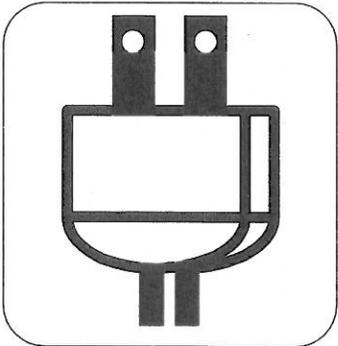


***EMPLOYEE***



***SAFETY***



***MANUAL***

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**CITY OF ELK RIVER**

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## **I. Safety Policy Statement**

In maintaining compliance with safety regulations, the City of Elk River and the Elk River Municipal Utilities have established a safety program that involves A Workplace Accident/Injury Reduction (AWAIR) Program for the benefit of all employees. The City and ERMU recognize employee health and safety as an important aspect of daily operations. Our goal is to provide employees with a work environment which affords every reasonable safety protection.

In order to achieve this goal, the City and ERMU have established a safety policy that emphasizes the importance of safety consciousness at all times, defines the role of the safety committee, and recognizes that effective implementation must involve a commitment by all employees. The contents and procedures of this manual should be distributed and publicized among all employees. It is essential that employees and managers concern themselves with safety, and every employee should become familiar with the operation and application of this program.

Any employee having questions or recommendations pertaining to the safety program or other safety issues is encouraged to contact the Safety Committee via their department Committee member.

## **II. Safety Committee**

The Safety Committee shall consist of at least one appointed employee from each of the following Departments: Administration, Street, Utilities, Building and Environmental, Building Maintenance, Recreation, Ice Arena, Police, Liquor Store, Fire, Parks, and WWTP. Each department shall be responsible for the selection of their department's representative. Each member, excluding Administration and Fire, will serve a two-year term, with term expirations staggered. It shall be the duty of the Safety Committee to make recommendations on the City's/ERMU's safety policy and to generally ensure the safety and well-being of employees and the general public.

The functions of the Safety Committee are as follows:

1. Review and evaluate accident reports and make recommendations to management for corrective action.
2. The Safety Committee shall act as a resource for all employees regarding safety procedures and shall coordinate all safety programs, as well as relay any safety concerns of individual employees to management.
3. Organize employee safety meetings and instructional sessions to train personnel on safety rules and procedures.

### III. Responsibilities

It is the desire of management to protect employees from accidental injury and damage to health while working for our organization. This matter must receive attention from all levels.

**Safety is the functional responsibility of each supervisor who has the right to demand safe operation.**

**It is the supervisor's obligation to teach employees to work safely.** Each level of our organization is accountable for the following safe performances:

#### A. Employees

1. Understand and comply with proper safety rules, regulations and practices.
2. Perform all jobs with care and consideration to personal safety and the safety of others.
3. Report all job related injuries, and near-miss injuries, to the supervisor.
4. Employee must use all safety equipment, protective clothing and other protective equipment as required.
5. Be alert to needed improvements in safe working conditions and equipment and suggest changes or improvements to the supervisor.
6. Report all unsafe or potentially unsafe conditions to the immediate supervisor or the department safety committee representative.
7. Participate in related safety training programs.

#### B. Supervisors

1. Responsible for instructing employees within their departments on the job safety requirements.
2. Monitor and enforce compliance with applicable safety regulations and procedures.
  - Employees may be subject to disciplinary action as outlined in the Personnel Policy Manual for failing to comply with applicable safety regulations and procedures.
3. Provide and properly maintain required safety equipment and protective devices for each job activity and ensures all vehicles and equipment are in safe working condition.
4. Take prompt action on unsafe conditions and work practices.
5. Investigate job-related accidents, injuries and illnesses to prevent future occurrences and file all necessary reports in a timely and thorough manner.
6. Alert employees of any safety equipment and/or precautionary measures needed for non-routine tasks.
7. Conduct safety inspections of work area.
8. Support any employees participating in safety committees and/or safety training.

C. Safety Committee

1. Review and evaluate all accidents and near-miss accidents and make objective recommendations to management regarding corrective action with the goal of reducing the occurrence of work-related accidents.
2. Review workplace hazard assessments and suggest changes to safety standards or procedures.
3. Review and act upon safety and health-related concerns, suggestions and needs communicated by employees and supervisors.
4. Conduct safety inspections to identify work hazards and monitor compliance with OSHA and other safety standards.
5. Communicate with employees and supervisors regarding safety programs and new or updated safety standards and information.
6. Organize and coordinate safety related training for employees and supervisors to promote better safety standards.
7. Perform an annual review of the safety and health program.

D. Safety Coordinator

1. Initiate and maintain a safety program that is effective in ensuring each employee safe and healthful working conditions.
2. Conduct periodic inspections of department and work spaces to monitor compliance with safety standards and maintain a safe working environment.
3. Be aware and informed of OSHA regulations and any other regulatory controls, and to ensure compliance with the regulations.
4. Coordinates with the Safety Committee in the safety training of employees.
5. Assists the Safety Committee in all aspects needed for proper administration of the Safety Program.

E. Contractors/Subcontractors are:

1. Responsible for initiating, maintaining and supervising safety and health-related policies, programs and work practices in connection with the performance of contractual work.
2. Responsible for compliance with applicable safety and health regulations and shall provide a level of employee protection that is equal to or greater than the safety and health-related policies, procedures and work practices implemented by the City/ERMU.
3. Responsible for furnishing all safety equipment necessary for the completion of contracted work.

4. Responsible for communicating safety and health-related information to subcontractors and shall ensure that subcontractors initiate, maintain and supervise safety and health-related policies, programs and work practices while performing subcontracted work.
5. The City/ERMU reserves the right to suspend contracted work if said work exposes the employees of either employer to imminent danger.

#### **IV. Accident Prevention Program**

In order to maintain the safety standards desired by the City and ERMU, it is necessary to actively pursue an accident prevention program. Training in hazard recognition and control is essential to prevent the occurrence of accidents. The following is a summary of the accident prevention program that is to be supported and maintained by all employees:

##### **1. Training and Education**

- a. Training and education cannot be overemphasized as a means of learning the safe approach to employee work effort, as well as what to do in case of an accident.
- b. Each employee will be furnished a safety manual and information covering safety policies, rules and procedures.
- c. OSHA required safety training shall be conducted on a regular basis.
- d. Safety posters and materials that will help dispense safety information in your work area will generally be distributed on a periodic basis.
- e. Safety meetings may be conducted within each department discussing the identification, analysis, and control of new or existing hazardous conditions.

##### **2. Inspections**

- a. Work practices of employees will be monitored on a periodic basis to ensure that employees are utilizing the safest methods available.
- b. Any violation of safety practices will be noted in walk-arounds and identification of the correct safety procedure for that particular activity will be identified by distributing a memo to all affected employees.
- c. Effectiveness of this method shall be evaluated in future walk-around inspections.
- d. Equipment and facility inspections shall be conducted on a periodic basis. Records of such inspections shall be maintained by the appropriate department and copies of all inspections shall be provided to the Safety Committee.

**3. Contractor/Subcontractor Compliance**

- a. The concern of our fellow employees must be communicated to our contractors/subcontractors working on our projects.
- b. It is imperative that we observe our contractor/subcontractor operations and where safety deficiencies are located, report the violations to your supervisor.
- c. Supervisors, in turn, shall report the condition to the contractor/subcontractor.

***CITY OF ELK RIVER***

***WRITTEN HAZARD COMMUNICATION/RIGHT-TO-KNOW PROGRAM***

**1. GENERAL INFORMATION**

In order to comply with the OSHA Hazard Communication/Right-to-Know Standard, the following written Right to Know Program has been established for the City of Elk River.

The Safety Committee has overall responsibility for the Right to Know Program. The Safety Coordinator will review and update the program as necessary.

The written program will be available at each department location.

**2. INVENTORIES**

The Supervisor of each department is responsible for compiling and maintaining an updated list of all hazardous chemicals used by employees. A copy of the list is included with this program as well as with each set of Material Safety Data Sheets. Further information on each noted chemical can be obtained by reviewing the Material Safety Data Sheet.

**3. MATERIAL SAFETY DATA SHEETS (MSDS)**

MSDSs provide you with specific information on the chemicals you use. The Supervisor of each department will be responsible for obtaining, maintaining, and updating the material safety data sheet system.

Supervisors will review all incoming data sheets, noting new and/or significant health and safety information. He/she will see that any new information is passed on to the affected employees. Supervisors are also responsible for forwarding copies of any new MSDSs received to the Safety Coordinator.

Copies of MSDSs for all hazardous chemicals and fact sheets for physical agents to which employees may be exposed will be kept in specific areas in each department. Contact Department Supervisors for location information. A master list and coordinating MSDSs will be kept by the Safety Coordinator.

MSDSs and other related written information will be available to all employees for review during each work shift.

If an MSDS is not available for a particular chemical or physical agent, immediately contact your supervisor and they will contact the vendor.

#### 4. LABELING

The Department Supervisor is responsible for the labeling program and will review the labeling system on a regular basis and update it as required.

##### HAZARDOUS CHEMICALS

Upon delivery, the Department Supervisor will verify that all containers of hazardous chemicals are clearly labeled with the following:

- ⇒ the chemical's identity,
- ⇒ the appropriate hazard warning,
- ⇒ the name and address of the manufacturer.

The Supervisor in each department will ensure that all secondary containers into which chemicals are transferred are labeled with the identity and appropriate hazard warning.

##### HARMFUL PHYSICAL AGENTS

The Department Supervisor will ensure that all equipment or work areas that generate harmful physical agents at a level that may be expected to approximate or exceed permissible exposure limit are labeled with the following:

- ⇒ the name of the physical agent
- ⇒ the appropriate hazard warning

A list detailing the harmful physical agents commonly encountered by each department shall be kept by each Department Supervisor and a master list shall be kept by the Safety Coordinator. Department Supervisors are responsible for updating the list and forwarding any new information to the Safety Coordinator.

#### 5. EMPLOYEE TRAINING

The Safety Coordinator and Department Supervisors are responsible for the employee training program. They will ensure that all elements specified below are carried out.

All existing employees and each new employee prior to starting work with chemicals, physical agents, or infectious agents will receive initial Right-to-Know training. The training will emphasize the following items:

- ⇒ Summary of the standard and this written program.
- ⇒ Chemical and physical properties of hazardous materials and methods that can be used to detect the presence or release of chemicals (including chemicals in unlabeled pipes).
- ⇒ Physical hazards of chemicals (e.g., potential for fire, explosion, etc.).
- ⇒ Health hazards, including signs and symptoms of exposure, associated with exposure to chemicals and any medical condition known to be aggravated by exposure to the chemical.

- ⇒ Procedures to protect against hazards (e.g., personal protective equipment required, proper use, and maintenance; work practices or methods to assure proper use and handling of chemicals; and procedures for emergency response).
- ⇒ Work procedures to follow to assure protection when cleaning hazardous chemical spills and leaks.
- ⇒ Where MSDSs are located, how to read and interpret the information on both labels and MSDSs, and how employees may obtain additional hazard information.

Training on infectious agents must also include:

- ⇒ Chain of infection,
- ⇒ Proper techniques to avoid self contamination,
- ⇒ Hazards to special at-risk employee groups.

Refresher training must be conducted annually. Prior to a new chemical or physical agent being introduced into any department, each employee of that department will be given information as outlined above.

All training must be documented in writing and forwarded to and kept by the Safety Coordinator in the designated area.

## 6. ADDITIONAL INFORMATION

All employees, or their designated representatives, can obtain further information on this written program, the Employee Right-to-Know standard, applicable MSDSs, and chemical information lists by contacting the Safety Coordinator.

### **General Safety Rules**

This information is intended as a “common sense” guide to employee safety practices. The standards listed here apply to all City of Elk River employees. Employees should refer to additional departmental and State regulations for the full scope of standards required for each operation.

1. Follow all prescribed safety procedures.
2. Never undertake an action which you feel is unsafe either because of the procedure or equipment. Report the situation to your supervisor.
3. Immediately report all accidents and injuries, including near-misses, to your supervisor.
4. Keep alert. Avoid risking injury to yourself or others to save time.
5. Employees will wear clothing appropriate to their work.
6. Wear all required personal protective equipment.

### **Medical and First Aid**

1. All City buildings and vehicles shall be equipped with first aid kits.
2. All employees shall know the location of first aid kits and their contents.
3. Contents of the first aid kits shall be inspected and maintained regularly.
4. All injuries, no matter how minor, are to be reported immediately to the supervisor.

5. In non-emergency situations, injuries which require additional medical attention shall be treated at Riverway Clinic or Urgent Care in Elk River.
6. In an emergency requiring more than first aid, employees should immediately call 911 and contact their supervisor when they are first able.

### **Housekeeping**

1. All aisles, passageways, doorways, sidewalks, stairs and walking surfaces shall be free from refuse, slippery and wet substances, misplaced equipment, and tripping hazards.
2. Caution shall be exercised when walking around blind corners.
3. Material should be stored on shelves in a manner to prevent falling: heavy objects shall be placed on lower shelves.
4. Keep all worksites clean and orderly, variations may occur depending on the work being performed. Clean spills immediately to prevent any safety hazard.
5. File and desk drawers should be kept closed when not in use.
6. File drawers should not be overloaded, and only one file drawer should be opened at a time.
7. Washrooms, locker rooms, lunch rooms and toilet facilities shall be kept at a high level of cleanliness.
8. Deposit all waste in the appropriate receptacle container according to applicable standards. Designated containers will be provided for flammable and combustible materials.
9. All exits will be kept free of obstructions and properly marked at all times.
10. Employees are responsible for reporting any housekeeping practice or occurrence that creates a safety hazard to their supervisor.

### **Fire Protection**

1. Adequate fire extinguishers will be located in readily accessible locations.
2. Employees will periodically be instructed as to the proper use of fire extinguishers. Employees will also be familiar with the location of fire extinguishers.
3. Employees shall be aware of possible fire hazards of the materials and processes to which they are exposed. Information on materials can be obtained from their corresponding material safety data sheet.
4. Fire extinguishers will be inspected annually for proper performance by the fire extinguisher company.
5. When fire alarms sound, all employees shall practice the fire evacuation plan. This does not apply to pre-announced testing of the alarms.
6. Gasoline, or any mixture thereof, shall not be utilized in cleaning activities or to start a fire.
7. Cleaning solvents with flammable properties shall be kept in approved safety containers, labeled, and used according to Fire code regulations.

8. Oily rags and flammable wastes shall be kept in covered, metal containers.
9. "No Smoking" shall be enforced in all places where hazardous substances are stored or where sign is posted.
10. All employees shall be familiar with all possible exits.

### **Workstation Health and Safety**

Many factors in our work environment determine whether we work efficiently and in a manner that promotes good health and safety. By adapting your work environment and personal practices, it is possible to create a more comfortable, healthy, efficient, and safe environment. To increase your comfort and possibly your safety, use the following guidelines to evaluate your workstation and work habits:

1. Ensure that your chair is at a height that allows you to maintain the proper arm and hand position. Be sure your chair supports your lower back. Rest your feet firmly on the floor or on a foot rest.
2. Keep your forearms and wrists parallel with the floor when you type. Do not angle your forearms upward.
3. Type with your wrists in a natural, straight position. Avoid bending, arching, or angling your wrists.
4. Use the minimum amount of force that is needed to push down the keys. Avoid banging on the keys.
5. Place the display so that the top line of the display is at eye level or lower.
6. Avoid glare on the display panel by controlling the light in the room and by placing the display in an appropriate position.
7. Have your eyes examined regularly by a vision care specialist.
8. Vary your tasks during the day to avoid sitting in one position for several hours or performing the same tasks with your hands without interruption.
9. Take periodic breaks when you work at your computer for prolonged periods.
10. Stretch and exercise several times a day.

### **Motor Vehicle Operations**

All drivers of City-owned vehicles and those using personal vehicles while attending to City business, shall obey all State traffic rules and regulations, and also any additional regulations of the City. The following standards apply to all, temporary and regular, City employees:

1. A valid Minnesota Driver's License is required to operate any City vehicle. Special licenses may be required for certain vehicles. All employees will be required to provide a copy of their current valid Minnesota Driver's License at the time of hire and annually thereafter. If at any time the

status of an employee's driver's license changes, it must be reported to the Human Resource Department.

2. No employee shall operate a City vehicle without prior permission and proper training.
3. Safety features available in the vehicle must be properly utilized. This includes seat belts.
4. Daily visual inspections of head lights, turning signals, brake lights, brakes, horns, and tires will be the responsibility of the employee operating the vehicle.
5. Proper maintenance of vehicles will be performed according to Minnesota law and D.O.T. regulations.
6. Drivers of City vehicles shall report any noticed hazards and/or needed maintenance/repairs to the appropriate supervisor.
7. The refueling of vehicles shall only occur when the engine is stopped.
8. While left unattended, vehicles must be appropriately secured against theft, accidental movement, or unauthorized usage. These necessary precautions include, but are not limited to, motor off, doors locked, power take-off equipment inoperable, power buckets and shovels "grounded", etc.
9. Drivers shall drive in a courteous manner being fully aware of pedestrians and other drivers.
10. Employees must not engage in unsafe conduct that may result in personal injury or property damage.
11. The following backing up procedures are required of all city vehicles:
  - a) Backing up shall be avoided unless absolutely necessary.
  - b) Clearance on all sides of the vehicle will be ensured before any movement of the vehicle is made.
  - c) When backing, do so very slowly and with extreme caution.
  - d) Observe both sides during backing operations.
  - e) Use of a signal person shall be utilized when possible.
  - f) Back-up alarms shall be on all trucks. Make certain alarms are in proper working order.
12. Children shall be kept from playing on or near City vehicles.
13. All vehicle accidents must be reported immediately to the Police Department and Department Supervisor.

### **Personal Protective Equipment and Clothing**

The following are basic guidelines to personal protective equipment and clothing. Please consult department-specific guidelines for a more thorough explanation.

1. *General*
  - a. Proper personal protective equipment shall be provided as needed, and maintained in a sanitary and reliable condition.

- b. Equipment shall be used when there is a hazard from the working environment that may cause injury or illness.
- c. Supervisors shall be responsible for enforcing rules regarding wearing of protective equipment.
- d. Employees shall be responsible for inspecting and using all required personal protective equipment.

2. *Eye and Face Protection*

Any employee assigned to a task involving likelihood of eye or face injury shall wear proper protection. This includes, but is not limited to the following:

- a. Operating grinders,
- b. Handling chemicals,
- c. Changing mercury vapor lights,
- d. Using air compressor,
- e. Using paint striper,
- f. Operating tree chipper,
- g. Digging holes involving concrete and asphalt,
- h. Pounding open manhole cover seals, operating jack hammers, cutting with chisels, using power saws and lathes or any equipment involving danger of flying particles.
- i. Welding operation,
- j. Performing hand loading operations (Police),
- k. The City will furnish OSHA approved safety frames and lens for any employee required to wear them. Employees requiring prescription lens will pay the cost of the examination and the additional cost of corrective lens.
  - Coverage from the front and sides is required anytime there is a hazard from flying objects.
  - Tinted or shaded lenses may be needed to protect you from glare when working in a bright environment.
  - You need a specially numbered filtering lens to protect your eyes from welding or any other radiant energy. Check to see which lenses will best protect your eyes.
  - To ensure that your eye protection is safe, all safety glasses shall meet Ansi standard 872.

3. *Respirators*

On jobs involving exposure to harmful fumes, gases, mists, or chemical dusts or lack of sufficient oxygen, proper respiratory protection shall be used.

- a. Supervisors shall thoroughly instruct employees whose work assignments involve the use of respiratory protection about the potential hazards they are exposed to and how to use the proper respiratory equipment.
- b. Suitable breathing apparatus shall be conspicuously placed near work environments which present atmospheric hazards.
- c. Respirators shall be inspected and maintained in a clean and sanitary condition.
- d. Use and maintenance of fresh air masks.
  - i. One other employee shall be notified to stand by in case of emergency before an employee enters a potentially hazardous area.
  - ii. Employee shall be certain mask is functioning properly and that face seal is secure.
  - iii. Masks shall not be worn by employees whose facial features prevent a good face seal, such as sideburns, cap or beard growth, etc. An alternate method must be sought.
  - iv. Wearing of contact lenses in contaminated atmospheres with a respirator shall not be allowed.

4. *Head Protection*

Hard hats shall be kept in good repair and proper adjustments and shall be worn only by individual to whom they are assigned. They shall be used in any operations where there are hazards, moving loads, or being bumped in confined spaces. This includes, but is not limited to the following:

- a. While in excavations, manholes, trenches and low-headroom areas,
- b. While using tree spade and tree trimmers,
- c. When changing lights with High Ranger and snorkel,
- d. While working with air compressor,
- e. While loading or unloading playground equipment,
- f. When working in areas where there is a potential for injury to the head from falling objects.
- g. Protective helmets designed to reduce electrical shock hazard shall be worn by each such affected employee when near exposed electrical conductors which could contact the head.
- h. In any other area where hazards may exist.

5. *Hearing Protection*

Whenever there are activities involving machines or equipment that produce sound levels which can cause hearing loss, proper ear protection such as muffs or plugs shall be used. This includes, but is not limited to the following:

- a. Operating or in close proximity of tree chipper,
- b. Operating jack hammer,
- c. Operating chain saw,
- d. Operating Jet-vac,
- e. During target practice,
- f. In any other area where hazards may exist.

- Performed or molded earplugs should be individually fitted by a professional.
- Non-disposable earplugs should be cleaned after each use for proper protection.
- Earmuffs need to make a perfect seal around the ear to be effective. Glasses, long sideburns, long hair, and facial movements such as chewing, can reduce protection. Special equipment is available for use with glasses or beards.

6. *Protective Clothing*

- a. High visibility Class 2 safety vests shall be worn by all employees working on or near public roadways and near earth-moving equipment.
- b. Protective gloves and clothing shall be worn while handling caustic or dangerous chemicals, while welding, handling batteries and while changing mercury vapor lights.
- c. All employees will wear footwear appropriate to their job duties. Each affected employee shall wear protective footwear when working in areas where there is a danger of foot injuries due to falling and rolling objects, or objects piercing the sole, and where such employee's feet are exposed to electrical hazards.
- d. Employees shall not wear loose, flowing or ragged clothing on or near moving machinery or equipment.
- e. For outdoor work in winter weather, layers of loose, warm, fairly lightweight clothing is recommended.
- f. All employees will wear specific personal protective clothing as required by their department.

- g. Employees shall wear shirts and full length slacks/pants for jobs involving construction or maintenance projects, i.e., street, sewer, water, ground maintenance, parks, utilities, etc. activities.

#### **Motorized Equipment and Power Tools**

1. One or methods of machine guarding shall be provided on machines to protect from hazards created by nip points, point of operation, rotating parts and flying chips or sparks (OSHA)
2. Machine guards shall not be altered or removed except for repair.
3. Machines shall not be left running unattended.
4. Equipment shall be used only for jobs for which they are designed.
5. Defective tools and equipment shall not be used. Report defects to supervisor.
6. Defective motorized and electrical equipment shall be immediately tagged "Out of Order".

#### **Mowers (Tractors, self-propelled and push type)**

1. Before leaving the shop, the operator shall inspect spark plug wire, the mower blades, gears, pulleys, etc. to determine their condition and report discrepancies to shop mechanic.
2. Before operating such equipment, the employee shall also check to determine that the machine has the proper chain guards, that the gas tank is full and not leaking, and that wheels, handles and bolts are tight. Also, housing should be checked for cracks or loose mounting flanges.
3. Area to be mowed shall be inspected for wire, sticks and miscellaneous objects which should be removed before mowing.
4. The operator shall use his/her best judgment in warning bystanders of danger of flying objects.
5. Mowers shall not be left unattended with engine running.
6. Loose fitting clothing shall not be worn while operating or working around such equipment. Shirts and full length slacks shall be worn while operating or working around all equipment.
7. Operators shall wear proper foot protection.
8. Proper eye protection shall be used.
9. Mower shall be refueled only when engine is off.

#### **Hand Tools**

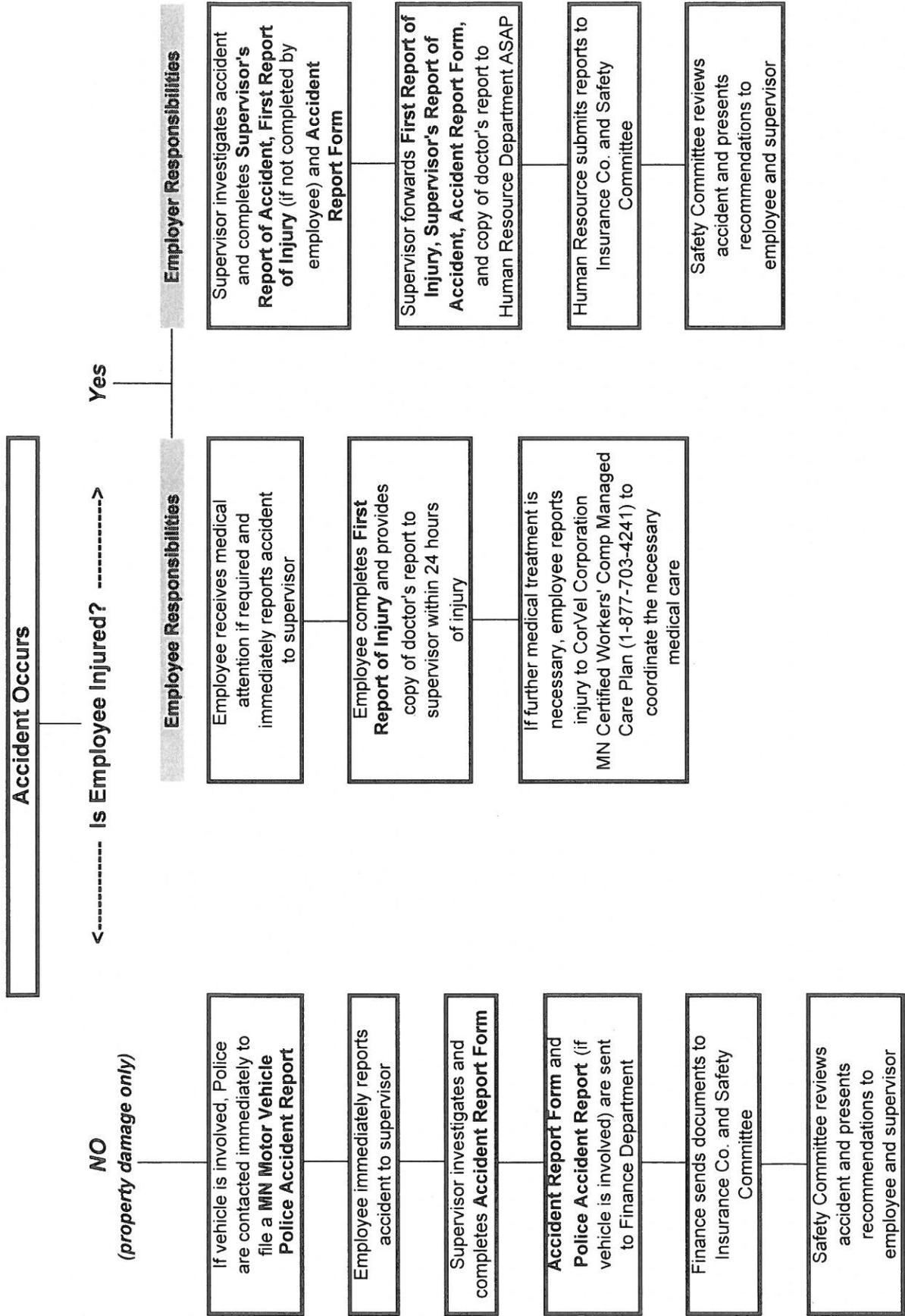
1. Hand tools shall be kept in good condition;
2. The right tool shall be used for the job;
3. Hand tools shall be used correctly;

4. Hand tools shall be kept in a safe place.

**Ladders**

1. Defective ladders shall not be used.
2. All ladders shall be inspected before each use for warping, cracks, loose rungs, sharp projections and general conditions.
3. Metal ladders shall not be used near electrical power lines.
4. Ladders shall be maintained in good condition by being stored on supporting racks, or in a specially designed area.

# REPORTING EMPLOYEE ACCIDENTS AND INJURIES



# Minnesota Workers' Compensation System Employee Information Sheet

## What does workers' compensation pay for?

- Medical care for the work injury, as long as it is reasonable and necessary
- Wage loss benefits for the part of your lost income (there is a three-calendar-day waiting period before these benefits start)
- Benefits for permanent damage or loss of function of a body part
- Benefits for your spouse and/or dependents if you die of a work injury
- Vocational rehabilitation services if you cannot return to your pre-injury job or to your pre-injury employer

## How are workers' compensation benefits paid?

Your workers' compensation benefits are paid by an insurance company or your employer, if your employer is self-insured. State law sets the benefit levels. Please note: pursuant to statute, the insurer can obtain medical information specific to your work injury without your authorization but must provide you with written notification of any such request.

### If the insurer accepts your claim for wage loss benefits and you have been disabled for more than three calendar days:

- The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating your claim is accepted. Be sure to give your medical provider the name of your insurance company at the time of your first visit.
- The insurer must start paying wage-loss benefits within 14 days of the date your employer knows about your work injury and lost wages. The insurer must pay benefits on time. Wage-loss benefits are paid at the same intervals as your work paycheck.

### If the insurer denies your claim for wage loss benefits:

- The insurer will send you a copy of the Notice of Insurer's Primary Liability Determination form stating it is denying primary liability for your claim. The form must clearly explain the facts and reason why the insurer believes your injury or illness did not result from your work.
- If you disagree with the denial, you should talk with the insurance claims adjuster who is handling your claim. Your employer's insurance company can answer most questions about your claim.

Insurer name: **League of Minnesota Cities**  
[www.lmnc.org](http://www.lmnc.org)

Phone: (800) 925-1122

- If you are not satisfied with the response you receive from the insurer and still disagree with the denial, you should contact the Department of Labor and Industry at one of the numbers listed below to see what to do next.

### If you have other questions or need more help, call the Minnesota Department of Labor and Industry Workers' Compensation Hotline:

Twin Cities and Southern Minnesota: (651) 297-4377 or 1-800-342-5354; TTY (651) 297-4198  
Duluth and Northern Minnesota: (218) 723-4670 or 1-800-365-4584

Your call will be answered by experienced workers' compensation specialists, who can **provide instant and accurate information and assistance**. Additional workers' compensation information is available on the department's Web site at [www.doli.state.mn.us](http://www.doli.state.mn.us).

**Your employer is required by law to give you this information. This material can be made available in different formats, such as large print, Braille or on audiotape, by calling the numbers printed above.**

*Dated July 1, 2000. This form may be copied or reproduced electronically. Do not file form with the department.*

# First Report of Injury

See Instructions on Reverse Side.  
 Please PRINT or TYPE your responses.  
 Enter dates in MM/DD/YYYY format.



DO NOT USE THIS SPACE

1. EMPLOYEE SOCIAL SECURITY #		2. OSHA Case #					
3. DATE OF CLAIMED INJURY		4. Time of injury <input type="checkbox"/> am <input type="checkbox"/> pm		5. Time employee began work on date of injury <input type="checkbox"/> am <input type="checkbox"/> pm			
6. EMPLOYEE Name (last, first, middle)				7. Gender <input type="checkbox"/> M <input type="checkbox"/> F		8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
9. Home address				10. Home phone #		11. Date of birth	
City		State		Zip Code		12. Occupation	
				13. Regular department		14. Date hired	
15. Average weekly wage		16. Rate per hour		17. Hours per day		18. Days per week	
				19. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part time <input type="checkbox"/> Volunteer			
20. Weekly value of:		Meals		Lodging		2 <sup>nd</sup> income	
				21. Apprentice <input type="checkbox"/> Yes <input type="checkbox"/> No			
22. Tell us how the injury occurred and what the employee was doing before the incident (give details). Examples: "Worker was driving lift truck with a pallet of boxes when the truck tipped, pinning worker's left leg under drive shaft." "Worker developed soreness in left wrist over time from daily computer key entry."							
23. What was the injury or illness (include the part(s) of body)? Examples: chemical burn left hand, broken left leg, carpal tunnel syndrome in left wrist.				24. What tools, equipment, machines, objects, or substances were involved? Examples: chlorine, hand sprayer, pallet lift truck, computer keyboard.			
25. Did injury occur on employer's premises? If no, indicate name and address of place of occurrence <input type="checkbox"/> Yes <input type="checkbox"/> No		26. Date of first day of any lost time		27. Employer paid for lost time on day of injury (DOI) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No lost time on DOI			
		28. Date employer notified of injury		29. Date employer notified of lost time			
		30. Return to work date		31. Date of death			
32. TREATING PHYSICIAN (name, address, and phone)			33. HOSPITAL/CLINIC (name and address) (if any)			34. Emergency Room Visit <input type="checkbox"/> Yes <input type="checkbox"/> No	
						35. Overnight in-patient <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. EMPLOYER Legal name ELK RIVER, UTILITIES, HRA & EDA				37. EMPLOYER DBA name (if different)			
38. Mailing address 13065 ORONO PARKWAY				39. Employer FEIN		40. Unemployment ID #	
City		State		Zip Code		41. Employer's contact name and phone #	
ELK RIVER		MN		55330			
42. Physical address (if different)				43. Witness (name and phone)			
City		State		Zip Code		44. NAICS code	
						45. Date form completed	
46. INSURER name League of Minnesota Cities Insurance Trust				51. CLAIMS ADMIN COMPANY (CA) name (check one) Berkley Risk Administrators Company, LLC <input type="checkbox"/> Insurer <input checked="" type="checkbox"/> TPA			
47. Insured legal name				52. CA Address 145 University Avenue West			
48. Policy # or self-insured certificate # 02 - 000513				City		State	
				St. Paul		MN	
				Zip Code		55103-2044	
49. Insurer FEIN		50. Date insurer received notice		53. CA FEIN 0698639002		54. Claim #	

## GENERAL INSTRUCTIONS TO THE EMPLOYER

**Filing this form is not an admission of liability.** You must report a claim to your insurer whenever anyone believes that a work-related injury or illness that requires medical care or lost time from work has occurred. If the claimed injury wholly or partially incapacitates the employee for more than **three** calendar days, the claim must be made on this form and reported to your insurer within **ten** days. Your insurer may require you to file it sooner. Failure to file within the **ten** days may result in penalties. Self-insured employers have 14 days to file this form with the Department of Labor and Industry (Department). It is important to file this form quickly to allow your insurer time to investigate the claim. **Your insurer will forward a copy of this form** to the Department, if necessary.

If the claim involves death or serious injury (including injuries that later result in death), you must notify the Department and your insurer within 48 hours of the occurrence. The claim can be reported initially to the Department by telephone (651-284-5041), fax (651-284-5731), or personal notice. The initial notice must be followed by the filing of this form within **seven** days of the occurrence.

Employers are required to complete this form. Each piece of information is needed to determine liability and entitlement to benefits. Failure to complete the form may result in delayed processing and possible penalties. You must file this form with your insurer, and give a copy to the employee and the employee's local union office. You are required to provide the employee with a copy of the Employee Information Sheet, which is available on the Department's web site at [www.doli.state.mn.us](http://www.doli.state.mn.us). Employees are not responsible for completing this form.

### SEND REPORT TO INSURER IMMEDIATELY – DO NOT WAIT FOR DOCTOR'S REPORT

#### SPECIFIC INSTRUCTIONS FOR COMPLETING THIS FORM

- Item 2: OSHA Case #. Fill in the case number from the OSHA 300 log. This form contains all items required by the OSHA form 301.
- Items 15-20: Fill in all the wage information. If the employee does not work a regularly scheduled work week, attach a 26 week wage statement so your insurer can calculate the appropriate average weekly wage.
- Items 22-24: Be as specific as possible in describing: the events causing the injury; the nature of the injury (cut, sprain, burn, etc.), and the part(s) of body injured (back, arm, etc.); and the tools, equipment, machines, objects or substances involved.
- Item 26: Fill in the first day the employee lost any time from work (including time lost for medical treatment), even if you paid the employee for the lost time.
- Item 27: Check the appropriate box to indicate if there was lost time on the date of injury and whether you paid for that lost time.
- Item 28: Fill in the date you first became aware of the injury or illness.
- Item 29: Fill in the date you became aware that the lost time indicated in Item 26 was related to the claimed injury.
- Item 30: Leave the box blank if the employee has not returned to work by the time you file this form. If the employee has returned to work, fill in the date and notify your insurer if the employee misses time due to this injury after that date.
- Item 39: Fill in your Federal Employment ID number (FEIN). For information on this number, see [www.firstgov.gov](http://www.firstgov.gov) and click on Employer ID Number under Business.
- Items 40 and 44: Fill in your Unemployment ID number and North American Industry Classification System (NAICS) code which are both assigned by the Department of Economic Security (651-296-6141).
- Items 46-54: Your insurer or claims administrator will complete this information.

#### INSTRUCTIONS TO THE INSURER/CLAIMS ADMINISTRATOR/SELF-INSURED EMPLOYER

The following data elements must be completed on this form prior to filing with the Department of Labor and Industry: employee's name and social security number; date of injury; and the names of the employer and insurer. If any of this information is missing, the First Report will be rejected and returned to you (per Minn. Stat. § 176.275). Providing the name of the third party administrator does not meet the statutory requirement to provide the name of the insurer. NOTE: If the claim does not involve lost time beyond the waiting period or potential PPD, the form does **NOT** need to be filed with the Department.

- Item 46: Fill in the name of the insurance company. If the employer is self-insured, indicate the name of the licensed or public self-insured company or group.
- Items 47-48: Fill in the legal name of the employer who purchased the policy from the insurer (named in Item 46) and the policy number. If the employer is licensed to self-insure, fill in the certificate number.
- Item 49: Fill in the insurer's Federal Employment ID number (FEIN) number.
- Item 51: Fill in the name and address of the company administering the claim (either the insurer or third party administrator). Be sure to mark either the "Insurer" or "TPA" box.
- Item 53-54: Fill in the claims administrator's FEIN and claim number.

*This material can be made available in different forms, such as large print, Braille or on a tape. To request, call (651) 284-5030 or 1-800-342-5354 (DIAL-DLI)/Voice or TDD (651) 297-4198.*

**ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.**

## SUPERVISOR'S REPORT OF ACCIDENT

This form should be completed by the supervisor as soon after a work accident as possible. It is useful in gathering information for investigating accidents and their causes so that corrective action can be taken and future accidents avoided. Every accident should be investigated and the causes corrected.

Name of Employee: \_\_\_\_\_ City/City Organization: \_\_\_\_\_ Dept.: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Did employee lose time from work? YES  NO

Hours lost on day of accident: \_\_\_\_\_ Has employee returned to work? YES  NO

Employee's job title: \_\_\_\_\_ Years of employee's service with City/City organization: \_\_\_\_\_

Years employee has been in present job: \_\_\_\_\_ Number of hours employee works per week: \_\_\_\_\_

**GIVE US YOUR HONEST COMMENTS ON QUESTIONS BELOW. WE ARE NOT TRYING TO  
BLAME ANYONE. YOUR OPINION MAY HELP US PREVENT ACCIDENT REPETITION.**

*PLEASE ANSWER THE FOLLOWING:*

**CHECK "YES" OR "NO"**

- |     |  |                              |  |                             |
|-----|--|------------------------------|--|-----------------------------|
| 1.  | HAD INJURED PERSON BEEN PROPERLY INSTRUCTED IN SAFE AND EFFICIENT METHODS? ..... | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| 2.  | DID INJURED PERSON VIOLATE ANY INSTRUCTIONS? .....                               | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| 3.  | WAS NECESSARY PROTECTIVE EQUIPMENT WORN? (IF APPLICABLE) .....                   | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| 4.  | DID POOR HOUSEKEEPING CONTRIBUTE TO INJURY? .....                                | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| 5.  | DID HORSEPLAY CAUSE THE INJURY? .....  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| 6.  | WAS INJURY CAUSED BY SOMETHING THAT NEEDED REPAIRS? .....                        | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| 7.  | SHOULD A GUARD BE PROVIDED? .....  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| 8.  | DID ANY BODILY DEFECT CONTRIBUTE TO INJURY? .....                                | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| 9.  | WAS INJURY CAUSED BY AN UNSAFE ACT? .....  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |
| 10. | DID INJURED REPORT THE INJURY TO YOU, THE SUPERVISOR, IMMEDIATELY? .....         | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |

**ACCIDENT.** (Describe what the injured employee was doing at the time of the accident, what happened, who was involved, nature of the injury.) \_\_\_\_\_

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

**UNSAFE ACTS.** (Did the injured employee or another person do something incorrectly?) \_\_\_\_\_

**UNSAFE CONDITIONS.** (What unguarded or unsafe condition of machinery, equipment, building or premises was involved?) \_\_\_\_\_

**ACTIONS TAKEN.** (After the injury, what did the employer do to correct the conditions that caused the injury?) \_\_\_\_\_

**REMEDIES.** (What should the employer do to prevent other injuries like this?) \_\_\_\_\_

**MEDICAL CARE.** Did the employee go to the Doctor or Hospital? YES  NO  If yes, please complete the following:

Name of Doctor or Hospital: \_\_\_\_\_ Date of initial visit: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

**AS SUPERVISOR, DO YOU FEEL THAT THIS INJURY SHOULD BE COVERED UNDER WORKERS' COMPENSATION?** YES  NO

Reasons why or why not: \_\_\_\_\_

Report Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_



## ACCIDENT REPORT FORM

**Type of Accident:**

Injury Related -

- Employee Injury  
 Other Injury  
 Property Damage

**Date of Accident** \_\_\_\_\_

**Time** \_\_\_\_\_ a.m. / p.m. (circle one)

**INJURED/PROPERTY OWNER**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

<b>ACCIDENT SECTION</b> (TO BE COMPLETED FOR OTHER INJURY AND PROPERTY DAMAGE ACCIDENTS ONLY)	
<b>Location of Accident</b>	_____
<b>Description of Accident</b>	_____
	_____
	_____
	_____
	_____
	_____

**Person Completing Report:**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Attach the Appropriate Documentation:**

**Employee Injury Accidents:**

- First Report Of Injury
- Supervisor's Report of Accident

**Property Damage Accidents:**

- MN Motor Vehicle Police Accident Report

**Community Recreation:**

- ISD #728 Student Incident Report Form

<b>FINANCE DEPARTMENT USE</b>	
<b>File No.</b> _____	<b>Date Submitted to Insurance</b> _____
<b>Safety Committee</b> _____	<b>Check Received</b> _____