

SAFETY POLICY MANUAL



PARK DISTRICT OF THE CITY OF GRAND FORKS

Revised 12/8/2017

TABLE OF CONTENTS

Section 1	Safety Policy Statement	3
Section 2	Responsibilities	4
Section 3	General Safety Rules	6
Section 4	Safe Operating Procedures	8
Section 5	Incident / Near Miss Report	9
Section 6	Claims Management Program	10
Section 7	Employee Job Descriptions	12
Section 8	Training	13
Section 9	Designated Medical Provider	14
Section 10	Fire Extinguishers	15
Section 11	First Aid	16
Section 12	Severe Weather	17
Section 13	Driver Safety	18
Section 14	Summary	19
Appendix	Forms	20 - 27
	Incident / Near Miss Report	
	Designated Medical Provider Form	
	Safety and Personnel Manual Acknowledgement	
	Vaaler Automobile Accident Reporting Form	
	Emergency Action Plan (EAP)	

1. SAFETY POLICY STATEMENT

The Park District of the City of Grand Forks (Park District) firmly acknowledges its obligation, as an employer, to provide a safe working environment for its employees. It is the policy of the Park District to provide safe working conditions and to follow operating procedures that will result in safe and efficient operations.

The Park District believes that many occupational injuries occur because of unsafe conditions or unsafe acts, both preventable causes of incidents. In accordance with our conviction, the Park District's safety policy manual aggressively focuses on the prevention of work-related accidents. The Park District places significant importance on the safety and well-being of its employees and the public that it serves.

The objective of the safety, health, and training programs is to reduce the number of on the job injuries and illnesses, which in turn will reduce claims cost.

Responsibilities for safety and health are shared. The Park District Board along with management, supervisors, and safety committee, shall be responsible for the leadership required to maintain a safe environment for all employees. Employees are responsible for cooperation in all aspects of safety and health. They shall comply with rules and regulations for their own safety, for the safety of their fellow workers, and for the safety of the general public.

The Park District has prepared this Safety Policy Statement and confirm and honor the contents within.



Bill Palmiscno
Executive Director
Safety Manager



George Hellyer
Superintendent of Finance
Safety Manager

2. RESPONSIBILITIES

Executive Director and Board of Park Commissioners:

- Develop and implement corporate safety programs and policies.
- Allocate funds or other resources for safety programs.
- Actively promote the safety program through example and communication.
- Oversee an appointed Safety Committee, along with the administrative staff, that shall develop and administer a Safety Policy Manual for Park District employees.

Safety Committee in Conjunction with Department Managers:

- Orientate new employees to the Safety Policy Manual.
- Coordinate inspections and investigations of Park District operations.
- Complete filing and processing of WSI claims and maintaining records of employee injuries.
- Coordinate the return to work program and assisting injured workers.
- Act as a resource in matters of safety and health.
- Be knowledgeable of federal, state, and local safety standards that are applicable.
- Monitor the status of new regulations and their impact on Park District operations.
- Update safety programs for compliance with regulatory agencies.
- Actively promote the safety program through example and communication.
- Coordinate and lead safety committee meetings, including all employee safety meetings.
- Compile and evaluate the accident statistics.
- Assist in developing safety programs, policies, and training.

Department Managers:

All department managers are responsible for providing work procedures and environments that will promote safety. They shall initiate and actively support a departmental safety program focusing on incident prevention. This is accomplished by;

- Actively promote the safety program through example and communication.
- Orientate new employees to the specific departments safety procedures.
- Identify, alert employees, and eliminate if possible, any hazards in work areas.
- Insure that employees report for training when requested.
- Insure that employees use safe work practices when performing their job.
- Provide training and instruction for specific jobs and tasks.
- Conduct incident and near miss investigations.
- Be responsible for the functional job descriptions for all Park District positions.

Supervisors:

The full potential of effective incident prevention can only be realized when supervisors actively cooperate in all phases of the safety program. Their close contact to the work environment and people performing the work, make them best qualified to translate safety principles into incident prevention on the job. They must emphasize to employees the importance of observing safety procedures in the workplace. This is accomplished by;

- Provide orientation and basic safety training to all employees.
- Provide safety instruction while issuing daily work assignments to focus attention on potential hazards, changes in work conditions, or procedures.
- Actively support a safe work environment.
- Observe and evaluate work conditions and procedures to detect and correct unsafe actions and conditions.
- Complete Incident / Near Miss Reports as soon as possible after the incident.
- Be familiar with and enforce all safety procedures applicable to the work being supervised.
- Encourage employees to report unsafe acts and conditions and to submit practical suggestions for corrective action.
- Set an example by following all safety practices.

