACTION TO BE TAKEN BY CITY:

SIGNATURE _____ **DATE** 07/18/2014

RETURN ORIGINAL REPORT *IMMEDIATELY*
TO LEGAL DEPTARMENT WITH ANY ATTACHEMENTS
(PHOTOS, STATEMENTS, ESTIMATES, ETC.)

CITY ATTORNEY'S OFFICE *E-mail: nlegal@newbergoregon.gov* *Fax: (503) 507 – 5013*

Admin (503) 537-1261 | Building (503) 537 - 1240 | Public Works (503) 537 - 1273 | Finance (503) 538 - 9421
Fire (503) 537 - 1230 | Library (503) 538 - 7323 | Municipal Court (503) 537-1203 | Police (503) 538 – 8321
Maintenance (503) 537-1234 | Utilities (503) 537-1205
Municipal Court Fax (503) 538 - 5393 | Public Works Fax (503) 537-1277 | Library Fax (503) 538 - 9720

SAFETY COMMITTEE AGENDA
June 4, 2014
12:30 p.m. Regular Meeting
Newberg Amin Conference Room
414 E First Street, 2nd Floor

I. CALL MEETING TO ORDER

II. ROLL CALL: Bobbie Morgan (chair); Wendy Looney (secretary); Denise Christensen; Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

III. MINUTES: Review and approve previous meeting minutes

IV. INSPECTIONS:

2nd Quarter April - June 2014
Animal Shelter, P.W. Yard –Denise & Andy
Wastewater Treatment and Water plants – Ed & Bill
Library and Annex – Mary Lynn & Wendy - Completed
City Hall, Archive Bldg, PSB – Bobbie & Dawn - Completed
NFD 20 & 21 – Operations Staff - !st & 2nd Qtr pending
Pump Stations – Operations Staff - !st & 2nd Qtr pending

V. BUSINESS:

1. Wellness Fair, Comments and review

2. 2014 Grants;

1. Wellness Grant, due by October 2014
   -Phase I – done by Andy and Karen Approved $750.00
   -Phase II – Targeted Wellness Programs/Interventions
   -Phase III
2. Safety Fair Grant : No longer offered through CIS
3. Risk Management Incentive Grant : $5000, reimbursement for safety equipment – Program 2013 - 2016
   - ✓ Law Enforcement Gloves for Police Department,
   - ✓ Wireless headset systems for Court,
   - ✓ Balance of grant is $2381.96

VI. INCIDENT REVIEWS:

VII. ITEMS FROM DEPARTMENTS:

1. Workout DVD request fom Brian Kershaw approved by committee, total purchase $139.80
2. Wireless Headset Systems for Court Clerks approved by CIS, funded for through Risk Grant

VIII. SAFETY FUND BUDGET: $5500 balance is $ 2721.05

VIIII. MOTION TO ADJOURN:

ATTACHMENTS:
-Minutes
-2014 Worksite Wellness Grant Application phase II

Provides Lunch:

~~Jan: **Dawn**~~	~~Feb: **Wendy**~~	~~Mar: **Denise**~~	~~Apr: **Bobbie**~~	~~May: **Ed**~~	Jun: **Dawn**
Jul: **Mary Lynn**	Aug: **Bill**	Sep: **Bobbie**	Oct: **Andy**	Nov: **Wendy**	Dec: **Chair**

Safety Committee Minutes
12:30 pm, Wednesday, May 7, 2014
City Hall, 3rd Floor Administration Conference Room

PRESENT: Bobbie Morgan (chair); Wendy Looney (Secretary); Karen Tarmichael (for Ed Thomas); Dawn Wilson; Mary Lynn Thomas; Denise Christensen; Andy Willette; Craig Brault (for Bill Jones)

Meeting Called to order: Bobbie Morgan at 12:45pm

Inspections:

2nd Quarter April – June 2014
Animal Shelter, P.W. Yard – Denise & Andy
Wastewater Treatment and Water Plants – Ed & Bill
Library and Annex – Mary Lynn & Wendy
City Hall, Archive Bldg, PSB – Bobbie & Dawn
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

Business:

April minutes were reviewed and approved by Andy, 2nd by Craig.

We discussed the finalizations of the Wellness Fair.
Andy will finish getting supplies needed from the store in the morning.
Vendors will be arriving at 10:15am.
Safety Committee members need to arrive at the Public Safety building at 10:00 to help set up.

