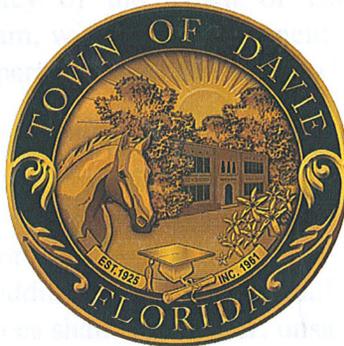


**TOWN OF DAVIE  
HUMAN RESOURCES DEPARTMENT**



**SAFETY PROGRAM  
SOP #25-002**

**September 19, 2012**

**SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL**

This operating procedure shall replace the Personnel Rules and Regulations and Policies enacted prior to the effective date of this Operating Procedure.

Revision	Date	Responsible Department	Description of Change
1	May 18, 2011	Human Resources	Initial Release
2	September 19, 2012	Human Resources	Revision

**APPROVALS:**

  
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Author

  
\_\_\_\_\_  
Town Administrator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

## **1-1. POLICY.**

The Town of Davie's goal is to perform the tasks of government operation and public service without incidents/accidents. In order to furnish a safe working environment for its employees, it is the policy of the Town of Davie to maintain a comprehensive decentralized safety program, with each department responsible for carrying out its own safety program within the parameters of the Town-wide safety mission.

Each Town of Davie employee is expected to take an active part in the safety program. This can be accomplished by working in a safe, accident-free manner and following safety rules and guidelines as outlined by the employee's department and other Town of Davie safety policy and procedures including the Town of Davie Safety Policy and Procedures Manual. In addition employees shall offer suggestions on any matter concerning safety. Employees shall report ALL unsafe conditions, accidents, and injuries to their supervisors. The Town of Davie pledges that no such report will result in retaliation, penalty, or other disincentive.

## **1-2. SCOPE.**

This operating procedure applies to all employees of the Town of Davie (Town) in the Regular Service (regardless of probationary or other status), as well as all Executive, Part-Time, Temporary, Seasonal employees, and volunteers.

## **1-3. PROCEDURE.**

### **a. Safety**

#### **1. Safety Program and Monitoring:**

- (i) A safety program is designed to accomplish one primary purpose and that is to prevent accidents. It must provide safety for employees and also protect the public by preventing unsafe acts or conditions from being created by the Town of Davie.
- (ii) The safety program must have the continuous and active support of all employees and particularly of those in a supervisory position.
- (iii) The Town of Davie provides for the continuous monitoring of the working conditions and equipment of its employees for observation of safety requirements.

#### **2. Safety Rules and Regulations:**

- (i) Employees will observe all safety rules and regulations established through departmental policies and procedures, and otherwise provided within the Town of Davie's Personnel and Safety Manuals. Employees will report all unsafe conditions or practices to their immediate supervisor. Employees are responsible
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for reporting all injuries, no matter how minor, to their immediate supervisor as soon as possible. Employees must complete the proper workers' compensation forms with their department.

(ii) Elements of a Safety Program:

- (a) The individual responsibility of each employee is to act in a safe and prudent manner thereby avoiding injury to him/herself and others and damage to equipment and supplies;
- (b) The assignment of responsibilities to persons for safety activities, designating one person in each department as a safety liaison;
- (c) Assurance that equipment, work areas and the working methods are safe;
- (d) Assignment of personnel to jobs for which they are physically qualified to perform safely;
- (e) Examination of the work place for hazards and their immediate elimination;
- (f) Development and maintenance of good and safe work habits, including job awareness;
- (g) Provision of proper protective equipment and require its use to be mandatory;
- (h) Educate and train employees as to the specific hazards of their jobs;
- (i) Review of accidents to determine cause and to prevent a repeat performance;
- (j) Preparation and maintenance of complete incident/accident records;
- (k) Adherence to all safety guidelines as specified in the Standard Operating Procedures (SOPs) of each department.

(iii) Reporting Incidents/Accidents/Injuries:

An employee that is involved in an accident or injured while on the job should immediately report the accident/injury to his/her supervisor. It is the injured employee's responsibility to report all work-related injuries, no matter how minor, to his/her supervisor. A First Report of Injury or Illness Form (DWC-1) must be completed by the supervisor and the injured employee even if the employee does not require medical treatment. All boxes must be filled in with accurate information. When a DWC-1 Form (Appendix 1) is completed by a supervisor for an injured employee, the injured employee must receive a copy. The DWC-1 must be submitted within 24 hours to Risk Management via email or fax. Failure to

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report to the State of Florida in a timely manner can result in fines and penalties which will be billed back to the department that was non-compliant.

(iv) Vehicle or equipment accident:

- (a) In any vehicular accident, no matter how small, involving a Town of Davie vehicle or equipment, the operator will immediately contact the police department and request an investigation of the accident. This is for the protection of the employee as well as for the Town of Davie. As soon as possible after the accident, the operator of the equipment will complete a Town of Davie "Accident Incident Report" form located on the Town's intranet and/or website and forward the signed report to the Human Resources Risk Management Department with a copy to the employee's Department Director.
- (b) Regardless of the employee classification and whether or not an employee drives a Town of Davie owned vehicle eight hours a day or just occasionally, employees are responsible for the proper care and operation of that vehicle. Every employee who operates a Town of Davie owned vehicle is responsible for obeying all traffic laws (state, county, and local), complying with Town of Davie rules and following all defensive driving practices at all times.
- (c) Definition of a Crash: Whenever a powered vehicle, whether owned, leased or rented, and whether registered or exempt from registration, comes into contact with, or is alleged to have come into contact with any person, animal, other vehicle or other inanimate object, in a manner which results in death, injury, property damage, regardless of owner and cost of damage, vandalism, or is stolen, a crash will be considered to have occurred.
- (d) Definition of Equipment Incident: When any incident involving powered tools, powered equipment or motorized self-propelled equipment results in damage to property, equipment or personal injury an equipment incident shall have occurred.

### 3. Safety Equipment

- (i) The Town of Davie will provide, at its expense, certain items of safety equipment (i.e. safety glasses, back belts, hard hats, etc.), that must be worn by the employees when necessary to perform their job function.
  - (ii) The individual SOPs of the departments will identify what safety equipment is necessary for the job duties performed.
  - (iii) Failure of an employee to use issued safety equipment may result in a reduction of the worker's compensation benefits in the event of an injury.
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- (iv) Failure of an employee to use issued safety equipment and/or failure of an employee to file a written report of injury sustained on the job, may result in disciplinary action up to and including dismissal.
- b. Operation of Town of Davie Vehicles
1. Driver's License Requirements - All employees operating Town of Davie vehicles must possess and maintain the appropriate/necessary Florida Driver's License, as required by his/her job in performing the essential functions.
  2. Operation of Vehicles - Town of Davie vehicles shall be operated in strict compliance with all laws which apply to motor vehicles in the State of Florida. This includes the Florida Seat Belt Law - Violators will be responsible for any/all fines incurred and subject to disciplinary action for failing to comply with said laws.
  3. Accidents involving Town of Davie Vehicles - All vehicle accidents and all operational accidents or incidents resulting in damage to or loss of Town of Davie property must be reported to the Human Resources Risk Management Department using the Town of Davie "Accident Incident Report" form located on the Town's intranet and/or website.
- c. Safety Committee
1. The Town of Davie Safety Committee was formed to maintain and coordinate the safety program for the Town. The Safety Committee meets monthly to discuss safety issues and training and quarterly to review accident trends.
  2. Each department shall designate one safety committee member (not of management level) to participate in the safety program and act as the department safety representative. Department representatives are appointed to the safety committee by the appropriate Department Directors. The representatives from each department serve for a two-year term, but can choose to serve for multiple terms. Safety committees may be created in the individual departments to review safety incidents and trends and to inform the department employees of council decisions related to safety.
- d. Safety and Health Training
1. Workplace safety and health orientation begins on the first day of employment or job transfer. Each employee has access to a copy of the safety and health manual for review and future reference, and will be given a personal copy of departmental job-related safety rules, policies, and procedures upon request. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies, and job-related procedures described in our workplace safety program manual. All employees will receive instructions from their
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- supervisor that compliance with the safety rules described in this workplace safety manual is required.
2. All employees will be retrained periodically on safety rules, policies, and procedures and when changes are made to the workplace safety manual. Individual employees will be retrained after a work related injury caused by an unsafe act or work practice occurs, and/or when a supervisor observes employees displaying unsafe acts, practices, or behaviors. Supervisors will initially train employees on how to perform assigned job tasks safely. In addition, they will carefully review with each employee, and give specific directions on the applicable, specific safety rules, policies, and procedures that are described in the workplace safety manual.
  3. Supervisors will observe employees performing the work. If necessary, he/she will provide a demonstration using safe work practices or remedial instruction to correct training deficiencies before employees are permitted to do the work without supervision. All employees will receive safe operating instructions on seldom-used or new equipment/apparatus before using the equipment/apparatus. Before permitting new, non-routine, or specialized procedures to be performed, supervisors will review safe work practices with employees.
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Appendix 1

**FIRST REPORT OF INJURY OR ILLNESS**

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

For assistance call 1-800-342-1741  
or contact your local EAO Office  
Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

**PLEASE PRINT OR TYPE**

**EMPLOYEE INFORMATION**

NAME (First, Middle, Last) <b>1.</b>		SOCIAL SECURITY NUMBER <b>7.</b> - -	DATE OF ACCIDENT (Month-Day-Year) <b>8.</b>	TIME OF ACCIDENT <b>9.</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
HOME ADDRESS <b>2.</b>		EMPLOYEE'S DESCRIPTION OF ACCIDENT (include Cause of Injury) <b>10.</b>		
TELEPHONE <b>3.</b>	Area Code ( ) -	Number		
OCCUPATION <b>4.</b>	INJURY/ILLNESS THAT OCCURRED <b>11.</b>		PART OF BODY AFFECTED <b>12.</b>	
DATE OF BIRTH <b>5.</b>	SEX <b>6.</b> <input checked="" type="checkbox"/> M <input type="checkbox"/> F			

**EMPLOYER INFORMATION**

EMPLOYER/COMPANY <b>13.</b>		FEDERAL I.D. NUMBER (FEIN) <b>17.</b> 59-6046527	DATE FIRST REPORTED (Month-Day-Year) <b>24.</b>
TELEPHONE <b>14.</b>		NATURE OF BUSINESS <b>18.</b> Municipal Government	POLICY/MEMBER NUMBER <b>25.</b> WC FL 0062701 06-01
(954) 797-1097		DATE EMPLOYED <b>19.</b>	PAID FOR DATE OF INJURY <b>26.</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER'S LOCATION ADDRESS (if different) <b>15.</b>		LAST DAY EMPLOYEE WORKED <b>20.</b>	<b>27.</b> WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input checked="" type="checkbox"/> YES LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP?
Location #:		RETURNED TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE <b>21.</b>	
PLACE OF ACCIDENT (Street, City, State, Zip) <b>16.</b>		DATE OF DEATH (if applicable) <b>22.</b>	RATE OF PAY <b>28.</b>
COUNTY:		AGREE WITH DESCRIPTION OF ACCIDENT? <b>23.</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PER <input checked="" type="checkbox"/> HR <input type="checkbox"/> DAY <input type="checkbox"/> WK <input type="checkbox"/> MO 24 Number of hours per day 40 Number of hours per week 2 Number of days per week 2
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. <b>I have reviewed, understand and acknowledge the above statement.</b> <b>29.</b>		NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL <b>31.</b>	
<b>30.</b> EMPLOYEE SIGNATURE (If available to sign) _____ DATE _____		AUTHORIZED BY EMPLOYER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER SIGNATURE _____ DATE _____			

**CLAIMS-HANDLING ENTITY INFORMATION**

<input type="checkbox"/> 1(a) Denied Case – DWC-12, Notice of Denial Attached	<input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3) Employee's 8th Day Of Disability Entity's Knowledge of 8th Day of Disability
<input type="checkbox"/> 1(b) Indemnity Only Denied Case – DWC-12, Notice Of Denial Attached	Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date
<input type="checkbox"/> 3. Lost Time Case – 1st day of disability	
Date First Payment Mailed	AWW
<input type="checkbox"/> T.T. <input type="checkbox"/> T.T.- 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY	Comp Rate
Penalty Amount Paid in 1st Payment	Interest Amount Paid in 1st Payment
REMARKS:	INSURER NAME <b>Town of Davie</b>
INSURER CODE # <b>8116</b>	CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE <b>PREF. GOVERNMENTAL CLAIM SOLUTIONS PO BOX 958456 LAKE MARY, FL 32795-8456 TEL: (800) 237-6617 FAX: (321) 832-1448</b>
SERVICE CO/ TPA CODE # <b>6239</b>	CLAIMS-HANDLING ENTITY FILE #

## Instructions for Completing State of Florida First Report of Injury

Each box above has been numbered. Please enter the information requested below:

1. Full name of injured employee.
2. Home address of injured employee. **PLEASE DO NOT PUT YOUR WORK ADDRESS.**
3. Personal telephone number where employee is most likely to be contacted (home or cell).
4. Employee's job title and department name, e.g. Homicide Detective, Police Department
5. Employee's date of birth.
6. Sex of employee – Check M or F for male or female.
7. Employee's social security number
8. Date of the accident (month, day & year)
9. Time of accident and am or pm checked off
10. Employee's description of accident with the cause of the injury (very important to be clear & concise about what happened).
11. Injury or Illness description.
12. Describe all parts of the body that were affected by the injury.
13. Employer Address – this is already filled in with Town of Davie and the Town Hall address.
14. Telephone – this is already filled in the with the Risk Management Department phone number.
15. This box should have the Employee's Work Address if different from Town Hall.
16. Address of the Accident Location.
17. Federal Tax ID number – this is already filled in with Town of Davie information.
18. Nature of business – this is already filled in with Town of Davie information.
19. Employee's hire date.
20. Last day employee worked.
21. Check the yes or no box if the employee will return to work and the date if yes.
22. Date of employee's death if applicable.
23. Supervisor to check box yes or no if they agree with the employee's description of the accident.
24. Date injury or illness was first reported (month, day & year).
25. Policy/member number – this is already filled in with Town of Davie information.
26. Check yes or no for whether employee was paid for the date it occurred.
27. Check the yes box if employee will be paid regular wages instead of workers' compensation. Also enter the last day wages will be paid instead of worker's compensation.
28. Rate of employee's pay with number of hours per day, week and number of days per week the employee works.
29. Employee signature and date
30. Employer signature and date
31. Name, address and telephone number of the physician or hospital where the employee was treated and whether or not it was authorized.

### Note:

- The remainder of the document will be completed by the insurance carrier.
  - If you have any questions, please call Risk Management at 954-797-1097 or 954-797-1110.
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