Employees:

All Park District employees are required, as a condition of employment, to maintain safe work habits in accordance with Park District and departmental policy. This is accomplished by;

- Maintain a safety awareness attitude in daily performance of their assigned tasks and report all incidents promptly.
- Follow safety policies and procedures.
- Participate in safety inspections.
- Use proper personal protective equipment.
- Attend safety, health, and job procedure training as required.
- Cooperate with health care providers and the return to work program.
- Make safety suggestions and report unsafe conditions.

Non-Compliance with Safety Regulations

Failure to abide by safety regulations shall result in disciplinary action in accordance to the Park District Personnel Policy Manual. Safety infractions shall be subject to progressive discipline intended to correct unsafe practices, rather than punish the employee.

3. GENERAL SAFETY RULES

The following is not a complete list of dangers found in your jobs but they should be kept in mind at all times.

- Be alert for safety hazards (cracked steps, broken boards, etc.) If something should appear unsafe to you, report it to your supervisor immediately before someone gets hurt.
- Be familiar with the building's Emergency Action Plan (EAP). This is a poster posted inside each building. This has valuable information for various emergencies.
- Horseplay or offensive practical jokes are prohibited.
- Report all personal injuries to your supervisor immediately.
- Safety glasses, hard-hats, ventilation devices, and other protective equipment must be worn as warranted in department's restricted areas.
- Lift correctly. Use your legs, not your back, to take the strain. Bend your knees when lifting and share loads with others. If the item is too heavy, get help.
- Use carts and dollies instead of carrying heavy items.
- Clothing, hand, and foot protection shall be appropriate for the work being performed. Hair and loose clothing should be secured around moving equipment.
- Hearing protection in the form of earmuffs or approved plugs shall be worn when working in high-noise level areas.
- Safety glasses or face shields shall be worn in any area where flying particles may cause eye damage, or as mandated by your supervisor. Wear goggles and any required safety protection when sawing, chopping wood, using a chain saw, drills, grinders, torches, etc.
- Fire extinguishers are to be always charged. After use, notify supervisor for recharging.
- Inform your supervisor of any tools that you believe are unsafe or in need of repair.
- Keep your work area clean. Keep aisles, walkways, stairs, and floor in work areas free of tools, hoses, cables, and other objects. Oil or slippery spots shall be immediately wiped up.
- Make sure all electrical machinery is in the "off" position before plugging in or unplugging.
- Power tools are to be operated with guards in place and kept well maintained.
- Seat belts must be worn when driving or riding in any Park District vehicle.

- Any general safety rules specific to a department will be followed accordingly.
- Understand your job and what you will be required to do before going to work. Don't be afraid to ask for instructions or assistance.
- Watch for pinch-points.
- Never ride on moving equipment unless you can sit on a designated seat.
- Make sure your load is secured before hauling. Don't overload your vehicle.
- Use a spotter when backing a vehicle.
- Use elevators in buildings where they are provided and designated for freight use.
- Clean up any mess you might have made. Don't leave it for the others.
- If you have any additional safety suggestions, please contact your supervisor.

4. SAFE OPERATING PROCEDURES

There are certain hazards that affect all departments within the Park District (i.e. lifting safely, ergonomics, job related stress, and dealing with the public) and there are those that are specific to the department (i.e. machine safety in the Parks, Forestry, and other departments). Operations and tasks that involve recognized hazards and potential hazards have safe operating procedures, which are located in owner's manuals and also communicated through training techniques and procedures for each department.

5. INCIDENT / NEAR MISS REPORT

All Park District employees will report all incidents and near misses to their supervisor immediately. If the employee's supervisor is unavailable, the employee must contact the Park District Safety Coordinator. Failure to report incidents and near misses immediately (such as waiting over the weekend) could result in disciplinary action, as well as causing additional cost to the Park District.

The employee must complete the Park District Incident/Near Miss Report with the assistance of their supervisor immediately. The employee must also complete and file the WSI Incident Report, if not seeking medical attention, or the WSI First Report of Injury, if seeking medical attention, by 5:00 the next business day. The supervisor will be responsible for investigating the incident / near miss and completing the Root Cause Analysis portion of the report. The supervisor will attempt to determine the cause of the incident from the information gathered and take corrective action immediately if necessary. The completed Incident / Near Miss Report must be forwarded to the Park District Safety Coordinator.