Risk Management Incentive Grant
We have been reimbursed for the Law Enforcement gloves as well as the Court headsets.
Remaining balance left of grant - $2169.96

Wellness Grant
Andy is working with Karen on the Phase II of this grant. We will be watching for updates on the CIS website.

Safety Fair Grant
This grant is no longer available.

The Safety Fund Budget has $2132.13 remaining.

The Safety Committee with purchase all the fire extinguisher signs needed for the city. After this is established and done it is up to each department to make sure they are up-to-date and clearly marked. We will document how many are needed to order at each inspection this quarter. Dawn will send out an email to all of the department heads to make sure someone is delegated to do monthly checks on all fire extinguishers in their department. This has not been done.

An employee has asked if radon testing has been ever done on the library – the library has never been tested for radon.

Incident Reviews:
A Police Officer slipped and fell while chasing a suspect. The Police Officer hurt their right shoulder and inner right thigh.
*Safety Committee Recommendation – we agree with the supervisor that this was an unavoidable incident.

Motion to adjourn meeting made by Wendy Looney, and 2nd by Mary Lynn, meeting adjourned at 1:10pm.

Next Meeting: June 4th @ 12:30pm @ City Hall (2nd Floor/Admin – Large Conf Rm)
(1st Wednesday of the month)

Provides Lunch:

Jan: **Dawn**	Feb: **Wendy**	Mar: **Denise**	Apr: **Bobbie**	May: **Ed**	Jun: **Dawn**
Jul: **Mary Lynn**	Aug: **Bill**	Sep: **Bobbie**	Oct: **Andy**	Nov: **Wendy**	Dec: **Chair**

Wendy Looney
Secretary

cis benefits
www.cisbenefits.org

2014 Worksite Wellness Grants
Level 2 Application
Targeted Wellness Programs/Interventions

Overview:

Level 2 wellness funds are to be used for specific programs and interventions that are proven to positively affect health care costs and enhance well work cultures. Funds can be used for programs such as:

- Healthy eating
- Weight management
- Physical activity
- Stress management
- Lunch & learns
- Pedometer programs
- Worksite stretching

Other criteria to consider when applying for Level 2 grant funds:

1. Activities/programs should be designed to accommodate as many employees' work schedules as possible.
2. Participation incentives (gift cards, cash, t-shirts, etc.) are all considered taxable under IRS rules. Employer must report the value of any gift on employee's W-2 form.
3. Grant funds awarded will be based on your group's past wellness grant history, your overall wellness plan, and expected participation levels. The final amount provided will be determined by CIS Benefits.

Refer to the Worksite Wellness Grant Overview for a sampling of categories for which grant funds CANNOT be used.

Application Process:

1. Complete the application supplying information for each planned activity for which wellness funds will be used.
   - Employee participation must be projected for each activity
   - Provide a brief description of how grant funds will be used for each activity
2. A Grant Review Committee will review your grant application.
3. Once approved, a wellness check will be sent to the attention of person completing the application.

Grant Reporting:

All grant recipients will be asked to complete a brief Grant Outcomes Survey toward the end of the 2014 grant period. A Survey Sample is included here.

Return Application to Heather Matthews
mailto:hmatthews@cisoregon.org Fax: 503-763-3926

cis benefits
www.cisbenefits.org

2014 Level 2 Application

Entity Name:
Mailing Address:

Grant Applicant Name/Position:
Email: Phone:

Please complete the requested information for each event that will use CIS wellness funds.

Program/Activity	Details (what, how, when, promotion plan, outside speakers, etc.)	# Expected Participants	How Will Funds be Used

Total Requested:	Date:	Signature:

W-2 Reporting: We agree to IRS requirement to report the value of any awarded gifts.

Signature Title Date

CIS Action:
Amount Awarded Level 2:_____ Check Request Date:_____
Check #: _____ Date Mailed: _____
Signature:

mailto:hmatthews@cisoregon.org Fax: 503-763-3926

cis benefits
www.cisbenefits.org

2014 Wellness Grant
Level 2 Outcomes Survey

CIS Board of Trustees makes it possible for CIS Benefits to continue the wellness grant program. It's vital for us to report how grant funds are used for funding to continue. We rely on groups receiving wellness grant funds to provide outcomes data for our annual budget report to the Trustees. You can help us continue this grant program by completing this Outcomes Survey.

