



BEE COUNTY
ACCIDENT PREVENTION PLAN

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MANAGEMENT COMPONENT

SAFETY POLICY STATEMENT

Bee County is committed to providing a safe and healthful work environment for all our employees and others that may work, visit or enter our facilities. The objective of our Accident Prevention Program is to prevent accidents and minimize their consequences, and to reduce the frequency and severity of injuries.

It is our policy to manage and conduct operations and business in a manner that offers maximum protection to all employees and any other person that may be affected by our operations and business.

It is our absolute conviction that we have the responsibility for providing a safe and healthful work environment for our people and all others that may be affected as we conduct our business. We will make every effort to provide a working environment that is free from any recognized or potential hazard.

We recognize that the success of our safety and health program is contingent and dependent upon support from the Commissioners Court, management, and supervisors, as well as all employees of the county.

The Loss Control Committee will establish avenues to solicit and receive comments, information, and assistance from employees about safety and health. If you have any questions or concerns about employee safety and health, please contact the Risk Manager who is appointed by the County Judge as the contact for these issues.

SAFETY COMMITTEE MEMBERS

| | NAME | E-MAIL | PHONE EXT. |
|---------|-------------------|----------------------------------|------------|
| CHAIR | Veronica Saldana | fixed.assets@co.bee.tx.us | 8132 |
| V-Chair | Derick Franco | derek.franco@beecounty.texas.gov | 204 |
| Scribe | Ryan Garza | ryan.garza@co.bee.tx.us | 8141 |
| Member | Carlos Salazar | carlos.salazar@co.bee.tx.us | 8177 |
| Member | Jaime Castillo | jaime.castillo@co.bee.tx.us | 8147 |
| Member | Nickelle Gonzales | nickelle.gonzales@co.bee.tx.us | 8133 |
| Member | Ray Gonzales | ray.gonzales@beecounty.texas.gov | 8170 |
| Member | Robert Guerrero | robert.guerrero@co.bee.tx.us | 8165 |
| Member | Tayna Salas | tanya.salas@beecounty.texas.gov | 8102 |

| | | | |
|--------|------------------|----------------------------------|----------|
| Member | Mike Willow | Mike.willow@beecounty.texas.gov | 8181 |
| Member | Fred Bullock | Fred.bullock@beecounty.texas.gov | 362-3221 |
| Member | James Granderson | | 319-8017 |

AUTHORITY AND ACCOUNTABILITY STATEMENT

The individual appointed by your county as the contact for employee safety and health issues, as identified in the Safety Policy Statement (risk manager, loss control coordinator, or Safety Committee member), is responsible and accountable for coordinating and administrating the County Accident Prevention Plan. Some of the assigned duties include: directing the development of loss control policies and procedures, performing inspections, establishing and directing the county's safety training efforts, assisting with accident investigations, acting as liaison between the Commissioners Court, other elected officials, and the Loss Control Committee, establishing safety goals and objectives, and generally directing safety and accident prevention activities.

The responsibility for loss prevention administration is delegated to the departmental Safety Committee members, acting in an advisory capacity to department managers and supervisors within the county. Some of the assigned duties include: participating in Loss Control Committee meetings, assisting with development of safety policies, conducting or assisting with accident investigations, evaluating and recommending corrective actions to prevent accidents and injuries, assisting with establishing safety goals and objectives, and conducting departmental safety inspections. Department heads, with the assistance of the Safety Committee members, are responsible and will be held accountable to ensure that all employees in their departments follow all safety and health policies, procedures, and rules established by the county. They are also responsible for administering training and guidance to employees in their departments.

The immediate supervisor of the employee has the authority to reprimand and recommend disciplinary actions against employees that violate the safety and health policies of the county.

Employees are responsible and will be held accountable for providing the county with a commitment to the safety and health program, abiding by the policies, procedures and rules set forth by the program, and becoming actively involved in the program to assist in providing a safe and healthful workplace for all involved.

RECORDKEEPING COMPONENT

RECORDS AND DOCUMENTATION STATEMENT

Bee County believes that the only valid means of reviewing and identifying trends and deficiencies in a safety program is through an effective recordkeeping program. The recordkeeping component will be essential in tracking the performance of duties and responsibilities under the program. The county will implement and maintain an active, and updated recordkeeping program.

INJURY AND ILLNESS DATA

Risk Management Department will maintain records of all work-related injuries and illnesses to employees. Copies of the records will be sent to the county's claims coordinator's office.

The following records apply only to work-related injuries and illnesses.

Applicable forms or records:

- Employee injury report (if applicable);
- Texas Workers' Compensation Commission form DWC-1, Employer's First Report of Injury;
- Accident log;
- Accident/incident investigation report;
- Witness statements;
- Insurance company loss runs; and
- List any additional forms that may apply to this section.

SAFETY AND HEALTH SURVEYS AND INSPECTIONS PROGRAM

The Safety Committee will maintain and review records of all safety audits and inspections that are conducted within the respective area.

Applicable forms and records:

- Comprehensive safety survey reports as well as records to document action taken to correct identified deficiencies;
- Monthly office inspections; and
- Monthly jail inspection.

All inspection information will be retained in the department where the information originated. The retaining period will be according to the recordkeeping plan.

SAFETY AND RELATED MEETINGS

Safety Committee Chairperson will maintain accurate records of all proceedings associated with the safety and health program of this county.

Applicable forms and records:

- Agendas, minutes, records and data, including training information used during safety meetings or other gatherings in which safety and health issues were discussed; and
- These records will include the name of the recorder, date, a list of attendees, details of the topics discussed, and action or corrective measures suggested, recommended, or implemented.

The Risk Manager will keep a record of all proceedings, as well as appropriate management or other designated staff actions affecting the safety and health program.

A recorder will be designated as responsible for keeping minutes or records at each meeting. During each subsequent meeting, the record of minutes for the previous meeting will be reviewed, discussed and resolved.

TRAINING RECORDS

The Department Head/Elected Official will document and maintain records of all safety and health-related training. A copy will be sent to the Risk Manager.

Applicable forms or records:

- Sign-in sheets; and
- Copies of materials distributed during the training session.

All safety and health-related training provided to employees of this county will be documented. This documentation will be maintained as proof of attendance and reviewed to assist in determining the need for additional or repeated training for employees on an individual basis.

Records and documentation of training will include the presenter's name, date of training, topic or subject, printed name and signature of all participants.

The person providing the training is responsible for generating the documentation. The training record will become part of the employee's' permanent training file and will be maintained by the individuals Department Head/Elected Official.

ACCIDENT INVESTIGATION

All accidents and near-miss incidents resulting in injury or illness to a person, property damage of any magnitude, or the potential for either, will be investigated and documented.

The Risk Manager will ensure proper records and documentation of all accident and incident investigation activities are maintained and reviewed according to the Accident Investigation Component.

Applicable forms and records:

- Employee injury report;
- Accident investigation forms;
- Witness reports;
- Supporting data including photographs, sketches, maps, etc.; and
- Plan of corrective action and records of corrective action or preventive measures implemented.

EQUIPMENT INSPECTION AND MAINTENANCE

The Department Head will maintain records and data pertaining to equipment inspection and maintenance programs performed at or with each facility.

Applicable forms and records:

- Daily vehicle inspections;
- 3,000 mile car, patrol car, and pick-up truck inspections; and
- 250 hours heavy equipment inspections.

Accurate records will be maintained involving all routine inspections and maintenance procedures performed on equipment for the county. This documentation will be reviewed by those responsible for maintaining equipment. The documentation will be utilized to determine an effective, ongoing equipment maintenance program and to ensure compliance with regulations that require inspections on certain equipment.

ANALYSIS COMPONENT

TREND ANALYSIS

The Road and Bridge Manager and the Risk Manager will review and analyze all records and documentation pertaining to the safety and health program. These records are those spelled out in the Recordkeeping Component of this Accident Prevention Plan.

This review will be conducted on quarterly basis. The analysis will focus on hazard analysis and recognition of developing trends.