Any employee who witnesses a "Near Miss" or "Close Call" is to complete the Incident / Near Miss Report and give it to their supervisor. A "Near Miss" is an incident which did not result in personal injury or property damage, but had potential to result in injury or damage. The completed Incident / Near Miss Report is forwarded to the Park District Safety Coordinator.

Employees who are involved in or witness any of the following incidents are also required to file an Incident / Near Miss Report and notify their supervisor immediately.

1. **Accident Report for General Public** – It is the responsibility of any employee to fill out this report if they are involved with or witnesses an individual of the general public who is injured or could have been injured.
2. **Report of Conflict** – It is the responsibility of any employee to fill out this report if they are involved in a verbal or physical confrontation with an individual of the general public.
3. **Equipment/Vehicle Damage** – It is the responsibility of any employee to fill out this report if they are involved in an accident or mishap that results in the damage of a piece of Park District property, maintenance equipment, or motorized vehicle.

All employees involved in a motor vehicle accident while working will report the incident to their supervisor immediately. The employee along with the supervisor will complete an Incident / Near Miss Report along with an Automobile Accident Reporting Form.

Supervisors are required to notify the department manager and Park District Safety Coordinator in the event of an injury or lost time injury. The supervisor will then conduct the investigation.

6. CLAIMS MANAGEMENT PROGRAM

MISSION:

To have ongoing communication with all parties involved: employee, supervisor, department manager, human resources, insurer, physician, and rehabilitation consultant. To communicate with a consistent, fair, and caring attitude. Provide information to the employee throughout treatment, recovery, and return to work. To facilitate the employee's return to work, consistent with applicable laws and regulations, and as to not cause undue hardship on a particular department.

This program will cover work related injuries or illnesses and may be applicable to non-work injuries and illnesses resulting in temporary or long-term disability.

PROCEDURE:

The consistent application of the claims management program is dependent upon the employee's immediate supervisor regardless of the employee's level within the Park District. When the supervisor receives notification from an employee that there is an injury or any disability (temporary or long term), the supervisor shall notify human resources and the safety managers.

The employee is then contacted by either human resources or their supervisor to gather more information. From the information, a determination will be made for claims management.

If a determination is made that claims management is needed, the employee is requested to sign a medical release of information for the specific disability in question. Contact is made with the physician for information on the disability and prognosis for returning to work. Contact will be maintained with the worker's compensation carrier, human resources, and department manager as applicable for the duration of the disability.

RETURN-TO-WORK:

To monitor progress, the disabled employee will be required to provide certification from his or her health care provider that he or she is able to resume work. The employee will bring the completed certification form to their supervisor. To facilitate an employee's return to work, the department manager shall send the health care provider a copy of their functional job description. The supervisor and department manager will contact human resources, who will also review the functional job description. Until the employee is released with no restrictions, they are required to submit a completed physical capabilities evaluation after each doctor visit. It shall be the responsibility of the employee to get the form completed by the health care provider. The supervisor or department manager may accompany the employee to the health care provider appointment to show support and to get immediate information on the physical assessment of the employee. When the health care provider approves limited work activity, the supervisor will contact the department manager. The supervisor in conjunction with the department manager will determine if there is productive and necessary work that the employee is qualified for and within their medical restrictions. If so, the employee may be brought back to work on a temporary basis. The return to work in this capacity is temporary during the employee's recovery and is not a modified position to accommodate a long-term disability. To return to his or her

former position, the employee must be able to perform all the essential job functions of that position.

A full release for regular work activity can be accomplished by the completion of a certification from his or her health care provider.

The department manager will work with the employee and the employee's health care provider to get the necessary medical information relevant to the employee's return to work. This in no way changes the relationship between the supervisor and the employee. However, the supervisor and department manager are expected to keep each other informed of any changes in the employee's status that they become aware of. This relationship shall continue upon the employee's return to work until such time that the employee resumes his or her regular duties.

7. EMPLOYEE JOB DESCRIPTIONS

Functional Job Descriptions:

The Park District has on file a functional job description for all full-time positions. As new positions are created, a functional job description for these positions will be created.

Job Descriptions:

The Park District identifies the duties and responsibilities, education, skill, experience, and physical requirements for each position.

Annually, functional job descriptions and job descriptions are distributed to the respective supervisors for review and to be updated if necessary.

8. TRAINING

The Park District recognizes that one of the most important tools in preventing injury is proper training. The Park District will use the OSHA guidelines regarding training, including but not limited to Hazard Communication standard, machine operator training, fire extinguisher training, electrical work practices, respiratory protection, hearing conservation, blood borne pathogens, and personal protective equipment, when applicable. Training shall also be provided to new employees and annual training for all current employees covering items such as the Park District's Safety Policy Manual, ergonomics, safe lift, and the return-to-work program.

In addition, Park District departments shall provide training specialized to their needs whenever procedures are updated, changed, and whenever new equipment is introduced.

The responsibility of organizing training is through the department supervisor and/or the Safety Coordinator. Support and involvement is required from department managers and all employees.

Documentation of training, including date of training, topic of training, name of person(s) providing training, and participants' attendance must be completed. Records of all safety training shall be filed with the Safety Coordinator.

The Safety Coordinators and Safety Managers from the Park District will attend at least one safety or claims management seminar per premium period.

9. DESIGNATED MEDICAL PROVIDER

For job related injuries, employees are required to seek treatment at the following health care provider, unless a different provider has been designated prior to the injury.

Altru Health System (701) 780-6000 1000 S Columbia Rd, Grand Forks, ND

Designated medical providers may make an annual tour of the individual departments. They may review the first aid protocols, equipment, and facilities for initial treatment as applicable.

The employee may add additional medical providers by completing the Designated Medical Provider Selection Form (found with the forms in the Appendix) prior to an injury.

10. FIRE EXTINGUISHER

Use of a Fire Extinguisher:

- P - PULL the pin.
- A - AIM the extinguisher nozzle at the base of the fire.
- S - SQUEEZE or press the handle.
- S - SWEEP from side to side until the fire appears to be out.

Types of Fire Extinguishers:

Class A – wood, paper, rags, cloth, or trash.

Contents: water, water base, foam, loaded stream, or multipurpose dry chemical.

Class B – oil, gasoline, paint, solvents, and grease.

Contents: carbon dioxide, foam, or dry chemicals.

Class C – electrical

Contents: Carbon dioxide or dry chemical. Note: Never use water.

Combination ABD or BC – shall be used when a fire combines one or more of the above mentioned class fires.

Class D – combustible metals, including sodium, magnesium, zinc, potassium, powdered aluminum, and titanium.

Note: These Class D extinguishers must be kept within 75 feet of any operation that generates combustible metal powders, flakes, or shavings.

General requirements regarding the use of a portable fire extinguisher include:

- Mount, locate, and identify extinguishers so that they are readily accessible to employees.
- Only approved extinguishers shall be used.
- Maintain extinguishers in a fully charged and operable condition and keep in their designated places at all times except during use.
- Extinguishers shall be visually inspected monthly, maintained annually, and hydrostatically tested periodically.

11. FIRST AID

- All injuries, regardless of how small, must be reported and treated with first aid as soon as possible after an injury.
- First aid kits are located in all Park District vehicles and buildings. First aid kits will be inspected and replenished as needed. For questions on first aid kits please contact the Safety Coordinator.
- When additional medical treatment is needed, assistance should be with the Park District's Designated Medical Provider, your predetermined Designated Medical Provider, or the nearest emergency room.
- Failure to report minor injuries or to receive medical treatment may result in serious infections or complications to your health.

The Park District will provide each employee CPR training and basic first aid training bi-annually. This will prepare the employee to act appropriately if an emergency should occur at work or even at home.

12. SEVERE WEATHER

Follow the Emergency Action Plan (EAP) posted at each building to avoid injury, death, and property damage. Supervisors will designate employees to watch and give warnings to other employees as conditions may warrant. Instruct each employee about the location of the nearest shelter or safest area to go.

When outside during a thunderstorm, avoid getting too close to scaffoldings, towers, power and communication lines, crane booms, metal fences, railroad tracks, trees, water, boats, antennas, and high ground.

When inside, keep away from windows, fireplaces, antennas, electrical appliances, exterior doors, telephones, and plumbing fixtures.

The following definitions are from the National Weather Service:

- Severe weather watch – means that the potential exists for the development of severe thunderstorms.
- Severe weather warning – when severe thunderstorms are occurring or imminent in the warning area.
- Tornado watch – when severe thunderstorms and tornadoes are possible in and near the watch area. It does not mean that they will occur. It only means they are possible.
- Tornado warning – is issued when a tornado is imminent. When a tornado warning is issued, seek safe shelter immediately.

In case of high winds, stay away from freestanding walls and secure all materials, which are capable of being blown away.

13. DRIVING SAFETY

The motor vehicle is a basic tool of operation of the Park District. Therefore, these rules are established for the protection of the employee and the general public.

- No employee shall operate a Park District owned motor vehicle, or personal motor vehicle on Park District business, without a valid driver's license on their person while driving.
- Seat belts must be worn when driving or riding in any Park District vehicle.
- No Park District employee shall haul workers in a pickup box, nor shall any employee ride in a pickup box.
- No employee shall talk or text on a cell phone while driving a Park District owned vehicle. Pull off the roadway to make or answer a call or text.
- Each employee is responsible to see that the assigned vehicle has all the normal safety features, such as brakes, lights, seatbelts, signals, mirrors, wipers, properly inflated tires, and glass. All of these items should be in good operating condition. Defects shall be reported at once and if defect is serious enough to warrant it, the vehicle will be restricted from use until proper repairs can be made.
- Park District vehicles shall not be operated until the windshield is clear of ice, snow, and/or fog, and the operator has visibility in all directions.
- When backing up a motor vehicle and vision to the rear is obstructed, the operator shall obtain assistance from another employee.
- The unauthorized transportation of non-employees in Park District vehicles is prohibited.

14. SUMMARY

Teamwork means working together for a common goal. You and your co-workers must agree that safety is the goal. Talk about safety and its importance with your co-workers, both in safety meetings and on the job.

Think about what could happen if there were a serious accident in your workplace; loss of income, work slowdown, injuries, even death. Each person depends on others so everyone needs to work together to create a safe workplace. Communication is the key in working together effectively. Take an interest in your co-workers and get to know their safety needs. What can you do to reinforce the safety for those you work with? What can they do to make your work safe?

Unsafe conditions are accidents waiting to happen. When you see a spill, an obstruction, something broken, leaking chemicals, or equipment out of order, it's your turn to carry the ball. Take steps to correct the situation so your "team" won't suffer a setback. Talk about the problem with your co-workers so it won't happen again and complete an Incident / Near Miss report. Report hazards to your supervisor, you're an important player on your team. Don't take chances with your own safety. Use correct procedures and equipment at all times.

The Park District places above all other considerations the safety and well-being of its employees and the public it serves. The Park District firmly acknowledges its obligation, as an employer, to provide the safest possible working conditions for its employees.

The Park District Safety Coordinator is responsible for Park District matters related to safety and encourages employees who have questions or comments about safety practices to contact their immediate superior or department manager.

APPENDIX

FORMS

- Incident / Near Miss Report
- Designated Medical Provider Selection Form
- Safety and Personnel Manual Acknowledgement
- Vaaler Automobile Accident Reporting Form
- Emergency Action Plan (EAP)

GRAND FORKS PARK DISTRICT
INCIDENT / NEAR MISS REPORT



This form is to be completed immediately following:

- ☐ Incident = An event causing *injury or property damage*
☐ Near Miss = An unsafe act or condition ⇒ *includes confrontations/threats*

Date of Incident/Near Miss: _____ Time of Incident/Near Miss: _____ AM / PM

Name of Person(s) Involved: _____ Age: _____ Employee: ☐ Yes ☐ No
Address: _____ City: _____ State: _____ Zip: _____
Phone (h): _____ Phone (w): _____ Phone (c): _____

Name of Person(s) Involved: _____ Age: _____ Employee: ☐ Yes ☐ No
Address: _____ City: _____ State: _____ Zip: _____
Phone (h): _____ Phone (w): _____ Phone (c): _____

Department/Facility where Incident/Near Miss occurred: _____

Type of equipment where Incident/Near Miss occurred (if applicable): _____

Condition of equipment: _____

Provide a brief description of how the Incident/Near Miss occurred: _____

Extent of injury / body part(s) affected (if applicable): _____

Staff actions _____

Was an emergency service notified? _____

Was individual taken for medical assistance? _____

Name of family member or guardian notified? _____ Phone: _____

Witnesses: _____ Phone: _____
_____ Phone: _____

Name of Person Completing Form: _____ Date: _____

If the injured person is an employee, his/her supervisor must be contacted and a WSI Incident Report (if not seeking medical attention) or a First Report of Injury (if seeking medical attention) must be filed with WSI. This must be done no later than the next business day.

Forwarded to your supervisor/manager to complete their portion of form on reverse side.

**GRAND FORKS PARK DISTRICT
INCIDENT/NEAR MISS FOLLOW-UP / ROOT CAUSE ANALYSIS / CORRECTIVE ACTION**

FOLLOW-UP

This portion of the form is to be completed by the department supervisor and/or manager.

Contact the injured person or family to follow-up on the injured person's condition.

Date of contact: _____ Time of contact: _____ AM PM

Status of injured person, etc.: _____

Person who made contact: _____

ROOT CAUSE ANALYSIS

This portion of the form is to be completed by the department staff that witnessed the Incident/Near Miss, the department supervisor of the area where the Incident/Near Miss occurred, and the manager.

Immediate causes of incident/Near Miss: _____

Could training or other have prevented what happened? Yes No Explain: _____

Corrective action recommended: _____

Person responsible: _____ Date to be completed by: _____

Investigated by: _____ Date: _____

After completion of Root Cause Analysis, forward to person responsible for corrective action.

CORRECTIVE ACTION

Corrective action taken: _____

Person responsible: _____ Date completed: _____

After completion of Corrective Action, forward to the Grand Forks Park District Office for review and to be filed.

Supervisor Signature: _____ Date: _____

Safety Manager Signature: _____ Date: _____



DESIGNATED MEDICAL PROVIDER SELECTION FORM

The Designated Medical Provider (DMP) for the Grand Forks Park District is:

Altru Health System, 1000 South Columbia Road, (701) 780-6000

- * The DMP selection does not apply to emergency care.
- * Employees have the right to add additional medical providers to the above list (referred to as opting out).
- * Employees must notify the employer of their additional medical provider or opting out prior to an injury.
- * There can be more than one DMP. DMPs can be individuals, clinics, hospitals or any combination.
- * DMPs can be medical doctors, chiropractors, osteopaths, dentists, optometrists or any combination.
- * The DMP will remain in effect until the employer notifies WSI of changes.
- * If an employee opts out, he/she should retain a copy of the form.

I have been informed of my employer's designated medical provider provisions.

Signature of Employee	Employee Name (please print)	Date
-----------------------	------------------------------	------

OPTIONAL

I wish to add the following designated provider(s) to seek treatment from in the event of a workplace injury or illness:

1	Provider's Name	Provider's Address	
	City	State	Zip Code
2	Provider's Name	Provider's Address	
	City	State	Zip Code
3	Provider's Name	Provider's Address	
	City	State	Zip Code

Do not return this form to WSI. This form should be kept by the employer and a copy given to the employee for their records.

DMP selection should be reviewed annually.

WSI may not pay for medical treatment by another provider unless a designated provider refers you or you list the provider above. Emergency care is exempt from the designated medical provider requirement.

7/21/17



SAFETY AND PERSONNEL MANUAL ACKNOWLEDGEMENT

www.gfparks.org

1. Directions for Safety Manual

All employees visit www.gfparks.org

Download and read Safety Manual.

The Safety Manual is found on our website as follows:

www.gfparks.org -- **About Us** (top tab) -- **Administrative Information** (left tab) – **Safety Manual**.

2. Directions for Personnel Manual

All employees visit www.gfparks.org

Download and read Personnel Manual.

The Personnel Manual is found on our website as follows:

www.gfparks.org -- **About Us** (top tab) -- **Administrative Information** (left tab) – **Personnel Manual**.

I agree I will/have read the Safety Manual and Personnel Manual and will familiarize myself with the policies and guidelines of the Grand Forks Park District. I further agree to abide by and follow the safety and employment policy rules as specified in the Safety Manual, Personnel Manual and my specific department. I will participate in any future training my employer deems it necessary that I attend.

Name of Employee (*please print*) _____

Signature of Employee _____

Date _____

OTHER VEHICLE (continued)

Drivers License #: _____ State: _____
Vehicle License #: _____ State: _____
Vehicle Year: _____ Make: _____
Model: _____
Extent of Damage: _____
Owner: (if different than driver) _____
Address: _____
Phone: Day _____ Evening _____
Insurance Company: _____
Policy #: _____

DAMAGE TO OTHER PROPERTY

Describe property damage (other than damage to a vehicle)

Property Damaged: _____
Extent of Damage: _____
Property Owner: _____
Address: _____

INJURED PERSONS

Please list ALL injured persons:

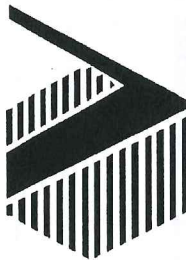
1. Name _____
Address _____
Phone - Daytime _____
Phone - Evening _____
Extent of injuries _____
Medical Care Required? ☐ Yes ☐ No

2. Name _____
Address _____
Phone - Daytime _____
Phone - Evening _____
Extent of injuries _____
Medical Care Required? ☐ Yes ☐ No

3. Name _____
Address _____
Phone - Daytime _____
Phone - Evening _____
Extent of injuries _____
Medical Care Required? ☐ Yes ☐ No

AUTOMOBILE ACCIDENT REPORTING FORM

*In the event of an automobile accident,
please complete and forward to:*



VAAALER

I N S U R A N C E

2701 South Columbia Road
PO Box 12848
Grand Forks, ND 58208-2848

(701) 775-3131
(800) 732-4336 in North Dakota
(800) 553-4291 National
(701) 775-4020 Fax

REPORT OF ACCIDENT INFORMATION

If you are involved in an accident, complete this form at the accident scene if possible.

Date: ____/____/____
Your name: _____
Home Address: _____
City/State/Zip: _____
Home Phone: () _____
Your Employer: _____
Address: _____
City/State/Zip: _____
Work Phone: () _____

YOUR VEHICLE

Vehicle Year: _____ Make: _____
Model: _____
Owner: _____
VIN # (last 6 digits): _____ State: _____

ACCIDENT DESCRIPTION

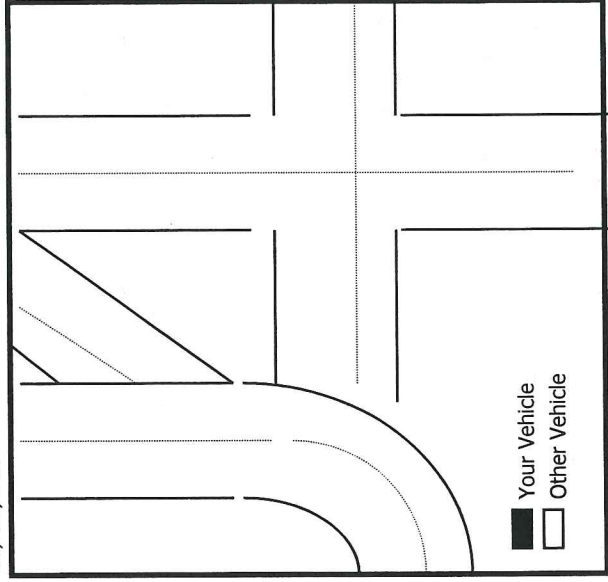
Please describe the accident

Date of Accident: ____/____/____
Time of Day: _____ ☐ a.m. ☐ p.m.
Weather Conditions: _____
Road Conditions: _____
Light Conditions: _____
Location of Accident: _____
City & State: _____
Intersecting Roads: _____
Your speed: _____ Direction of Travel: _____

Description of Accident:

DIAGRAM OF ACCIDENT

Please draw point of collision and location of all involved vehicles. Using the space below, indicate all intersections, roadways and vehicle locations at the time of accident. Give measurements, if possible. List your vehicle as #1, others as #2, #3, etc.



Indicate North by Arrow

POLICE INVESTIGATION

Did police take a report? ☐ Yes ☐ No
Name of Officer: _____
Badge #: _____ Police Dept: _____
Was a citation issued? ☐ Yes ☐ No
If yes, to whom? _____

WITNESSES

Please list ALL Witnesses

1. Name _____
Address _____ Phone: _____
2. Name _____
Address _____ Phone: _____
3. Name _____
Address _____ Phone: _____
4. Name _____
Address _____ Phone: _____

OTHER VEHICLE

Please describe damage to other vehicle

Driver: _____
Address: _____
Phone: Day _____ Evening _____

EMERGENCY ACTION PLAN (EAP)

FACILITY ♦ ADDRESS ♦ PHONE

Grand Forks Park District
4/28/04 (Rev. 3/8/17)

MEDICAL EMERGENCY

Call **911** or your local emergency number...

- Give your name and location of emergency (be sure to give town and state if calling from a cell phone)
- Identify type of injury
- Provide First Aid (if trained)
- Assign personnel to greet emergency response personnel
- Notify supervisor

PUBLIC SAFETY

Sport Events

- Remain calm
- Make the public aware of situation
- Notify emergency personnel
- Activate the nearest fire alarm and evacuate the building in an orderly manner
- **Once out of the building, go one block away from the emergency**
- Assign personnel to greet emergency response personnel upon arrival
- All media communication must come from the Administration or Main Office
- Notify supervisor

Youth Programs

- Remain calm
- Respond to immediate emergency situation
- Notify emergency personnel if necessary
- Assign personnel to greet emergency response personnel
- **Account for ALL participants in program**
- Assign personnel to contact parents or guardians of participants
- All media communication must come from the Administration or Main Office
- Notify supervisor

FIRE

- Activate the nearest fire alarm and evacuate your area
- Employees are instructed to evacuate a building if the fire alarm is sounded and verified
- If possible, call 911 or your local emergency number
- Notify supervisor

TORNADO

If the Civil Defense Warning System sounds...