Program/Activity & Date	Number of Participants	Brief Event Summary	Were the Funds Used Differently than Initially Intended?

Would you have been able to offer your wellness activities without grant funds from CIS? Yes No

Comments:

Completed by:

Signature – Wellness	Title	Date
Signature – Management/Executive	Title	Date

Return Outcome Survey to Heather Matthews

Fax: 503.763.3926 email: hmatthews@cisoregon.org

SAFETY COMMITTEE AGENDA
May 7, 2014
12:30 p.m. Regular Meeting
Newberg Amin Conference Room
414 E First Street, 2nd Floor

I. CALL MEETING TO ORDER

II. ROLL CALL: Bobbie Morgan (chair); Wendy Looney (secretary); Denise Christensen; Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

III. MINUTES: Review and approve previous meeting minutes

IV. INSPECTIONS:

2nd Quarter April - June 2014
Animal Shelter, P.W. Yard –Denise & Andy
Wastewater Treatment and Water plants – Ed & Bill
Library and Annex – Mary Lynn & Wendy
City Hall, Archive Bldg, PSB – Bobbie & Dawn
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

V. BUSINESS:

1. Wellness Fair, see attached check off list

2. 2014 Grants;

1. Wellness Grant, due by October 2014
   -Phase I – done by Andy and Karen Approved $750.00
   -Phase II – Andy, discuss details
   -Phase III
2. Safety Fair Grant : No longer offered through CIS
3. Risk Management Incentive Grant : $5000, reimbursement for safety equipment – Program 2013 - 2016

✓ Law Enforcement Gloves for Police Department,
✓ Wireless headset systems for Court,
✓ Balance of grant is $2169.96

VI. INCIDENT REVIEWS:

VII. ITEMS FROM DEPARTMENTS:

1. Workout DVD request fom Brian Kershaw approved by committee, total purchase $139.80
2. Wireless Headset Systems for Court Clerks approved by CIS, funded for through Risk Grant

VIII. SAFETY FUND BUDGET: $5500 balance is $ 2132.13

VIIII. MOTION TO ADJOURN:

ATTACHMENTS:
-Minutes
-Fair timeline list
-Emails from Russ Thomas

Provides Lunch:

~~Jan: Dawn~~	~~Feb: Wendy~~	~~Mar: Denise~~	~~Apr: Bobbie~~	May: Ed	Jun: Dawn
Jul: Mary Lynn	Aug: Bill	Sep: Bobbie	Oct: Andy	Nov: Wendy	Dec: Chair

Safety Committee Minutes
12:30 pm, Wednesday, April 2, 2014
City Hall, 3rd Floor Administration Conference Room

PRESENT: Bobbie Morgan (chair); Wendy Looney (Secretary); Ed Thomas; Dawn Wilson; Mary Lynn Thomas; Denise Christensen; Andy Willette; Bill Jones

Meeting Called to order: Bobbie Morgan at 12:45pm

Inspections: All 1st quarter inspections are complete.

*Fire extinguishers in every department need inspected.

*Wastewater Treatment plant has a leaky roof.

*Fire Extinguishers in every department – need to make sure there are signs marking where they are.

*Discussed that safety reports need to be emailed to the chair, Dawn & the department head. If there is a maintenance issue also to Russ Thomas and Clinton or do a work order.

*When scheduling an inspection, notify the department head so they can walk around with you.

2nd Quarter April – June 2014

Animal Shelter, P.W. Yard – Denise & Andy
Wastewater Treatment and Water Plants – Ed & Bill
Library and Annex – Mary Lynn & Wendy
City Hall, Archive Bldg, PSB – Bobbie & Dawn
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

Business:

Continue planning for Health and Wellness Fair.

- ✓ Month/Date/Time: 05/8/2014 11:00AM – 1:30PM
- ✓ Theme : "Hydrate for Wellness"
- ✓ Timeline and Checklist – we are on schedule!
- ✓ All Committee members start at 10:30AM Public Safety Building to set up
- ✓ Bobbie mailed out notices to vendors and has received 17 responses as of now.
- ✓ We made changes to the layout of the wellness fair flyer and it has been approved.
- ✓ Discussed the door prizes that have been donated so far.
- ✓ Budget: $3100 is remaining for the fiscal year.

Will look into what the difference between the Wellness Fair Grant and the Safety Fair Grant is.

We can reapply for the Safety Fair Grant this year.