Trend analysis will identify recurring accidents and near-miss incidents resulting in or potentially involving injury, illness, and/or property damage. The analysis will also recognize repeatedly identified hazards/violations needing corrective action to establish which program component is failing, therefore, allowing the hazard to exist.

The Department Heads and Elected Officials will provide information and recommendations for corrective measures for trends developing in their areas. They will also follow-up to assure the corrective measures were implemented. Information regarding recommendations will be part of the regular safety meetings.

Employees will be made aware of developing trends and hazard exposures as they are recognized.

All immediate supervisors will provide analysis information of their respective departments to the Risk Manager for the development of the monthly analysis report for the Commissioners Court.

The claims coordinator maintaining the accident log will utilize all injury and illness documentation. The log will be utilized to prepare the regularly scheduled report to the Commissioners Court.

EDUCATION & TRAINING COMPONENT

TRAINING PROGRAM DEVELOPMENT

Bee County is committed to providing safety and health-related orientation and training to all employees. The Risk Management Department will develop, implement and maintain a safety and health orientation and training program. The purpose of the training component is to educate and familiarize employees with safety and health procedures, rules and work practices of the county. The county will require involvement and participation of all department heads, supervisors and employees. Furthermore, the county will support the orientation and training program by allocating funding, staff, resources and time to develop and implement this component of the program.

ONGOING TRAINING

The training subjects, materials and the training schedule will be developed utilizing site-specific, potential-hazards, accident and incident information data, and safety- training analysis.

All employees will receive safety training. The date and topic of the training will be posted as part of the training schedule. The county will include the training schedule as part of the Accident Prevention Plan.

All employees assigned to attend a training session must demonstrate competency and retention of the minimal acceptable information prior to returning to any job assignment.

ORIENTATION

The orientation training will be administered to all new employees prior to the initial work assignment and to employees assigned to new or different jobs.

The orientation will consist of a discussion of all county-required and departmental policies, as well as job- and site-specific safety and health information. The orientation topics will be listed on the suggested safety orientation checklist. All new employees will be given a tour of the facility and an opportunity to pose questions to expedite the familiarization process. New employees will not be released to an individual job assignment until it has been determined by the hiring Department Head/Elected Official that the employee has met the minimum safety requirements.

The orientation and subsequent training sessions will include, but not be limited to, the following:

- Hazards associated with the work area;
- Hazards of the job or task assignment;
- Emergency procedures;
- Personal protective equipment;
- Hazard communication (hazardous chemicals and materials);
- Specific equipment operation training;
- Employee reporting requirements; and
- Accident investigation (supervisors and other designated personnel).

DOCUMENTATION

All safety and health-related training administered or provided by the county will be documented with the following minimum information:

- Date of training session;
- Instructor or presenter name(s);
- Subject matter;
- Legible name of attendee(s); and
- Signature of acknowledgement of attendance.

All training records and documentation will be retained within the department where they were generated. Individual training records will be maintained for the current year, plus five more years. Copies of the training records will be sent to the for retention and use in the analysis process.

A training schedule will be included in the Accident Prevention Plan. Any employees missing a scheduled training session will be required to make up that session as soon as they return to work. The elected official, department head, or designee will follow up to assure the make-up session(s) are completed.

AUDIT/INSPECTION COMPONENT

The Safety Committee has implemented a program to identify, correct and control hazards on an ongoing basis. This program will utilize multiple resources to ensure effectiveness.

COMPREHENSIVE SURVEYS

The Risk Manager has arranged for each operating location to receive a comprehensive safety and health audit by a TAC Risk Management Services risk control consultant, at least on an annual basis. These audits will identify existing and potential hazards, non-compliance issues and evaluate the overall effectiveness of the Accident Prevention Plan.

SAFETY AND HEALTH SELF-INSPECTIONS

The Department Head/Elected Official at each location will conduct self-inspection that will cover the entire department and equipment. THIS TASK CAN NOT BE DELIGATED. Some inspections will be conducted weekly or monthly. All inspections will be conducted on an ongoing basis without interruption. Management will allocate adequate time and resources to perform the surveys.

Each location will develop and maintain inspection checklist(s) specific to the operation. The list will be developed utilizing a general inspection checklist and will be evaluated and updated with hazards that are identified during the inspections and other pertinent data as it is acquired.

Checklists will be used and maintained and include the name of the person performing the evaluation and the date the inspection takes place. Management, upon completion, will review the self-inspection checklist. All discrepancies identified during the survey will be evaluated as soon as possible.

Employees must be notified of the hazards that pose an immediate threat of physical harm or property damage immediately after the discovery of the condition, as well as of the measures or steps required to eliminate, correct or control the hazard.

Monthly safety and health inspections will include, but not be limited to, the following:

- Comprehensive survey reports and records of action taken to correct deficiencies;
- Monthly precinct barn inspections;
- Monthly office inspections; and
- Jail Inspections

Safety and health equipment inspections will include, but not be limited to, the following:

- Daily vehicle inspections;
- 3,000 mile car, patrol car and pick-up truck inspections; and
- 250 hours heavy equipment inspections.

Management will review the inspection checklists and any other established documentation to ensure that a course of corrective action and timeline has been established for eliminating each deficiency. Follow up will occur to assure that proper corrective action was taken.

Reports generated, as a result of comprehensive surveys by TAC Risk Management Pool or other state agencies, will receive immediate attention and consideration. All hazards identified and the recommendations made will be acted upon in a timely manner. The Department Head/Elected Official will follow up to assure that proper corrective action was taken to eliminate the identified condition. All methods of addressing the issues contained in the reports will be documented in writing and a copy maintained with the survey report.

ACCIDENT INVESTIGATION COMPONENT

Management is committed to and will correct or control all hazards identified through the accident investigation or the hazard identification programs. All identified hazards will receive a timely response.

HAZARD CORRECTION

Whenever possible and feasible, hazards identified in each department will be corrected in order to eliminate the cause of the hazard at the source. This will include, but not be limited to, the following:

- Discontinuation or removal of hazardous chemicals, materials or substances from the workplace;
- Discontinuation of use or removal of hazardous equipment until replaced or repaired; and

- Correction of any unsafe act or conditions in existence, by service or training.

HAZARD CONTROL

When identified hazards cannot be eliminated, the hazard will be effectively controlled by engineering, administrative procedures, work practices, personal protective equipment, or any suitable combination of these measures.

- Engineering controls;
- Administrative procedures; and
- Personal protective equipment.

ACCIDENT REPORTING AND INVESTIGATION

The Safety committee will investigate all work-related accidents and near-miss incidents involving employees or company property to develop preventive measures and implement corrective actions.

All items on the designated accident investigation form will be addressed in detail as soon as possible following the accident/incident. The information acquired will be used and reviewed by management, supervisors and effected employees to establish all contributing factors and causes. All county employees must follow the accident investigation policy.

EMPLOYEE REPORTING

All county employees are required to report all accidents or incidents that occur in the scope of their employment. All accidents and incidents must be reported to the department manager, foreman, or supervisor immediately, but no less than 24 hours after the accident or incident occurs. An employee injury report or DWC-1 must be filed by the supervisor and provided to the claims coordinator within 24 hours, but no later than three days after knowledge of the accident or incident.

Phone contact by the injured employee is encouraged, if possible, to facilitate a quick investigation before the surrounding conditions change. The telephone number to report incidents is 361-621-1567 or 361-319-4744. Once notified, the immediate supervisor will begin the investigation.

INVESTIGATION TIMELINE

It is the responsibility of the respective supervisor/manager/foreman to begin gathering evidence, e.g. photos, statements, etc. The severity of the accident should dictate the extent of the investigation. In some cases it may be necessary for the supervisor/foreman to investigate and report accidents or incidents where no injuries or other losses occurred.

The investigation will be conducted immediately, but no later than three working days after knowledge of the incident. The investigation will be recorded on the loss control coordinator's accident investigation report by the department supervisor. Immediately upon completion (no later than five days after knowledge of the incident), the report will be sent to the department head and, if applicable, copies of the final report should be forwarded to the Risk Manager.

DEPARTMENT RESPONSIBILITY

The department head will review the investigation report and evaluate the contributing factors of the accident outlined in the report. The manager should take into consideration the causes of the accident and immediately evaluate his/her work area for similar problems. The manager/foreman will take immediate action to either eliminate or control the identified problems. Notification of corrections, as well as problems that cannot be corrected immediately will be sent to the department head and risk manager, if applicable.

ACTION BY COMMISSIONERS COURT

The Commissioners Court will provide funding as needed to correct these hazards in an appropriate manner. The Commissioners Court, with the assistance of the supervisor, will develop a timeline for correction by the department manager/foreman. The manager/foreman must post notice of the hazard or problem and take appropriate interim measures to prevent accidents from recurring.

EMPLOYER REPORTING

The claims coordinator will report the following accidents to local, state, and federal agencies as required:

FATALITIES/CATASTROPHIC LOSS

Texas Department of Insurance Workers' Compensation Division—fatalities and accidents involving five (5) or more injuries will be reported within 24 hours.

LOST WORKDAY CASES OTHER THAN FATALITIES:

- Covered employers report to the Texas Department of Insurance Workers' Compensation Division using form DWC-1, Employer's First Report of Injury;
- Non-fatal cases without lost workdays which result in transfer to another employment, require medical treatment other than first aid, involve loss of consciousness, or restriction of work motion. This category also includes any diagnosed occupational illnesses which are reported to the employer but are not classified as fatalities or lost workday cases; and

- Bloodborne pathogen exposure within 24 hours to the Texas Department of Health.

DOCUMENTATION

All activities and findings of the investigators will be documented and recorded for review.

Accident investigation documentation will record, as a minimum, the following information:

- Date and time of occurrence;
- Location of the occurrence;
- Name of person(s) conducting the investigation;
- Job assignment or duties being performed at time of incident;
- Details of how the accident occurred;
- Description of any equipment affected or involved;
- Names and comments of witnesses;
- Indirect, underlying, or contributing factors (including fault or failure in safety and health program components);
- Name of person(s) involved, job title, assigned work area, date of birth, sex;
- Nature and severity of injury or illness;
- Name of immediate supervisor of employee;
- Special circumstances or encumbrances;
- Injury, part of body affected;
- Direct cause; and
- Corrective action implemented or preventive measures taken (including safety and health program adjustments).

PERIODIC REVIEW AND REVISION OF PROGRAM COMPONENTS

The Risk Manager or other designated representative will review, at least annually, and revise the components of the Accident Prevention Plan for effectiveness and implementation.

The components of the Accident Prevention Plan will be reviewed in July of each year to identify insufficiencies or component failure. Each component will be audited individually with the findings documented and recorded. This documentation will be used to identify trends in the program component deficiency and to track improvement modifications. This documentation will be maintained for review. Corrective measures will be taken as needed to re-emphasize or restructure the Accident Prevention Plan to perform at the optimum effectiveness.

Special attention will be devoted to areas and criteria that demonstrate failure in a program component, introduction of new procedures, processes or equipment.

Information will be solicited from area supervisors and employees to determine the effectiveness of each program component, and obtain assistance in developing adjustments and corrections.

On a monthly basis, until the completion of the final audit, the safety coordinator designated by the county will be responsible for developing an Accident Prevention Plan Implementation status report. The report will be provided to the Commissioners Court on the last regularly scheduled Commissioners Court meeting of each month, with a copy of the report to be sent to a TAC Risk Management Services risk control consultant at tacracs@county.org . The purpose of this is to recognize the departments who are performing well and to encourage poor performers to improve.

FORMS SECTION

Road & Bridge Yard Inspection
300 Hour Heavy Equipment Inspection
5,000 Mile Vehicle Inspection
Vehicle/Equipment Fuel Report
Vehicle Mileage Report
Accident Prevention Plan Implementation Status Report
Annual Review of Accident Prevention Plan
Daily Equipment Inspection
Monthly Unit Inspection
General Safety Inspection
Hazard Communication Checklist
Incident Investigation Report
Inspection Checklist and Report
Inspection Schedule
Jail Inspection Checklist and Report
New Employee Safety Orientation Checklist
Quarterly Analysis Report
Safety Inspection Guide Office Hazards
Safety Meeting Record
Recordkeeping Plan
Training Documentation

BEE COUNTY ROAD & BRIDGE YARD INSPECTION FORM

Yard Location: _____
Completed by: _____

Work Area: _____ Date: _____
Title: _____

Chemical/Hazard Communication

| | | | | | |
|---|--|--|--|--|--|
| Product name & hazard warning labels clearly visible | | | | | |
| Proper containers used | | | | | |
| Lids closed when not in used | | | | | |
| Minimum amount of flammable materials in the working area | | | | | |
| Empty containers properly disposed | | | | | |
| MSDS available for all chemicals in the workplace | | | | | |
| Chemical inventory list posted | | | | | |
| All employees trained in the chemicals hazards | | | | | |
| Electrical | | | | | |
| Electrical panels easily accessible | | | | | |
| Wiring, insulation in good conditions | | | | | |
| Equipment grounded | | | | | |
| Electrical disconnects provided & functional | | | | | |
| Electrical installations conduited | | | | | |
| Explosion proof fixtures where required | | | | | |
| Electrical outlets, plugs and junction boxes properly covered | | | | | |
| Personal Protective Equipment | | | | | |
| Safety glasses, goggles, face masks being worn where needed | | | | | |
| Hearing protection being worn where required | | | | | |
| Gloves in good condition being worn where required | | | | | |
| Safety shoes being worn where required | | | | | |
| Leather welding outfits for welders | | | | | |

Housekeeping

| | | | | | |
|--|--|--|--|--|--|
| Aisles clearly marked and unobstructed | | | | | |
| Floors clean, orderly, free of trip, slip and fall hazards | | | | | |
| Exits clearly marked and unobstructed | | | | | |
| Availability of welding curtain | | | | | |
| Fusible links in parts washer in good condition and doors unobstructed | | | | | |
| Unsafe practices observed | | | | | |

Elevated Work Areas

| | | | | | |
|---|--|--|--|--|--|
| Railings secured 42 inches high top rail mid-rail | | | | | |
| 4" toe boards in place where materials could fall along sides | | | | | |
| Proper non-skid flooring | | | | | |
| Accumulation of materials on elevated surfaces | | | | | |
| Load evenly distributed | | | | | |

Ladders

| | | | | | |
|---|--|--|--|--|--|
| Safety feet, rungs, side rails in good condition | | | | | |
| Free from grease and oils | | | | | |
| Doors blocked or guarded if they interfere with the use of a ladder | | | | | |
| Metal Ladders not used near electrical installations | | | | | |

Stairs

| | | | | | |
|----------------------------------|--|--|--|--|--|
| At least 24 inches wide | | | | | |
| Handrails provided on open sides | | | | | |
| Areas clean and unobstructed | | | | | |
| Uniform height and tread depth | | | | | |

Machine Guarding

| | | | | | |
|--|--|--|--|--|--|
| Guards secured in place | | | | | |
| Interlocked guards operating properly | | | | | |
| Operator instruction and service manuals available | | | | | |

Areas/Items to be Inspected

Okay Needs Improvement N/A

Comments

| | | | | | | |
|---|--|--|--|--|--|--|
| All controls clearly marked | | | | | | |
| All controls, including foot controls guarded against accidental start-up | | | | | | |
| Mechanics properly trained in the adjustment of guards | | | | | | |
| Portable Hand Tools | | | | | | |
| Tools, electrical cords and air hoses in good condition | | | | | | |
| Guards and safety devices in good operating conditions | | | | | | |
| Proper storage for tools not being used | | | | | | |
| Lifting Equipment | | | | | | |
| Free of physical damage deformed hooks, frayed cables | | | | | | |
| Cleaned and lubricated as required | | | | | | |
| Lifting capacity clearly marked | | | | | | |
| All controls operational | | | | | | |
| Safety latches intact and operational on all hooks | | | | | | |
| Compressed Gasses | | | | | | |
| Special storage area away from heat sources | | | | | | |
| Stored upright and chained to prevent falling over | | | | | | |
| Contents legibly marked and segregated by item | | | | | | |
| Caps hand tights | | | | | | |
| Employee Work Practices | | | | | | |
| Loose hair or employee clothing | | | | | | |
| Employee overexertion | | | | | | |
| Potential for repetitive motion injury | | | | | | |
| Sturdy shoes suitable for work environment | | | | | | |
| Unsafe practices observed | | | | | | |

Completed by: _____

Date: _____

**BEE COUNTY ROAD & BRIDGE DEPARTMENT
HEAVY EQUIPMENT PREVENTATIVE MAINTENANCE**

300 Hour
Inspection Checklist

Date: _____
Mileage: _____
Shop Work Order #: _____

| | | | |
|-----------------------|------|-----------------|----------------|
| | | Make/Model/Year | Equipment. No. |
| Mileage/Hours | Date | Inspector: | |
| Ref: Repair Order No. | | | |

Required Action Key: ⊗ = Replace (A) = Adjust, Replace if necessary All Others = Inspect
Inspection Marking Key: ✓ = Satisfactory - = Not Applicable X = Deficiency ⊗ = Deficiency Corrected

| SYSTEM | PM OPERATION |
|---|---|
| ENGINE AIR CLEANER FUEL AND COOLING SYSTEMS | Check operation of all units. |
| | Engine oil (R). |
| | Engine oil filter (R). |
| | Turbo-charger oil filter (R). |
| | Oil in governor (A). |
| | Service air cleaner and pre-cleaner (A). |
| | Change oil in fuel injection pump housing (if applicable). |
| | Fuel filters (R). |
| | Clean fuel water trap. |
| | Service crankcase breathers (A). |
| | Condition and adjustment of all drive belts (A). |
| | Condition of all air intake piping (A). |
| | Condition of exhaust system (A). |
| | Operation and condition of cooling system (A). |
| | Anti-freeze solution (R). |
| Record engine oil pressure. | |
| ELECTRICAL SYSTEM | Service batteries (check specific gravity). |
| | Operation and condition of gauges and meters. |
| | Operation and condition of lights. |
| | Operation and condition of windshield wipers. |
| | Operation and condition of starting and charging systems. |
| | Tune-up engines. |
| CLUTCH BRAKES TRANSMISSION STEERING SYSTEMS | Clutch operation and adjustment. |
| | Master cylinder level and brake system for leaks. |
| | Brake operation and adjustment. |
| | **Inspect brake lining, brake cylinders, and all component parts, every three (3) years. Date lining was inspected. |
| | Parking brake operation and adjustment. |
| | Drain transmission and transfer drive, and refill to correct oil level. |
| | Transmission filter. Clean serviceable filter. |
| | Clean transmission and converter breathers. |
| | Operation and condition of steering system. |
| | Replace hydraulic filter and check system for leaks. |
| HYDRAULIC SYSTEM | Drain hydraulic reservoir every two (2) years and refill to proper oil level. (Date oil changed _____). |
| | Clean hydraulic breathers. |

BEE COUNTY ROAD & BRIDGE DEPARTMENT

5,000 Mile Inspection Checklist

Date: _____
Mileage: _____
Shop Work Order #: _____

| | |
|------------------------|-----------------------|
| Make/Model/Year | Equipment. No. |
| Inspector: | |

Required Action Key: Ⓡ = Replace (A) = Adjust, Replace if necessary All Others = Inspect
Inspection Marking Key: ✓ = Satisfactory - = Not Applicable X = Deficiency Ⓢ = Deficiency Corrected

Engine Compartment

- Radiator Condition
- Pressure Cap
- Coolant Level
- Anti-Freeze
- Hoses/Clamps
- Recovery Tank

- Oil Cooler/Lines/Fittings
- Trans Cooler/Lines/Fittings

- Fan Belt (A)
- A/C Drive Belt (A)
- Gen/Alt Belt (A)
- Water Pump Belt (A)

- Gen/Alt Mts/Cables
- Starter Mts/Cables
- Battery Condition
- Battery Level
- Terminals/Cables
- Access Wiring

- Brake Fluid
- Brake Booster

- Air Filter Ⓡ
- Fuel Filter/Gasket Ⓡ
- Fuel Lines/Fittings
- Return Lines/Fittings
- Carb/Choke (A)
- PS Fluid/Filter Ⓡ
- Hydraulic Fluid/Filter Ⓡ

Engine Running:

- Oil Pressure Gauge
- Oil Temperature Gauge
- Ammeter/Voltmeter
- Fuel Gauge
- Coolant Temp Gauge
- Choke
- Neutral Safety Switch
- Tachometer

- Air Pressure Gauge
- Brake Vacuum Gauge
- Fuel Switch-over
- Manifolds
- Air Compressor/Tank(s)
- Switches
- Service Lights
- Wipers/Washer
- Horn
- Heater/Defroster
- Mirrors

Lubrication:

- Oil/Filter Ⓡ
- Clutch Release Bearing
- U Joints/Flanges
- Ball Joints
- Kingpins/Draw Keys
- Tie Rods/Idle Arm/Drag

Link

- Fittings
- Transmission
- Differential
- Hydrovac

Underbody:

- Exhaust System
- Shocks/Springs
- Torsion Bars
- Suspension Bushings
- PS Hoses/Cylinders
- Steering Gear (A)
- Brake Lines
- Tires/Pressure (A)
- Wheel Lugs/Rims

Operating:

- Brakes (A)
- Clutch (A)
- Emergency Brake (A)
- Steering (A)
- Shift Linkage (A)
- Transmission

- Odometer
- Two-Speed Axle
- Backup Alarm
- Headlight Alignment (A)
- Safety Equipment
- Front End Alignment/Toe-in
- Doors/Glass/Seals

Supplemental:

- PTO
- Hydraulic Pump
- Bed Hoist
- Hoist Cylinder Mts.
- Dump Bed
- Bed Hinge Pins
- Dump Bed Lock
- Tailgate Lock
- Aux. Fuel Tank

| SYSTEM | PM OPERATION |
|---|---|
| CIRCLE MOLDBOARD | Operation and condition of circle assembly (shoes, teeth). |
| | Circle reverse gear box oil level. |
| | Operation and condition of moldboard. (Cutting edges, end bits, shiftable moldboard cylinder, side shift assembly). |
| | Check operation and condition of scarifier assembly. |
| AXLES TANDEMS SHAFTS, TIRES MISC | Drain differential(s), final drives, tandems, every two years and refill to proper oil level. (Date changed _____). |
| | Clean differential breathers. |
| | Condition of propeller shafts and universals. |
| | Condition of tires. |
| | Condition of cab assembly. (Doors, glass, etc.) |
| LUBRICATION | Lubricate machine per manufacturer's recommendations. |

Inspection Remarks: _____

Reviewed By: _____

Repair Remarks: _____

Reviewed By: _____

BEE COUNTY ROAD & BRIDGE
VEHICLE / EQUIPMENT FUEL REPORT

Name: _____ Employee #: _____

Month of: _____ Unit #: _____

Estimate what is in the gas tank at the beginning of the month:

Gallons

| DAY | UNIT # | DIESEL | GAS | MILEAGE | INITIALS |
|-----|--------|--------|-----|---------|----------|
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EMPLOYEE SIGNATURE: _____
COREL/FUEL REPORT

Bee County Road & Bridge

Vehicle Mileage Report

| Unit # | Date | Beginning | Ending | Signature of Driver |
|--------|------|-----------|--------|---------------------|
| | M | | | |
| | T | | | |
| | W | | | |
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BEE COUNTY ANNUAL REVIEW OF ACCIDENT PREVENTION PLAN

*Enter yes or no answers. If answer is no, use attached sheets for comments and corrective actions.

MANAGEMENT COMPONENT

- Is safety policy statement current and signed?
- Are employee/supervisor rules and responsibilities assigned?

ANALYSIS COMPONENT

- Has safety program documentation been reviewed for completeness?
- Have discrepancies been corrected?
- Is the accident log current?
 - Does insurance loss run information match in-house records?

RECORDKEEPING COMPONENT

Are procedures in place to ensure the following records are maintained?

- | | |
|---|--|
| <input type="checkbox"/> Safety inspections | <input type="checkbox"/> Safety meeting minutes |
| <input type="checkbox"/> Employee training | <input type="checkbox"/> Accident investigations |
| <input type="checkbox"/> Accident log | <input type="checkbox"/> Emergency response drills |

EDUCATION AND TRAINING COMPONENT

- Have all employees received orientation training?
- Do all employees attend regularly scheduled safety/training meetings?
- Does management provide resources and participate in safety training?
 - Have employees received and acknowledged the following training?

| | |
|---|--|
| <input type="checkbox"/> Work area hazards | <input type="checkbox"/> Emergency action plan |
| <input type="checkbox"/> Back injury prevention | <input type="checkbox"/> Fire extinguisher use |
| <input type="checkbox"/> Equipment operation | <input type="checkbox"/> Hazard communications |
| <input type="checkbox"/> Material handling | <input type="checkbox"/> Other required training |
- Have employees received instructions in reporting unsafe conditions/acts?
- Have supervisors received training in accident investigation?

AUDIT INSPECTION COMPONENT

- Are scheduled inspections conducted by qualified personnel?
- Do inspections include all facilities, vehicles, equipment, and personal protective equipment?
- Fire suppression equipment included?
- First aid provisions included?
- Are checklists utilized?
- Are procedures in place to follow up on correction of deficiencies?

ACCIDENT INVESTIGATION COMPONENT

Are responsibilities assigned for all phases of the accident investigation?

- | | |
|--|--|
| <input type="checkbox"/> Who investigates the accident | <input type="checkbox"/> Who reviews the report |
| <input type="checkbox"/> What forms are used | <input type="checkbox"/> What accidents are investigated |
| <input type="checkbox"/> Who completes the TWCC-1 | <input type="checkbox"/> Who assures corrective action |

Have all involved employees been trained in what types of accident/incidents to report?

PERIODIC REVIEW AND REVISION COMPONENT

- ___ Is the review conducted at least annually? In what month(s)? _____
- ___ Are the results of the review shared with management, supervisors, and employees?
- ___ Does the safety program continue to address all company operations, equipment and employee activities?
- ___ Are the professional safety services or other sources utilized in revising or updating the safety program?

CORRECTIVE ACTIONS

- ___ Are deficiencies of this review, proposed corrective actions, and commitment dates described in attached documents?

New Exposures Identified:

Action Taken:

Required Program Changes:

Significant Injury/Accident Trends:

Reviewed By:

Date:

BEE County Road & Bridge Dept. Daily Equipment/Vehicle Inspection

Driver's Name _____ Unit # _____ Date _____

Odometer Reading _____ Lic. # _____ Time _____

Visual Exterior Inspection:

(Check for Body Damage)

(Check for Window Damage)

Front _____

Windshield _____

Right _____

Right Side _____

Left _____

Left Side _____

Rear _____

Rear Window _____

| Description | Good | Bad | Comments |
|---------------------------------|------|-----|----------|
| 1. Oil Level | | | |
| 2. Coolant | | | |
| 3. Power Steering Fluid Level | | | |
| 4. Transmission Fluid on P/U | | | |
| 5. Brake Fluid Level | | | |
| 6. Tires: Front____/Back____ | / | / | |
| 7. Tail Lights | | | |
| 8. Head Lights | | | |
| 9. Signal Lights | | | |
| 10. Clearance Lights | | | |
| 11. Bed Lights | | | |
| 12. Break Lights | | | |
| 13. Flashers | | | |
| 14. Windshield Wipers | | | |
| 15. Horn | | | |
| 16. Breaks: Pedal____ Emer.____ | | | |
| 17. Fuel | | | |
| 18. Back-up Alarm | | | |
| 19. Safety Equipment | | | |

Driver's Signature: _____

Comments: _____

UNIT INSPECTION

DATE: _____

MILEAGE: _____

UNIT# _____ DEPUTY/DRIVER: _____

BODY DAMAGE TO VEHICLE:

PAINT CONDITION: _____

TIRES:

R/F _____ L/F _____ R/R _____ L/R _____ SPARE _____

LIGHTS: _____ LOW BEAM _____ BRAKE _____ TAIL _____ TURN SIGNAL

HIGH BEAM _____ SPOT _____ LICENSE PLATE _____ OVERHEADS _____ PARKING _____

VIDEO SYSTEM _____ DATE & TIME: _____

GLASS _____ ENGINE FLUIDS _____ RADIO/SIREN/ANTENNA _____

INTERIOR DAMAGE _____ INTERIOR CLEANLINESS _____

GLOVE BOX _____ FLASHLIGHT WORKING? _____

TRUNK APPEARANCE _____

EVIDENCE SUPPLIES: _____

TRAFFIC VESTS _____

TRAFFIC CONES (NUMBER) _____

FIRE EXTINGUISHER CHARGED? _____

COMMENT _____

BEE COUNTY GENERAL SAFETY INSPECTION

Department: _____

| Areas to be Inspected | Yes | No |
|--|-----|----|
| Housekeeping | | |
| a. Is the work area clean and orderly? | | |
| b. Are floors free of spills and objects that could cause trips or falls? | | |
| c. Are boxes and containers stored so as to avoid the possibility of heavy objects falling? | | |
| d. Are floor openings covered? | | |
| e. Are loose/missing tiles or worn carpet repaired? | | |
| Aisles | | |
| a. Are aisles and passageways clear, dry, and free of trip hazards or obstructing materials? | | |
| Stairways | | |
| a. Are stairways in good condition? | | |
| b. Do they have adequate lighting? | | |
| c. Do they have good handrails? | | |
| d. Are they free of storage materials? | | |
| Ladders | | |
| a. Are ladders provided where needed? | | |
| b. Are ladders of standard construction and in good condition? | | |
| c. Are all rugs and steps in tact and in good condition? | | |
| d. Are metal steps covered with non-slip materials? | | |
| e. Are steps clean of slippery substances? | | |
| f. Are bolts, rivets, etc., all tight and in place? | | |
| g. Are ladders free of splinters or sharp edges? | | |
| Machines & Equipment | | |
| a. Are machines and equipment in safe operating condition? | | |
| b. Are the necessary guards provided and used? | | |
| Hand Tools | | |
| a. Are paper trimmers locked and secured when not in use? | | |
| b. Are scissors and other sharp objects stored in a way to prevent accidental cuts? | | |
| c. Are electrical cords in good condition? | | |
| d. Are defective tools stored or removed from work area? | | |
| Electrical | | |
| a. Are electrical cords in good condition? | | |
| b. Are electrical outlets overloaded? | | |
| c. Does your electrical receptacle have signs of burns? | | |
| e. Are electrical plugs, switches, or junctions properly covered? | | |
| f. Is your electrical breaker box unobstructed? | | |

GENERAL SAFETY INSPECTION (continued)

| Areas to be Inspected-check yes or no boxes with appropriate responses | Yes | No |
|--|--------------------------|--------------------------|
| Lighting | | |
| a. Is there enough lighting in the work area? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is natural light a problem for workers? | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid | | |
| a. Are first aid supplies provided if needed? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are the items in the first aid kit expired? | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Protection | | |
| a. Are fire extinguishers easily accessible? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is paper waste stored away from heat sources? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are paper waste containers emptied daily? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do sprinkler heads have at least 24" clearance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Entrance/Exits | | |
| a. Are entrances and exits clearly marked? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are they free of tripping hazards? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are they unobstructed? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are exits leading to the environment provided with non-slip mats? | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior (sidewalks, parking lots, patios, etc.) | | |
| a. Are these areas free of tripping hazards? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are floor or wall openings covered? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Name: _____ Location: _____

Date: _____

Time: _____

BEE COUNTY HAZARD COMMUNICATION CHECKLIST

Department: _____

Completed By: _____

Date: _____

| Action to be Taken | Yes | No |
|---|-----|----|
| 1. Listed all of the hazardous chemicals in our workplace. | | |
| 2. Established a file for information on hazardous chemicals. | | |
| 3. Obtained an MSDS for each hazardous chemical in use. | | |
| 4. Developed a system to ensure that all incoming hazardous chemicals are labeled. | | |
| 5. Reviewed each MSDS to be sure it is complete. | | |
| 6. Made sure that MSDS's are available where necessary. | | |
| 7. Developed a written hazard communication program. | | |
| 8. Developed a method to communicate hazards to employees and others. | | |
| 9. Informed employees of protective measures for hazardous chemicals used in the workplace. | | |
| 10. Alerted employees to other forms of warning that may be used. | | |

Bee County, Texas
Department

- Injury
- Incident
- Equipment/Property Damage
- Close Call / Near Hit

Incident Reporting and Investigation Form

12/12/19 Page 1 of 3

Fill Out All Blocks. Be as specific as possible and include drawings, photos, additional narrative, as needed.

Building:

CP:

SUPERVISOR CONTACT INFORMATION

Reporting Supervisor / Investigator Name:

Title:

Directorate / Dept:

Ext:

Mailstop:

Date of Incident:
(mo/day/yr)

Time of Incident:

a.m. p.m.

Time of Report:

a.m. p.m.

Date of Report: (mo/day/yr)

Contractor involved? If yes, name and contact information:

INJURED PARTY

If no injury, check box and skip this section.

No injury

Injured Party's Name & Title:

Injured Party's Contact Information:

Nature of Injury/Illness:

Dislocation

Heat Related Illness

Treatment:

Name & Address of Treating Dr. / Facility

Strain/Sprain

Internal

Other (Specify)

First-Aid

Fracture

Burn/Scald

E. R.

Laceration/Cut

Foreign Body

Dr.'s Office

Bruising

Chemical Reaction

Hospital Stay

Remarks:

Scratch/Abrasion

Allergic Reaction

Body Part Injured(s):

Amputation

Concussion

WITNESSES AND/OR WITNESS STATEMENT

Witnesses (name and contact information)

Witness statement attached?

Yes

No

PROPERTY DAMAGE

List property / material damaged (use control numbers if available):

Nature of damage:

Object / substance inflicting damage:

Approximate cost:

THE INCIDENT (Use Additional Paper as Needed, Reference Below and Attach)

Describe what happened. (Investigate scene of incident or conditions. Describe who was involved, when and where the incident happened, what happened, and how.)

Bee County, Texas
Department

Incident Reporting and Investigation Form

12/12/19, Page 2 of 3

Why did it happen? (Root Cause Analysis) (What was the root cause of the incident, i.e., actually caused the illness, injury, or incident?)

| Unsafe Acts | Unsafe Conditions | Management System Deficiencies |
|---|--|---|
| <input type="checkbox"/> Improper Work Technique | <input type="checkbox"/> Poor Workstation Design or Layout | <input type="checkbox"/> Lack of Written Procedures or Safety Rules |
| <input type="checkbox"/> Improper PPE, Not Used or Used Incorrectly | <input type="checkbox"/> Fire or Explosion Hazard | <input type="checkbox"/> Safety Rules Not Enforced |
| <input type="checkbox"/> Safety Rule Violation | <input type="checkbox"/> Congested Work Area | <input type="checkbox"/> Hazards Not Identified |
| <input type="checkbox"/> Operating Without Authorization | <input type="checkbox"/> Hazardous Substances | <input type="checkbox"/> PPE Unavailable |
| <input type="checkbox"/> Failure to Warn or Secure | <input type="checkbox"/> Inadequate Ventilation | <input type="checkbox"/> Insufficient Worker Training |
| <input type="checkbox"/> Operating at Improper Speeds | <input type="checkbox"/> Improper Material Storage | <input type="checkbox"/> Insufficient Supervisor Training |
| <input type="checkbox"/> By-Passing Safety Devices | <input type="checkbox"/> Improper Tool or Equipment | <input type="checkbox"/> Improper Maintenance |
| <input type="checkbox"/> Guards Not Used | <input type="checkbox"/> Insufficient Job Knowledge | <input type="checkbox"/> Inadequate Supervision |
| <input type="checkbox"/> Improper Loading or Placement | <input type="checkbox"/> Slippery Conditions | <input type="checkbox"/> Insufficient Job Planning |
| <input type="checkbox"/> Improper Lifting | <input type="checkbox"/> Poor Housekeeping | <input type="checkbox"/> Inadequate Hiring Practices |
| <input type="checkbox"/> Servicing or Adjusting Machinery in Motion | <input type="checkbox"/> Excessive Noise | <input type="checkbox"/> Poor Process Design |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Inadequate Guarding of Hazards | <input type="checkbox"/> Inadequate Workplace Inspections |
| <input type="checkbox"/> Drug or Alcohol Use | <input type="checkbox"/> Defective Tools/Equipment | <input type="checkbox"/> Inadequate Equipment |
| <input type="checkbox"/> Unsafe Act(s) of Others | <input type="checkbox"/> Insufficient Lighting | <input type="checkbox"/> Unsafe Design or Construction |
| <input type="checkbox"/> Unnecessary Haste | <input type="checkbox"/> Inadequate Fall Protection | <input type="checkbox"/> Unrealistic Scheduling |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

List immediate actions taken and results.

What should be done to prevent a recurrence? (Be specific as to what would prevent the injury, incident or damage from occurring again)

CORRECTIVE ACTIONS TRACKING (All Blocks Must be Filled In and Information Verifiable)

| List action(s) that have or will be taken to prevent a recurrence. | Assigned To Whom | Scheduled Completion Date | Actual Completion Date | Follow-up Date |
|--|------------------|---------------------------|------------------------|----------------|
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2013

Bee County, Texas Department

Incident Reporting and Investigation Form

12/12/19, Page 3 of 3

JOB HAZARD ANALYSIS REVIEW

Is there a JHA that applies to the task being performed when the injury or incident occurred?
If yes, review the JHA, answer the following questions, and attach a copy to this report.
If no, please explain why the JHA was not required for the task.

Yes No

Were hazards sufficiently identified? If not, please explain.

Yes No

Were identified controls adequate and implemented? If not, please explain.

Yes No

Were the identified controls not implemented? If not, please explain.

Yes No

INVESTIGATION TEAM *(Print and Sign)*

| Signature | Name | Title |
|-----------|------|-------|
| | | |
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CC:

Attachments

BEE COUNTY INSPECTION CHECKLIST AND REPORT

Location/Department _____

Date of Inspection _____ Date of Last Inspection _____

Names of Inspection Personnel _____

Instructions: This checklist is merely a tool to assist you in making an inspection of your premises. No representation is made or intended that by being in full compliance with each of the items set forth, you will be in full compliance with the requirements of any traditional, state, county or city governmental regulations or laws. There is no representation made that this checklist is complete and covers all possible risks or hazards that should be reviewed. This is a general checklist, and specific locations may require expansion or alteration of the items to be review. This checklist should be modified to best serve the unique needs of each county.

| CONDITION AND PROTECTION SATISFACTORY? | YES | NO | RESPONSIBLE DEPT./PERSON | ACTION TAKEN |
|---|-----|----|-----------------------------|--------------|
|---|-----|----|-----------------------------|--------------|

- 1. General Conditions:**
 - a) First Aid - adequate equipment, properly used:
 - b) Adequate Light throughout work area:
 - c) Noise level satisfactory:
 - d) Adequate ventilation throughout:
 - e) Housekeeping satisfactory:
 - f) Material storing and stacking satisfactory:
 - g) Hand tools properly maintained:
 - h) Acids and corrosives safely handled and stored:
 - i) _____
 - j) _____

- 2. Unsafe Practices:**
 - a) Existence or observance of unsafe practices:
 - b) Personal protective equipment provided/used:
 - c) Following safety rules:
 - d) _____
 - e) _____

- 3. Housekeeping:**
 - a) Oily rags stored in closed containers
 - b) Mops and brooms stored when not in use
 - c) Proper signs for mopping and waxing area
 - d) _____
 - e) _____

- 4. Fire Hazards:**
 - a) Fire extinguishers checked, tagged, accessible:
 - b) Extinguishers proper for exposure:
 - c) Hoses, sprinkler equipment, alarms:
 - d) Exits marked, lighted, accessible:
 - e) Flammable liquids stored, handled & disposed of properly:
 - f) Proper disposal of rubbish:

| CONDITION AND PROTECTION SATISFACTORY? | YES NO | | RESPONSIBLE | |
|--|--------|----|--------------|--------------|
| | YES | NO | DEPT./PERSON | ACTION TAKEN |

g)
h)

5. Floors:

- a) Surface nails, splinters, breaks, slipperiness:
- b) Loose carpet, tile:
- c) Liquid, oil, grease hazards:
- d)
- e)

6. Stairs:

- a) Lighting adequate and maintained:
- b) Handrails adequate, secure:
- c) Non-skid surface:
- d)

7. Ramps and Platforms:

- a) Strength adequate:
- b) Surfaces unobstructed, non-slip:
- c) Railings and toeboards in place:
- d)
- e)

8. Electrical Equipment:

- Switchboards, transformers, wiring & controls adequate:
- Apparatus identified, grounded, guarded:
- Portable tools grounded:
- Circuit overload prevented:
- Extension cords, proper size and secured:

g)

9. Hoists, Cranes:

- a) Cables, cable fastenings, slings satisfactory:
- b) Properly guarded:
- c) Weight limit marked:
- d)
- e)

10. Ladders, Scaffolds:

- a) Inspection and maintenance satisfactory:
- b) Safety feet where required:
- c)

11. Elevators

- a) Hoistway, car doors and gates satisfactory:
- b) Preventive Maint. Program Established:
- c) Emergency Phone/Alarm:
- d) No Smoking Sign:
- e) Sign posted, "DO NOT USE IN CASE OF FIRE OR OTHER EMERGENCY"

CONDITION AND PROTECTION YES NO
SATISFACTORY?
12. Machine Hazards:

- a) Operator Training Provided:
- b) Points of operation guarded:
- c) Gears, pulleys, machine parts guarded:
- d) Guards interlocked where necessary:
- e) _____
- f) _____

13. Vehicle Operations:

- a) Written procedures regarding driver restrictions, _
personal use, etc. distributed to and reviewed with
drivers of county vehicles:
- b) Driving record of county employees operating vehicles
For county purposes reviewed prior to hiring & done
annually:
- c) Road test given by qualified driver prior to hiring:
- d) Defensive driving course offered to new employees Who
drive in the scope of their employment:
- e) _____
- f) --

14. Vehicle Maintenance:

- a) Preventive maintenance system established:
- b) Vehicle safety inspection conducted monthly:
- c) Hoods, cabovers, dump sections of trucks and similar _
movable parts blocked or rendered inoperative when
doing maintenance:
- d) --
- e) _____

15. Mowers, Shredders:

- a) Preventive maintenance performed on mowers and _
shredders:
- b) Slow moving signs installed on mowers & shredders:
- c) Proper guards installed on mowers & shredders:
- d) Axles and U-joints inspected regularly:
- e) Blades checked before use for tightness:
- f) --
- g) --

16. Parking Areas:

- a) Parking areas well illuminated with
- b) designated entrances,
_ and directional sign(s):
- c) Car stops provided around buildings:
- d) Signs, utility poles, gas meters, power transformers, _ fire
hydrants, etc. in parking area properly marked
& protected:
- e) Areas designated for delivery:
- f) Signs in good condition:
- g) Holes filled in parking areas:
- h) _____

BEE COUNTY JAIL INSPECTION CHECKLIST

Date of Inspection: _____ Date of Last Inspection: _____

Name of Inspection Personnel: _____

Instructions: This checklist is merely a tool to assist you in making an inspection of your premises. No representation is made or intended that by being in full compliance with each of the item set forth, you will be in full compliance with the requirements of any traditional, state, county or city governmental regulations or laws. There is no representation made that this checklist is complete and covers all possible risks or hazards that should be reviewed. This is a general checklist, and specific locations may require expansion or alteration of the items to be review. This checklist should be modified to best serve the unique needs of each county.

| CONDITION AND PROTECTION SATISFACTORY? | YES | NO | RESPONSIBLE DEPT./PERSON | ACTION TAKEN |
|---|--------------------------|--------------------------|--------------------------|--------------|
| 1. Floors and walkways: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Floors free of tripping hazards: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Loose carpet, tile: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Liquid, oil, grease hazards: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Slippery walking surfaces: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Changes on floor elevation properly marked: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Proper signs for mopping and waxing area | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2. Ramps and Platforms: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Strength adequate: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Surfaces unobstructed, non-slip: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Railings and toe boards in place: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3. Electrical Equipment: | | | | |
| Unobstructed electrical panels: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Apparatus identified, grounded, guarded: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Portable tools grounded: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Circuit overload prevented: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Extension cords, proper size and secured: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4. Booking Area: | | | | |
| Accessible First Aid kit: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Floors free of slippery conditions: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Housekeeping satisfactory: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Furniture free of nails, splinters, or sharp corners: | <input type="checkbox"/> | <input type="checkbox"/> | | |

| CONDITION AND PROTECTION SATISFACTORY? | YES | NO | RESPONSIBLE DEPT./PERSON | ACTION TAKEN |
|---|--------------------------|--------------------------|--------------------------|--------------|
| 5. Kitchen | | | | |
| Floors free of tripping hazards:: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Walking freezer organized & free of slippery walking surface | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Material storing and stacking satisfactory:: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Electrical outlets near water faucets protected with GFCI: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6. Storage Area: | | | | |
| Adequate light throughout work area: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Housekeeping satisfactory:: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Material storing and stacking satisfactory:: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Oily rags stored in closed containers: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Mops and brooms stored when not in use: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7. Sally Port: | | | | |
| Floors free of tripping hazards: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Floors free of liquid, oil, grease hazards:: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Slippery walking surfaces: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Changes on floor elevation properly marked:: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Garage doors in good operational condition: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Intercom system in good operational conditions: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8. Laundry: | | | | |
| All chemical containers labeled: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Wet floor signs posted: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Floors free of tripping hazards: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9. Dispatch Area: | | | | |
| chairs are in good operational condition: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Working surfaces area free of sharp edges and corners: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Operator has easy access to communication equipment | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10. Parking Areas: | | | | |
| Parking areas well illuminated /designated entrances & directional sign(s): | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Car stops provided around buildings: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Signs, utility poles, gas meters, power transformers, fire hydrants, etc., in parking area properly marked & protected: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Areas designated for delivery: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Signs in good condition: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Holes filled in parking areas: | <input type="checkbox"/> | <input type="checkbox"/> | | |

**CONDITION AND PROTECTION
SATISFACTORY?**

YES

NO

**RESPONSIBLE
DEPT./PERSON**

ACTION TAKEN

11. Unsafe Practices:

Existence or observance of unsafe practices:

Personal protective equipment provided/used:

12. Other:

Use this space for additional information or suggestions

Report Submitted to: _____

Date: _____

Follow-up conducted by: _____

Date: _____

Additional actions/recommendations:

BEE COUNTY NEW EMPLOYEE SAFETY ORIENTATION CHECKLIST

Name _____ Date Employed _____

Department Assigned _____ Type of Work _____

Previous Work Experience and Training

I HAVE BEEN INSTRUCTED IN THE FOLLOWING, WHERE APPLICABLE:

- Safety policy and programs
- Hazard Communication
- Safety rules, general and specific to my job
- Safety rule enforcement
- Specific hazards of my job
- When and where to report unsafe conditions or procedures
- How, when and where to report injuries
- Proper work shoes and other personal protective equipment needed
- Equipment operation and maintenance
- List Equipment and Vehicles

- Fire alarm and extinguishing equipment
- Lifting and material handling
- Housekeeping and personal hygiene
- Care and use of tools and equipment
- First Aid Training
- Other specific instruction given

Follow-up on employee will be observed by

Supervisor's Signature

Date

Employee's Signature

Date

BEE COUNTY QUARTERLY/ MONTHLY ANALYSIS REPORT

Accidents, Incidents, Injuries, Hazard Review, Trend Identification

1. Review of last analysis report:

2. Accidents and injuries (recordable and first aid) reviewed:

3. Hazardous condition reports reviewed:

4. Inspection reports reviewed:

5. Employee safety information:

6. Trends identified:

7. Corrective actions required and responsible person:

8. Status of prior corrective actions:

9. Additional comments:

Completed by:

Date:

BEE COUNTY SAFETY INSPECTION GUIDE

Department: _____

Inspected By: _____

Office Hazards

Date of Inspection: _____

The purpose of this form is to be used as a guide to self-inspection by supervisors and safety committees. The guides to hazards on this form are general and incomplete. The inspector should expand these to fit the actual situation. **Please provide recommendations for "no" answers.**

- Well-planned safety inspections help in detecting hazards • Removing hazards increases operating efficiency, because before an accident occurs, safety and efficiency go hand in hand.
- Before the inspection, analyze past accidents to determine • Both unsafe conditions and unsafe acts are contributing factors specific causes and high hazard areas or operations. Give in industrial accidents. An unsafe condition, in addition to special attention to these during the inspection, being a direct cause of accidents, often requires or suggests, an unsafe act.

INSPECTION GUIDES

YES NO

RECOMMENDATIONS

FURNITURE AND EQUIPMENT:

1. Are desks, chairs, file cabinets, etc., in good condition and positioned so that drawers do not open into halls or walkways?
2. Are lower file cabinet drawers used for heavier loads so that upper drawers are not disproportionately heavy? Is one drawer opened at a time? Are file cabinets secured to the floor, wall, or are several bolted together
3. Is furniture used as stepping stools or ladders?
4. Are desk chairs in good repair? Do rollers operate properly and have a smooth, even surface on which to operate?
5. Do personnel get help from the maintenance or custodial department to move heavy objects, such as file cabinets?

AISLES AND FLOORS:

1. Is there a clear aisle of four feet for two-way traffic within a room or office? Is unobstructed access maintained to all parts of a room?
2. Are floors, aisles, halls, and stairways properly lighted, clear of loose objects, extension cords, wastebaskets, pencils, bottles, etc.?
3. Are electrical or telephone outlets in the floor protected by arrangement of furniture or other means to minimize tripping hazards?
4. Are carpets secure? Do they have curled edges or torn places that can cause tripping?

| 5. Are ramps or inclines have slip resistant surfaces? If the floor is smooth, are abrasive strips added? Are unusual changes in the walking surface highlighted with yellow paint? | | | |
|---|-----|----|-----------------|
| INSPECTION GUIDES | YES | NO | RECOMMENDATIONS |
| AISLES AND FLOORS (continued): 6. Are spills cleaned up as soon as possible? Are they guarded by a person or barricade/furniture until cleanup is accomplished? | | | |
| 7. Do people walk on the right side of hallways, especially at corners? | | | |
| 8. Do stairways have handrails? Is the leading edge of the tread slip resistant and firm? | | | |
| ELECTRICAL EQUIPMENT: | | | |
| 1. Are office machines grounded if they are equipped with a ground wire or three-prong plug? | | | |
| 2. Are electrical cords and plugs in good repair? Are there loose plugs, worn insulation, or defective outlets? | | | |
| 3. If an adapter is used to insert a grounded plug into an underground receptacle, is the pigtail attached to a grounded object? | | | |
| 4. Are electrical extension cords the 3-wire grounded type? Are they arranged so as not to cross walkways? | | | |
| 5. Are wall outlets overloaded by connecting additional appliances with adapters or extension cords? | | | |
| 6. Is the maintenance department called to make electrical repairs? | | | |
| SUPPLIES: | | | |
| 1. Are supplies stored and maintained in an orderly condition? Are heavier items stored on lower shelves and lighter items, or less frequently used items on higher shelves? | | | |
| 2. Are the tops of filing cabinets or bookcases used to store materials and supplies? | | | |
| 3. Do personnel get help, or use materials handling equipment for moving heavy objects. | | | |

| | | | |
|--|------------|-----------|------------------------|
| DOORS: 1. Do glass doors or glass panels have bars or highly visible markings to prevent someone from walking or running through them. | | | |
| 2. Do solid doors have a clear panel at eye level to help prevent them from being opened into someone on the opposite side? Are signs that warn to "open slowly" posted if clear panels are not installed? | | | |
| INSPECTION GUIDES | YES | NO | RECOMMENDATIONS |
| SPECIALIZED EQUIPMENT (PROJECTORS, RECORDERS, REPRODUCTION, ETC.): 1. Are all moving parts of machines properly guarded? | | | |
| 2. Are the person operating the equipment trained in its operation and does he/she check instructions prior to using it? | | | |
| 3. Are defects noted during operation of equipment? | | | |
| MISCELLANEOUS: 1. Is a safe, secure ladder or step stool used when individuals must reach high places? | | | |
| 2. Do employees wear the proper type of shoes for working conditions? | | | |
| 3. Is glassware placed in appropriate locations/containers and not left where hazards are created? | | | |
| 4. Are ashtrays provided for disposal of burned tobacco and matches? | | | |
| 5. Are "no smoking" signs placed in appropriate areas? | | | |
| FIRE PREVENTION: 1. Are employees trained in the use of portable fire extinguishers? | | | |
| 2. Are fire extinguishers securely mounted on walls? Are the locations marked? | | | |

Bee County Safety Meeting Record

County/Department: _____

Training Topic: _____

Individual Responsible: _____ Date: _____

Print name, do not write in cursive

| Name | Department | Address |
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Bee County Recordkeeping Plan

| RECORD | RESPONSIBLE PERSON | COMPLETION TIMEFRAME | RECORD LOCATION | RETENTION OF RECORDS | REPORT METHOD |
|--|--------------------|---|-----------------|---|--|
| FIRST REPORT OF INJURY | | Within 24 hrs of employer knowledge of accident or occupational disease. | | 5 years from the last day of the year in which the injury occurred. | FORM - TWCC-1 |
| ACCIDENT LOG | | Update Monthly and with each TWCC-1 filed. | | 5 years | FORM - [name] |
| ACCIDENT INVESTIGATION | | Within 24 hours of accident/incident 2. Within 3 working days Quarterly or more often for special circumstances | | 5 years | FORM Loss Control Coordinator's Accident Investigation Report |
| INSPECTIONS | | | | | |
| • Shop & Yard | | First day of each Month Risk Manager to review quarterly for report to Commissioners' Court. | Yard Location | 3 years | FORM |
| • Vehicles | | Daily as used and 3000 miles. Risk Manager to review quarterly for report to Commissioners' Court. | Shop | 3 years | FORM |
| • Heavy Equipment | | Daily as used and every 250 hours. Risk Manager to review quarterly for report to Commissioners' Court. | Shop | 3 years | FORM |
| • Job Site | | Weekly Risk Manager to review quarterly for report to Commissioners' Court. | Shop | 3 years | FORM |
| Analysis Report | | Monthly-Quarterly | | 3 years | |
| Training | | Monthly | | 3 years | |
| Accident Prevention Plan Implementation Status Report | | Monthly | | 3 years | |

TRAINING DOCUMENTATION

| Name | Department | Address |
|------|------------|---------|
| 1. | | |
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