- Move away from the perimeter of the building and exterior glass
- Proceed to the designated tornado shelter or main corridor
- **Safest Location: SITE SPECIFIC**
- Crouch down and protect your head (go under a desk if necessary)
- Remain until the "all clear" is given
- Notify supervisor

LIGHTNING

The 30/30 Rule

- When the flash is seen, count the number of seconds to the initial "bang" of its thunder.
- Divide the number of seconds by 5 to get the strike distance (in miles).
- Take shelter if the "Flash-to-Bang" delay is 30 seconds or less
- Stay under cover until 30 minutes past the last clap of thunder.
- **LIMITED EFFECT WITH STORMS BUILDING OVERHEAD**

DO NOT take cover in picnic shelters/pavilions, baseball dugouts, "rag top" convertible automobiles, open fields/high ground, trees or water.

EMERGENCIES

CALL **911**

(Be sure to give town and state if calling from a cell phone)

BUILDING EVACUATION

When the alarm sounds to evacuate the building, go to the nearest exit and proceed to your meeting area.

Meeting Area: SITE SPECIFIC

- Do not use any elevators, use stairs
- Walk don't run
- Assist others or customers if necessary
- Do not return to the building until the "all clear" is given
- Notify supervisor

Local management/supervisor will announce when it is safe to return.



Fire Extinguishers: SITE SPECIFIC



First Aid Kits: SITE SPECIFIC



AED: SITE SPECIFIC

EMPLOYEE EMERGENCIES

Your personal safety is of most importance to the Park District. Please notify the MAIN OFFICE with your location and phone number at which you can be reached for medical, personal and work information.

INFORMATION CONTACT NUMBERS

- **Main Office** 701/746-2750
PO Box 12429
1060 47th Ave S
GF, ND 58208-2429
www.gfparks.org
(e-mail) gfparks@gfparks.org
- **Info Line** 701/787-3499

SUSPICIOUS MAIL & OBJECTS

Identification

- Excessive postage
- Misspelled words
- Placed in unusual location
- Badly typed or written
- Strange odor
- Oily stains
- Powdery residue
- Poorly wrapped
- Protruding wires

Immediate Action

- Do Not Panic
- Notify supervisor or designee
- If Suspicious - Do Not Handle or Open!
- Isolate the item
- If item was handled, wash hands immediately with soap and water

REMEMBER!

Report anything you believe to be significantly suspicious, including the activity of others.

WORKPLACE VIOLENCE

- Avoid confrontation
- If possible retreat to a location of safety
- Report the incident to a supervisor and complete an "Incident/Near Miss" report
- If the situation requires, call police
- If the situation requires, notify others in the building to evacuate and avoid the perpetrator

CPR

CALL - **911**
COMPRESS - POSITION HANDS IN THE CENTER OF THE CHEST
- FIRMLY PUSH DOWN 2 INCHES ON THE CHEST 30 TIMES

BLOW - TILT HEAD
- LIFT CHIN
- CHECK BREATHING
- GIVE BREATHS
CONTINUE WITH 2 BREATHS AND 30 PUMPS UNTIL HELP ARRIVES

BOMB THREAT

- Remain calm and never hang up - leave phone off the hook
- Call **911** on another line
- Attempt to identify
 - Background noises (people talking, cars, etc.)
 - Sex, age, race, accent, or disguised voice
- Ask questions
 - Where is the bomb?
 - When will it go off?
 - What kind of bomb is it?
 - What is your name, address, phone number?
 - How will it be activated?
- If possible, while talking, have another employee notify supervisor or call the police for assistance.
- Evacuate building and go at least one block away from site ASAP
- Assign personnel to greet emergency response personnel from a safe location upon arrival
- Notify supervisor
 - Do not touch any suspicious boxes, packages or objects

ROBBERY

- Cooperate
- Let them have the money
- Remain calm
- Let them leave the building
- Call 911 or your local emergency number
- Notify supervisor