The library employees wanted to know if the library has ever been tested for raydon? When? And if so what the results were? – Bobbi is going to ask Clinton.

Incident Reviews:

An employee fell at operations. There was snow inside the doorway. Employee slipped and fell on hip, elbow and wrist.

*Safety Committee Recommendation – purchase a non-skid mat to put at entry way and/or have a wet floor sign visible.

Items from Departments:
Discussed the purchase of wireless headsets for the court clerks. Bobbi will check to see if the qualify to purchase under the Risk Management Incentive Grant.

Motion to adjourn meeting made by Mary Lynn, and 2nd by Wendy Looney, meeting adjourned at 1:27pm.

Next Meeting: May 7th @ 12:30pm @ City Hall (2nd Floor/Admin – Large Conf Rm)
(1st Wednesday of the month)

Provides Lunch:

~~Jan: **Dawn**~~	~~Feb: **Wendy**~~	~~Mar: **Denise**~~	~~Apr: **Bobbie**~~	May: **Ed**	Jun: **Dawn**
Jul: **Mary Lynn**	Aug: **Bill**	Sep: **Bobbie**	Oct: **Andy**	Nov: **Wendy**	Dec: **Chair**

Wendy Looney
Secretary

Health and Wellness Fair Timeline and Checklist

3 Months before the health fair

- Select Month/Date/Time Thursday 05/8/2014 11:00AM – 1:30PM
- Select a theme "Hydrate for Wellness" up for discussion
- Call for volunteers to coordinate All Committee members start at 10:30
- Volunteer to mail out notices to vendors and collect responses Bobbie
- Volunteers to stuff bags Wendy coordinator
- Volunteers to purchase food Andy plus another person
- Volunteers to coordinate decorating Andy plus another person will buy balloons
- Identify possible services, information, exhibits, activities Jazzercise
- Budget use of some of $5500 safety budget

2 Months before the health fair

- Create Flyers , flyers created ready to send out to departments
- Create vendor name displays to be placed at each vendor's table location Bobbie
- Plan layout and flow Bobbie
- Secure volunteers to take pictures, greet and direct vendors, etc. Brittney Jeffries will take pictures
- Secure Clinton to setup room, Clinton notified
- Secure volunteers to manage setup

1 Month before the health fair

- Send invitations and promote the health fair to employees: Done!
- Confirm vendors Done
- Posters or flyers posted: Done!
- Stuff hand out bags , Done
- Double check supplies needed
- Confirm with IT to get guest log on for some vendors

1 Week before the health fair

- **Continue to promote the fair to employees**
- Confirm attendance with all vendors
- Purchase perishable items
- Confirm bags are ready Done
- Create floor plan where vendors are assigned Done

Day of the Health Fair

- **Conduct final promotion of fair to employees**
- Set up tables, booths, exhibits and chairs (Clinton to help)
- Set up registration table, including sign-in sheets, and pens
- Set up food area
- Have available IT guest log on
- Be ready one hour before opening for vendor setup
- Greet vendors at the entrance and familiarize them with their area
- Someone periodically walk through the fair to assess employee/vendor needs
- Maintain registration and refreshment tables throughout the fair

Follow-up

- Send thank-you letter to vendors and volunteers, etc.
- Determine and document possible improvements for next year

Bobbie,

Clinton does not do the annual inspection and testing of all of the fire extinguishers. This is required to be done by a certified inspector. Clinton does administer the oversight of when the contractor does it. This is usually done in late fall, October-November. As part of our contract to have them inspected, we could include this as part of the inspection that is done by them to identify the locations that are missing the required signage, and see if they will also do the install of the necessary signs at that time.

If the safety committee has the funding to purchase the necessary fire extinguisher signs, then this would save all of the department's facility maintenance budgets from having to pay from them.

All of the extinguishers in PWM and PWO are marked, and I am guessing in Fire and the PD are done too, so the cost would be less that having to do them in all of the buildings.

Let me know if the Safety Committee budget will pay for this. Once that is determined, I can initiate facility maintenance Work Order to have it done when the inspections are done in the fall, identifying the need for missing signage, and determine if the costs are to be taken out of the building facility funds, of from the Safety Committee account.

Russ Thomas

Superintendent
Public Works Maintenance
City of Newberg
500 W. 3rd Street
Newberg, Oregon 97132
(503)537-1233
(503)554-9411(fax)
e-mail: russ.thomas@newbergoregon.gov

811 Know what's **below.** **Call** before you dig.

To my knowledge it never has been. Accurate testing for Radon takes at least 6 months, and should be done for at least 9-12 months. Short term can only detect a presence or absence of Radon. Most all short term tests in Oregon and Washington will indicate a presence, but not a concentration level

Russ Thomas
Superintendent
Public Works Maintenance
City of Newberg
503-537-1233

Sent from my iPhone

On Apr 16, 2014, at 3:28 PM, "Bobbie Morgan" <Bobbie.Morgan@newbergoregon.gov> wrote:

<image001.gif>
Hi Clinton & Russ,

In the safety committee meeting the library employees have a concern about radon leak at the Library. Do you know if the Library has ever been tested? If so they wanted to know what the results were. I asked them if they had any health issues that brought this concern up and the answer was no. They would just like to put their mind at ease concerning radon.

Do either of you know the answer?

Thanks

Bobbie Morgan
Planning Secretary
(503) 554.7788
<image002.gif>
<image004.png>
414 E First Street / P.O. Box 970
Newberg, OR 97132
City Hall (503) 537-1240 Fax (503) 537-1272
bobbie.morgan@newbergoregon.gov
http://www.newbergoregon.gov/

SAFETY COMMITTEE AGENDA
APRIL 2, 2014
12:30 p.m. Regular Meeting
Newberg Amin Conference Room
414 E First Street, 2nd Floor

I. CALL MEETING TO ORDER

II. ROLL CALL: Bobbie Morgan (chair); Wendy Looney (secretary); Denise Christensen; Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

III. INSPECTIONS:

2nd Quarter April - June 2014

Animal Shelter, P.W. Yard –Denise & Andy
Wastewater Treatment and Water plants – Ed & Bill
Library and Annex – Mary Lynn & Wendy
City Hall, Archive Bldg, PSB – Bobbie & Dawn
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

IV. BUSINESS:

1. Wellness Fair, see attached check off list

2. 2014 Grants;

1. Wellness Grant, due by October 2014
   -Phase I – done by Andy and Karen? Approved $750.00
   -Phase II – to be submitted not showing on line yet
   -Phase III
2. Safety Fair Grant : Every 2 years last applied for was 2012
3. Risk Management Incentive Grant : $5000, reimbursement for safety equipment deadline Oct 2015
   -November City purchased Law Enforcement Gloves, balance of grant is $2480.00

V. INCIDENT REVIEWS:

VI. ITEMS FROM DEPARTMENTS:

1. Workout DVD request fom Brian Kershaw approved, and is in the process of being ordered.
2. Wireless Headset Systems for Court Clerks
3. Safety Committee monthly meeting Attendance

VII. FUNDING BUDGET: $5500 balance is $ 3000

VIII. MOTION TO ADJOURN:

ATTACHMENTS:
-Minutes
-Fair timeline list
-Request from Court

DRAFT

Safety Committee Minutes
12:30 pm, Wednesday, March 5, 2014
City Hall, 3rd Floor Administration Conference Room

PRESENT: Bobbie Morgan (chair); Ed Thomas; Dawn Wilson; Mary Lynn Thomas

ABSENT: Wendy Looney, Denise Christensen, Andy Willette
Unexcused: Bill Jones

Meeting Called to order: Bobbie Morgan at 12:45pm

Minutes: Motion to approve minutes Ed Thomas, 2nd motion by Mary Lynn, February 5th minutes approved

Inspections: First Quarter Animal Shelter completed

All inspections need to be completed before next meeting April 2nd.

Animal Shelter, P.W. Yard – Bobbie & Wendy *(Animal Shelter Feb. 13th & P.W. Yard (to be scheduled))*
Wastewater Treatment and Water plants – Denise and Andy
Library and Annex – Dawn and Ed
City Hall, Archive Bldg, PSB – Bill & Mary Lynn
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

Business:

Continue planning for Health and Wellness Fair.

- ✓ Month/Date/Time: 05/8/2014 11:00AM – 1:30PM
- ✓ Theme : "Hydrate for Wellness"
- ✓ All Committee members start at 10:30AM Public Safety Building to set up
- ✓ Bobbie mailed out notices to vendors and collect responses. Only 6 so far responded, will solicit more, suggestions were Betty Lou's, Newberg Bakery, Whole Foods, Trader Joe's, Val from Strong Hands, Providence Medical.
- ✓ Wendy will coordinate to stuff bags , items have been purchased are at city hall see Bobbie
- ✓ Andy and Mary Lynn to purchase food
- ✓ Andy and Mary Lynn will buy balloons
- ✓ Budget: use of some of $5500 safety budget, Bobbie will ask finance to print last year expense statement to see how much was used for safety fair.
- ✓ Bobbie will create flyers, name displays for vendor booths and plan layout for fair
- ✓ Bobbie will contact Clinton to arrange set up at public Safety day of Fair

Safety Committee Chair Position: Drawing/voting for Chair person was completed and Bobbie Morgan will take position starting April meeting

Grants:

Wellness grant from CIS was approved for $750.00.
Dawn will forward link for additional grant opportunities

Incident Reviews:

There were no incidents to report

Items from Departments:
Brian Kershaw's workout-DVD. Voted majority to purchase these DVD's for all employee use for a 20 minute workout located at Fire Station-20.

****Attendance** at the Safety Committee Meeting. All Committee members must attend, in the event of not being able to attend than a substitute must represent them in their absence.

Motion to adjourn meeting made by Mary Lynn, and 2nd by Ed Thomas, meeting adjourned at 1:45pm.

Next Meeting: April 2nd @ 12:30pm @ City Hall (2nd Floor/Admin – Large Conf Rm)
(1st Wednesday of the month)

Provides Lunch:

Jan: **Dawn**	Feb: **Wendy**	Mar: **Denise**	Apr: **Bobbie**	May: **Ed**	Jun: **Dawn**
Jul: **Mary Lynn**	Aug: **Bill**	Sep: **Denise**	Oct: **Andy**	Nov: **Wendy**	Dec: **Bobbie**

Bobbie Morgan,
Committee Meeting Recorder, sub for Wendy Looney

Health and Wellness Fair Timeline and Checklist

3 Months before the health fair

- Select Month/Date/Time Thursday 05/8/2014 11:00AM – 1:30PM
- Select a theme "Hydrate for Wellness" up for discussion
- Call for volunteers to coordinate All Committee members start at 10:30
- Volunteer to mail out notices to vendors and collect responses Bobbie
- Volunteers to stuff bags Wendy coordinator
- Volunteers to purchase food Andy plus another person
- Volunteers to coordinate decorating Andy plus another person will buy balloons
- Identify possible services, information, exhibits, activities Jazzercise
- Budget use of some of $5500 safety budget

2 Months before the health fair

- Create Flyers , flyers created ready to send out to departments
- Create vendor name displays to be placed at each vendor's table location Bobbie
- Plan layout and flow Bobbie
- Secure volunteers to take pictures, greet and direct vendors, etc. Brittney Jeffries will take pictures
- Secure Clinton to setup room, Clinton notified
- Secure volunteers to manage setup

1 Month before the health fair

- Send invitations and promote the health fair to employees
- Confirm vendors
- Posters or flyers posted
- Stuff hand out bags , Wendy
- Double check supplies needed
- Confirm with IT to get guest log on for some vendors

1 Week before the health fair

- **Continue to promote the fair to employees**
- Confirm attendance with all vendors
- Purchase perishable items
- Confirm bags are ready
- Create floor plan where vendors are assigned

Day of the Health Fair

- **Conduct final promotion of fair to employees**
- Set up tables, booths, exhibits and chairs (Clinton to help)
- Set up registration table, including sign-in sheets, and pens
- Set up food area
- Have available IT guest log on
- Be ready one hour before opening for vendor setup
- Greet vendors at the entrance and familiarize them with their area
- Someone periodically walk through the fair to assess employee/vendor needs
- Maintain registration and refreshment tables throughout the fair

Follow-up

- Send thank-you letter to vendors and volunteers, etc.
- Determine and document possible improvements for next year

Bobbie Morgan

From: Wendy Looney
Sent: Wednesday, March 19, 2014 3:56 PM
To: Bobbie Morgan
Subject: FW: Help

Oh I forget you are the head of the Safety Committee. Can you please put this on the draft to discuss at the next meeting.

Court was wondering if there was enough money for us to purchase two of these thru the Safety Committee for safety reasons. Our call volume is very heavy and we are having to cradle the phones within our cheeks and shoulders while talking to defendants for long periods of time. It is hard on our necks.

If it is too much to do two...maybe discuss just doing one. The Budget has taken some cuts and this would be very beneficial to our department.

☺

From: Bobbie Morgan
Sent: Wednesday, March 19, 2014 3:51 PM
To: Wendy Looney
Subject: RE: Help

http://maxbuyer.officemax.com/shop/shopmvc.selectItemDetail.w | Plantronics CS540 Wire... | Item

OfficeMax WORKPLACE

Save Order | Delete Order | Cu

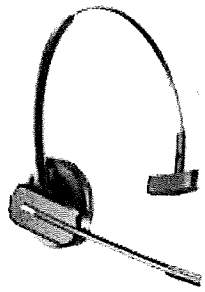
23148381 Search

Messages | Order By Item # | Shopping Lists | Ink & Toner

Shop By Category

View All

Search Results for: 23148381



Enlarge Image

View Similar Items

Plantronics Wireless Headset Systems

Average Customer Rating: ★★★ 3.1 out of 5 (26 Reviews)

Read Reviews | Write a Review

Item #: L8CS540

UOM: EA

Your Price: $155.02

C

Account : 0234168

Ship To Code : 88PLAN

Delivery: 1-3 Days

Qty. Add to Cart

Add to Shopping List

Add to Compare

Product Overview **Item Specifications** **Customer Reviews**

From: Wendy Looney
Sent: Wednesday, March 19, 2014 3:26 PM
To: Bobbie Morgan
Subject: Help

Safety Committee Agenda
12:30 pm, Wednesday, March 5, 2014

MEMBERS PRESENT:
Call to Order: Bobbie Morgan; Wendy Looney; Denise Christensen; Ed Thomas; Andy Willette; Dawn Wilson; Mary Lynn Thomas; Bill Jones

Inspections:

1st Quarter Jan - Mar 2014

Animal Shelter, P.W. Yard – Bobbie & Wendy *(Animal Shelter Feb. 13th & P.W. Yard (to be scheduled))*
Wastewater Treatment and Water plants – Denise and Andy
Library and Annex – Dawn and Ed
City Hall, Archive Bldg, PSB – Bill & Mary Lynn
NFD 20 & 21 – Operations Staff
Pump Stations – Operations Staff

Business:

Continue planning for Health and Wellness Fair.

Everyone on the committee needs to have their inspections scheduled.

Chair position for the committee is still out there for grabs. If no one volunteers at next meeting we will have a drawing for the lucky winner☺. Talked about the Chair's responsibilities.

Grants:

Wellness grant from CIS was approved for $750.00.

Regular Committee Funding:

Incident Reviews:

Items from Departments:
Tabled Brian Kershaw's workout-DVD request to the next meeting. – Vote on the purchase.

Next Meeting: April 2nd @ 12:30pm @ City Hall (2nd Floor/Admin – Large Conf Rm)
(1st Wednesday of the month)

Provides Lunch:

Jan: **Dawn**	Feb: **Wendy**	Mar: **Denise**	Apr: **Bobbie**	May: **Ed**	Jun: **Dawn**
Jul: ***Libr***	Aug: **Bill**	Sep: ***Libr***	Oct: **Andy**	Nov: **Wendy**	Dec: ***Chair***

Safety Committee Agenda
12:30 pm, Wednesday, Jan. 22, 2014

MEMBERS PRESENT:
Call to Order: Bobbie Morgan; Wendy Looney; Lori Biever-Launder; Denise Christensen; Ed Thomas; Andy Willette; Korie Jones Buerkle; Terri Stewart; Bill Jones; Dawn Wilson

Inspections:

1st Quarter Jan - Mar 2014

Animal Shelter, P.W. Yard – Bobbie & Wendy
Wastewater Treatment and Water plants – Denise and Andy
Library and Annex – Korie and Ed
City Hall, Archive Bldg, PSB – Terri & Dawn
NFD 20 & 21 – *Lori's replacement* & Andy
Pump Stations – Operations Staff

Business:

- Introduction by Manager Pro Tem Lee Elliott (special guest)
- New membership: Words of wisdom from former chair Karen Tarmichael (special guest)
- Other Membership Duties

Grants:

Regular Committee Funding:

Incident Reviews:

Items from Departments:

Next Meeting: Feb.5th @ 12:30pm @ PSB (Training Rm)
(1st Wednesday of the month)

Provides Lunch:

Jan: **Dawn**	Feb:	Mar:	Apr:	May:	Jun:
Jul:	Aug:	Sep:	Oct:	Nov:	Dec: