

TOWN OF GREENFIELD



Written Safety Program

Joint Loss Management Committee

7/12/2010; Revised 3/23/2015

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1. Introduction

Every employee has the right to a workplace free from occupational safety and health hazards. The Town safety program is designed to prevent accidents and illnesses through a joint commitment between employees and management. This program provides the framework for safety to be managed like any other business function through planning, organization, leadership, and effective management practices. ALL employees are encouraged to take an active role in their own personal safety and in their department's practices, and to participate in the town-wide functions and objectives of the Joint Loss Management Committee. Town-wide safety is everyone's priority.

2. Management Statement of Commitment

Workplace safety is as important as all business functions of the Town and relevant to every town department. All management personnel are committed to and responsible for the safety of their staff, premised on the belief that injuries are preventable through the maintenance of safe working conditions, adequate staff training and staff understanding that safe performance of their duties is a condition of employment.

The Town of Greenfield recognizes the importance of safety and health and is committed to providing a workplace for our employees in which recognized hazards are controlled or eliminated. The philosophies and objectives behind this commitment are as follows:

1. The safety and health of all Town of Greenfield employees is priority.
2. All employees will be required to make safety and the safety of their co-workers a priority.
3. As a condition of employment, each employee will be expected to conduct their daily tasks in a manner that is consistent with the philosophy and objectives of this policy as well as any safety rules or procedures that the Town of Greenfield practices.
4. The town will comply with all safety laws and regulations.

With these goals in mind, the Town of Greenfield Safety and Health Program will include:

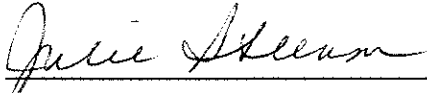
- a. Providing adequate safeguards to the maximum extent that is possible.
- b. Conducting a program of health and safety inspections to identify and eliminate unsafe working conditions or practices, to control health hazards, and to comply fully with all Safety and Health Standards.
- c. Making sure that all employees are wearing the proper protective equipment and are instructed properly on its use and care.
- d. Developing, updating and enforcing health and safety rules and requiring that all employees cooperate with these regulations.

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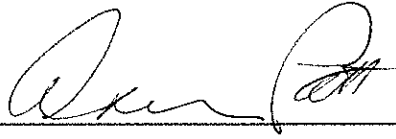
- e. Investigating, promptly and thoroughly, every accident or incident to determine the cause and take actions to prevent any reoccurrence of the problem.

As an employee of the Town of Greenfield you have a responsibility to yourself, your coworkers, and the community to understand and follow our safety process.

Your efforts make the difference!



JLMC Chairperson



Town Administrator

3. Responsibilities

Employees shall be fully responsible for implementing the provisions of this program as they pertain to operations under their jurisdiction. The responsibilities listed are minimum, and should not be construed to limit individual initiative to implement more comprehensive procedures to control our losses.

Board of Selectmen

1. Provide overall support, direction and commitment.
2. Ensure that personnel responsible for carrying out the provisions of this program understand it, have a copy of it, and are held accountable for their actions/inactions in accordance with established personnel policies and procedures.
3. Provide required resources
 - a. Funding -- safety equipment, personal protective equipment, training materials.
 - b. Personnel--outside experts, loss prevention consultants, between departments for information exchange.
 - c. Time--review inspection/investigation reports; participate in training programs.
 - d. Other as needed.

Supervisory Personnel

Employees with supervisory duties, whether they are first line supervisors or department heads, have the authority and responsibility to maintain safe and healthful work places and work practices. Specifically, they will do the following:

1. Comply with this program and applicable work rules.
2. Ensure that all employees within their jurisdiction comply with the program and follow all work rules. Supervisors are expected to set the proper example.
3. Comply with all established personnel policies and procedures as they relate to this program. Specifically, follow disciplinary procedures for violation of work rules.
4. Educate employees within their jurisdiction in the accepted way of performing each task, the nature of the hazards involved, the necessary precautions to be taken and the use of protective and emergency equipment required.
5. As necessary, at a minimum of twice a year, meet with staff to review accidents, which have occurred, and to discuss plans and ideas to bring about additional loss prevention measures.
6. Carry out additional inspections, investigations, and administrative duties as outlined in this document.

7. Be accountable for accidents, incidents, and near misses involving their staff, especially if it is determined that additional preventative measures can or should have been taken. A supervisor's capability to supervise is measured by the efficiency of his/her operation.
8. Include and evaluate an employee's safety record in each formal performance appraisal. This record may highlight specific performance deficiencies that must be recognized and corrected.

Employees

Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves and to their fellow workers.

Employees shall:

1. Understand and follow all work rules.
2. Be informed of and observe established safe practices.
3. Use and wear required personal protective equipment as required by Department Policies and Procedures issued by the Board of Selectmen.
4. Report all unsafe acts and conditions to the supervisor.
5. Operate only machines and equipment that they have been authorized and trained to operate by the supervisor.
6. Not remove guards or other protective devices from machinery and equipment.
7. Follow all accident reporting procedures as outlined in this document.
8. Assist supervisors in their investigations of any accident of which they have knowledge; accident investigation is fact-finding, not fault finding.

4. Joint Loss Management Committee

The Town of Greenfield whose office is located at 7 Sawmill Rd., Greenfield, NH 03047, is committed to the reduction of accidents and incidents. As part of this commitment, a Joint loss Management Committee (JLMC) has been established, in compliance with RSA 281:A: 64 which requires all employers to establish a Joint Loss Management Committee and Written Safety Program.

The purpose of this committee is to bring the workers and management together in a non-adversarial, productive, and cooperative effort to promote safety and health in the workplace. To ensure that both Management and Employees evenly represent this Committee, there will be an equal number of members from each perspective group elected by their peers to serve on the Joint Loss Management Committee.

1. The Committee will consist of two (2) or more members with an equal number of employee and employer representatives. The purpose of this Committee is to promote safety and health in the workplace.
 - a. The Committee shall elect a chairperson.
 - b. Committee members shall be trained in workplace hazard identification and accident/incident investigation. The Committee shall meet at least quarterly to carry out their duties and responsibilities. Minutes shall be kept and made available for review by all employees.
 - c. The Committee shall develop and disseminate to all employees a Committee Policy Statement.
 - d. Clearly established goals and objectives shall be maintained on a current basis and disseminated to all employees.
 - e. The Committee shall review workplace accident and injury data to help establish the Committee's goals and objectives.
 - f. The Employer shall respond in writing to recommendations made by the Committee. Verbal responses recorded in the Committee's official minutes shall be deemed written responses.
 - g. The Committee will ensure that adequate safety & health training for employees is provided so they may perform their work in a safe and healthy manner and environment.

2. The Town of Greenfield Safety Program shall include, at the minimum:
 - a. Designation of a person who shall be knowledgeable of site specific safety requirements and be accountable for their implementation and adherence;
 - b. Provision for health and safety inspections at least annually for the purpose of identifying hazards;
 - c. Performance of audits, at least annually, regarding the inspection findings;
 - d. Communication of identified hazards, with recommended control measures, to the person(s) most able to implement controls.

Safety Committee Chairperson's Duties and Responsibilities

The success of any program is based upon the interest, enthusiasm, and attitude of its people towards a program. Here at the Town of Greenfield we have the sincere interest of providing the safest working environment possible. In accepting this, the Safety Committee Chairperson of the Town of Greenfield has developed a set of Duties and Responsibilities with which he/she will and can operate.

The Duties and Responsibilities of the Safety Committee Chairperson are:

1. The Safety Committee Chairperson will plan and coordinate inspections, committee meetings, training sessions, and assist management in all aspects of safety and health.
2. The Safety Committee Chairperson or their designee, will pre-qualify sub-contractors working in, for, or on the property of the Town of Greenfield. This will include keeping on file a copy of their training certificates and medical records. The Safety Committee Chairperson or their designee will insure the sub contractors are up to date on the safety policies and procedures established here at the Town of Greenfield.
3. The Safety Committee Chairperson will be consulted on any upcoming changes in equipment purchases, material changes, procedural changes which might have an impact on the safety and health of its workers, customers, or the environment.

Responsibilities and Duties Of The Joint Loss Management Committee Members

The Joint Loss Management Committee Members will be responsible for, but not limited to the following:

1. Attend all Safety Committee meetings and, if not able to attend notify the Chairperson.
2. Contribute ideas and suggestions for improvement to the Health and Safety Program.
3. When asked by the Safety Committee Chairperson to take an active roll in the investigation of an accident or injury members will report their findings in a timely fashion.
4. When asked by the Safety Committee Chairperson to take an active role in an inspection, members will report findings in a timely fashion.
5. As members of the Joint Loss Management Committee you will perform your daily job functions in an exemplary manner. Use safe work procedures and equipment to set the example for others to follow.
6. Report all unsafe conditions either seen by yourself or reported to you by others immediately to the Safety Committee Chairperson.
7. As a member of the Joint Loss Management Committee make yourself available for assignment on any sub-committee the Chairperson may deem necessary.
8. The term of this appointment to this committee is for two years.

5. Safety Rules and Regulations

NH-DOL Lab 1403: Safety and Health

1. Each employer shall furnish to each of its employees a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to its employees.
2. Each employee shall comply with all safety rules and regulations, which are applicable to their own actions and conduct.
3. The employer shall instruct each employee in the recognition and avoidance of unsafe conditions and in the rules applicable to his work environment to control or eliminate any hazards or other exposure to illness or injury.
4. The use of any machinery, tool, material, or equipment, which is not in compliance with any applicable requirement of these rules, shall be prohibited.

In response to these requirements from the Department of Labor the Town of Greenfield has developed a Safety Program as outlined in Lab 602-Titled Safety Program.

This safety program is further outlined in Lab 602.01 Titled Program Requirements. It is the intention for the Town of Greenfield is to comply with the following program requirements. Those requirements are as follows:

1. The Town of Greenfield has more than ten employees and has developed a current safety program.
2. The Town's Safety Program shall include the following:
 - a) The Town of Greenfield has developed a specific safety program which includes, but is not limited to, the following:
 1. Designation, by name and title, of a person who shall be knowledgeable of site specific safety requirements and be accountable for their implementation and adherence;
 2. Provisions for health and safety inspections at least annually for hazard identification purposes;
 3. Performance of audits at least annually regarding the inspection findings; and
 4. Communication of identified hazards, with recommended control measures, to the person(s) most able to implement controls.

- b) The Town of Greenfield has developed a written program, which includes a process of warnings, job suspension, and job termination for violations of the safety rules and regulations set forth in the program.
 - c) The Town of Greenfield has made provision(s) for the commitment of adequate resources solely for safety through the budget process.
 - d) The Town of Greenfield has made provision(s) for medical services, emergency response, first aid, and accident reporting and investigation.
 - e) The Town of Greenfield has made provision(s) for review of the current written safety program by all employees.
- 3 The Town of Greenfield shall file the Summary Sheet Form as described in Lab 515.16 with the Commissioner, Department of Labor, by January first every other year or when changes in the membership to the Town's Safety Committee take place.
- 4 The Town of Greenfield has a Joint Loss Management Committee as outlined in Lab 603 Titled Joint Loss Management Committees. This requirement will also include:
- a) Defining the purpose of the Safety Committee as outlined in section Lab 603.01
 - b) Defining the requirements for establishing a Safety Committee as outlined in Lab 603.02
 - c) Defining the duties and responsibilities of the Joint Loss Management Committee as outlined in Lab 603.03

NH-DOL Lab 1403.46 – Record Keeping

In order for the Town of Greenfield to be in compliance with this standard the following requirements need to be fulfilled. They are:

1. An annual log of all workplace injuries and illnesses, for which an Employer's First Report of Injury form is submitted to the Department of Labor, shall be kept at the place of employment and made available to a Safety Inspector upon request.
2. Employers having existing records or logs of injuries and illnesses, required by other agencies, may provide them to meet this requirement.
3. The log shall include, at a minimum, the following information:
 - a. Date of injury
 - b. Name of employee
 - c. Occupation of employee
 - d. Description of the injury or illness
 - e. Whether lost time was involved
 - f. The date the employee returned to work

NH-DOL Lab 1403.08 – Blood Borne Pathogens

Purpose:

To protect employees from hazards associated with contact, clean-up, disposal and handling of human body fluid wastes.

To provide universal precautions, an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious where the potential exists for contact with blood or other potentially infectious material.

The Town of Greenfield shall:

1. Identify job classifications where employees have occupational exposure to blood or other potentially infectious materials.
2. Identify job classifications where some employees have exposure based on certain tasks.
3. Train the above-identified employees in proper response procedures for situations involving blood and other potentially infectious materials.
4. Train employees to treat all blood and other body fluids with universal precautions (as if known to be infected with HIV, HBV or other blood borne pathogens).
5. Supply first aid and potentially infectious material clean-up kits that contain:
 - a) One time use disposable gloves such as surgical or examination gloves;
 - b) Eye/face protection to protect the face against splashing of body fluids;
 - c) Material to absorb blood or other potentially infectious material;
 - d) Device(s) to scoop up the absorbent and body fluid (two pieces of stiff cardboard will suffice).
 - e) Disinfectant to clean all surfaces which blood or other potentially infectious material has contacted. For some surfaces a 1:10 bleach/water mixture is appropriate.
 - f) Biohazard containers/bags or specific containers for the disposal of needles, sharps, used bandages, and all other emergency items that come in contact with blood or other potentially infectious materials. These containers must be marked so that they are not confused with other similar containers in the workplace used for other purposes.
 - g) Waterless, disinfectant hand cleaners

The Town of Greenfield shall:

1. Respond to all situations involving blood or other human body fluids with universal precautions (treat all blood and body fluids as if known to be infectious for HIV, HBV or other blood borne pathogens).
2. Follow the procedure listed in section 3 of this policy when responding to any situation involving blood or other potentially infectious materials.

The following procedures shall be observed:

Protection measures when responding to a medical emergency:

1. Before attending to a victim medically, don the following personal protective equipment:
 - a) Single use disposable gloves, such as surgical or examination gloves;
 - b) Wash hands after removal of exam gloves and wear eye protection when blood or other potentially infectious material might be splashed.
 - c) Eye and face protection to protect from splashed body fluids.
2. Attend to victim and perform needed medical measures.
3. Clean up and dispose of contaminated sharps and dressings as outlined below.

Clean-up of blood or any other potentially infectious material:

1. Before cleaning up any human blood or other potentially infectious material don the following personal protective equipment:
 - a) Single use disposable gloves such as surgical or examination gloves;
 - b) Eye and face protection to protect from splashed body fluids.
2. Pour absorbent over the entire fluid spill and wait until the fluid absorbs into the material.
3. Scoop up the fluid soaked absorbent using a designated device or two pieces of cardboard into a biohazard container or another container specified only for disposal of body fluids, etc.
4. Once all the absorbent and body fluid(s) are scooped up, dispose of the device(s) into the same container.
5. Dispose of sharps (needles, lancets, etc.) in puncture resistant containers that are appropriately marked and designated for such purposes.

6. Dispose of used bandages, gauze, linens and all other items that come in contact with blood or other potentially infectious materials.
7. Thoroughly wash hands immediately following clean-up and disposal using an appropriate disinfectant soap and warm water (waterless hand cleaners can provide for immediate washing, but are not a substitute for appropriate washing).

Procedures following an unprotected critical exposure or suspected unprotected exposure to blood and/or body fluids:

1. Wash the affected area immediately. If exposure involves the eye, flush copiously with running water.
2. Do not suck or "force bleed" the exposed area.
3. Report the exposure to your supervisor.
4. Fill out appropriate forms, which may include:

For Fire, Police, EMS, Corrections:

- a. Emergency Response/Public Safety Worker Incident Report Form
- b. First Report of Injury

For Others:

- a. First Report of Injury

NH-DOL Lab 1403.09 – Chains, Cables, Ropes & Hooks

Purpose: To protect employees from the hazards associated with damaged or improperly used chains, cables, ropes and hooks.

The Town of Greenfield shall:

1. Ensure that all damaged chains, cables, ropes and hooks are replaced upon discovery of damage or wear.
2. Ensure that employees are trained to recognize worn and damaged chains, cables, ropes and hooks according to manufacturer's guidelines.

Employees shall:

1. Visually inspect chains, cables, ropes and hooks on a daily basis before use.
2. Remove from service any chain, cable rope or hook meeting criteria in section 3 (inspection criteria).
3. Install any U-bolt wire rope clips in accordance with manufacturer's guidelines.

The following procedures shall be observed:

Chain, Cable, Rope and Hook Inspection Criteria

1. Must be visually inspected, before use for deformation, cracks, excessive wear, twists and stretch and defective gears.
2. Remove from service any equipment meeting the above criteria for disposal or repair.

Crawler, Locomotive and Truck Crane Hoist Rope Provisions

1. Must be free of kinks or twists.
2. Must not be wrapped around the load.

U-bolt provisions

1. U-bolt wire rope clips on hoist ropes must be installed so that the U-bolt is in contact with the short or non-load-carrying end of the rope. The saddle portion of the bolts shall be on the load-carrying end.
2. U-bolts must be installed according to manufacturer's guidelines.
3. Nuts on newly installed clips shall be retightened after the first hour of use.

NH-DOL Lab 1403.14 – Confined Space Entry and 1403.64, - Welding in Confined Spaces

Purpose: To protect workers from hazards associated with Confined Space Entry.

The Town of Greenfield shall:

1. Evaluate the workplace to determine if any areas fall under the definition of confined space as defined by the New Hampshire Department of Labor Standard 1402.02. (See Appendix B)
2. Post danger signs at the location of confined spaces or inform exposed employees through equally effective means.
3. Train all involved employees in safe confined space entry operations.
4. Assign a minimum of 2 employees to entry operations.

Supervisors shall:

1. Ensure that an entry permit is accurately completed before allowing entry into a confined space.
2. Continually evaluate the entry and remove entrants should conditions warrant.

Employees shall:

1. Prior to fully opening any confined space, check the air around the opening for any atmospheric and physical hazards. Typically this is done by “cracking” a cover or partially opening a door.
2. Be trained in safe entry procedures, recognition of hazards, use of equipment for confined space entry including PPE, and any other topics necessary for safe entry.
3. Follow procedures outlined below.

The following procedures shall be observed:

Before Entry

1. Determine if it is safe to open the space for eventual entry (i.e.: open manhole cover).
2. Evaluate atmospheric hazards of confined space by first testing the internal atmosphere with a correctly calibrated direct reading instrument in this order:
 - a) Oxygen content;

- b) Flammable gases and vapors; and
 - c) Potentially toxic air contaminants.
3. If the confined space has been determined to have a hazardous atmosphere:
- a) Eliminate the hazardous atmosphere before entry through the use of forced air ventilation, purging, making inert. The atmosphere will be tested to ensure that these steps have made the space safe for entry. Any of these steps shall continue throughout the time an employee is in the space.
4. Identify and effectively control any physical hazards including, but not limited to:
- a) Material with potential to engulf an entrant;
 - b) Internal configuration which could cause an entrant to become trapped or suffocated by inwardly converging walls or by a floor which slopes downward into a smaller cross-section; and
 - c) Fall hazards.
 - d) Electrical hazards (or other energy sources).
5. Establish means of communication between the employee entering the space and the space attendant (i.e.: face-to-face, radio or other appropriate means).
6. Determine which types of PPE the entrant(s) should use based on hazards identified.
7. Establish rescue measures so an employee can be immediately retrieved from the space in the event of an emergency (i.e. Tripod with retrieval mechanism and full body harness).
8. Complete the Confined Space Evaluation form (permit) based on 1-7 above.

During Entry

- 1. Attendant
 - a) One employee shall remain directly outside the space throughout the duration of the entry; and
 - b) Remains in constant contact with the entrant.
- 2. Entrant
 - a) Enters space wearing appropriate personal protective equipment; and
 - b) Remains in constant contact with the attendant
- 3. Communication

- a) Continual communication must occur between entrant and space attendant.
 - b) In the event that communication stops, or the entrant is not responding, the entrant should be immediately retrieved from the space using the designated rescue procedures.
4. Air monitoring
- a) Air conditions and contaminant levels shall be continually monitored throughout the entry procedures.
 - b) In the event the conditions change posing a hazard to the entrant, the entrant should be retrieved from the space using the designated rescue procedures.
5. Ventilation
- a) If the space contained a hazardous atmosphere, forced air ventilation, making inert or flushing shall remain throughout the duration of the entry procedure.
 - b) In the event these measures fail, the entrant shall be retrieved from the space immediately using the designated rescue procedures.

After entry

1. Replace the entrance cover securely.
2. Document the entry procedures using the confined space evaluation form. (See permit Appendix C)

Welding

In addition to the requirements in Lab 1403.14 all welding and cutting operations carried on in confined spaces shall be ventilated to prevent the accumulation of toxic substances or possible oxygen deficiency.

In such operations where it is impossible to provide such ventilation, air supplied respirators or hose masks, which are labeled to indicate they are approved by (MSHA) Mine Safety and Health Administration for this purpose, shall be used.

If an (IDLH) immediately dangerous to Life and Health situation is created, (SCBA's) Self Contained Breathing Apparatus shall be used.

1. Personnel using SCBA's shall be specifically trained in the use of SCBA's being used.
2. Oxygen shall never be used for ventilation.

NH-DOL Lab 1403.19 – Excavation & Trenching

Purpose: To protect employees from hazards associated with excavating and trenching.

The Town of Greenfield shall:

1. Before excavation begins, contact utility companies to determine if there are underground utility installations in that area.
2. Ensure that underground utilities are identified and marked prior to excavation.
3. Supply employees with trench protective systems when necessary.

Supervisors shall:

1. Inspect and evaluate the condition of all trenches and excavations prior to permitting employees to enter.
2. Perform inspection at the beginning of each day and at least 3 to 4 times during the operation thereafter.
3. Cease operation when weather or other conditions may affect the integrity of trench or excavation.
4. Continue trenching or excavation operations once the conditions have been made safe according to the guidelines identified in section 3 of this policy.
5. Evaluate proximity of trenching operations to retaining walls, utility poles, and other objects that may need support to prevent collapse or undermining.

Employees shall:

1. Follow the applicable procedures identified below.

The following procedures shall be observed:

Before Excavation or Trenching Operation

1. Contact utility companies to determine if there are any underground utility installations in that area.
2. Identify and mark underground utility installations prior to operations.
3. Competent person must inspect and evaluate the condition of trench or excavation prior to permitting employees to enter.

During Excavation or Trenching Operation

1. Competent person must inspect and evaluate the trench or excavation 3 to 4 times during the work day.
2. Use a trench protective system (e.g. trench box) or sloping of the ground to the appropriate angle of repose when walls and faces of trenches and excavations are 5 feet or more deep, or when, regardless of depth, there is a danger of cave in or moving ground.
3. Trenches 4 feet deep or more must have adequate means of exit such as ladders or steps, located so as to require no more than 25 feet of lateral travel.
4. When employees are required to enter a trench or excavation, excavated or other material shall be stored and retained at least 2 feet or more from the edge of the excavation.
5. Support retaining walls, utility poles, or other objects which could collapse or undermine if not properly supported.
6. Wear/use appropriate personnel protective equipment.

Use of Personal Protective Equipment

Personal Protective Equipment typically required for this operation includes but may not be limited to:

- Hardhat
- Safety Footwear
- Gloves

NH-DOL Lab 1403.21 – Flag-person

Purpose: To protect employees from hazards associated with worksites on or adjacent to highways or streets.

The Town of Greenfield shall:

1. Ensure that at work sites on or adjacent to a highway or street, where signs, signals, and barricades do not provide protection from traffic, that a flagperson is provided.
2. Provide appropriate training to any employee who may serve as a traffic flagger.
3. Provide designated flagperson(s) with highly visible warning garment with retro-reflective striping while flagging, and ANSI Type 2 vest at a minimum is recommended. An ANSI Type 3 garment is suggested for night time flagging.
4. Provide additional reflective warning garments or devices to flagpersons for nighttime flagging.
5. Provide the flagperson with a combination Stop/Slow paddle at least 18 inches in width and letters that are at least 6 inches in height.
- 6.

Employee/Flagperson shall:

1. Wear provided warning garments provided by employer at times designated to do so.
2. Erect adequate “Flagger Ahead” warning signs.
3. Use flags and/or paddles as instructed.

Additional reference:

Manual on Uniform Traffic Control Devices (MUTCD)

NH-DOL Lab 1403.40 – Personal Protective Equipment

Purpose: To ensure that all hazards in the workplace are evaluated to determine the application of personal protective equipment.

The Town of Greenfield shall:

1. Evaluate the workplace to determine hazardous environments in which workers perform tasks.
2. Attempt to eliminate those hazards through engineering controls, administrative controls or work practice controls.
3. Determine the application of personal protective equipment if the hazard cannot be eliminated with the previous three methods.
4. Provide personal protective equipment, without cost, to those employees who must wear it according to the findings of the workplace hazard analysis.
5. Provide US Coast Guard-approved life jackets or buoyant work vests, without cost, to all employees working over or near water or where the danger of drowning exists (wells, rivers, ponds, wastewater lagoons, etc.).

Employees shall:

1. Wear/use all personal protective equipment provided by the employer.
2. Wear/use all personal protective equipment according to manufacturer's guidelines.
3. Inspect personal protective equipment prior to every use to ensure its integrity and ability to protect from hazards.
4. Replace all personal protective equipment that is damaged, worn through or no longer protects from the hazards of the work task.
5. Use provided US Coast Guard-approved life jackets or buoyant work vests whenever working over or near water or where the danger of drowning exists (wells, rivers, ponds, wastewater lagoons, etc.).

NH-DOL Lab 1403.57 – Toxic Substances

Purpose: To protect employees from hazards associated with the storage and handling of hazardous and toxic substances.

The Town of Greenfield shall:

1. Train employees who handle, use, or are otherwise exposed to hazardous and toxic substances in accordance with N.H. RSA 277-A “Worker’s Right to Know Act.”
2. Keep a running inventory of all hazardous and toxic substances in the workplace.
3. Determine the level of chemical hazards within the workplace.
4. Replace chemicals with less harmful alternatives when applicable.
5. Obtain and make Material Safety Data Sheets for all hazardous and toxic substances in the workplace available to employees, upon request, for examination and reproduction.
6. Ensure proper labeling of all hazardous and toxic substances, including those that are transferred out of their original containers.
7. Post appropriate signs and notices as required by N.H. RSA 277-A “Worker’s Right to Know Act.”
8. Provide and require the use of appropriate personal protective equipment at no cost to employees.
9. Maintain on file at the workplace material safety data sheets for a period of at least 30 years after discontinuation of the use of each toxic substance. In the event that the employer ceases operations or relocates, all material safety data sheets shall be submitted to the department of labor to be maintained on file for the statutorily required 30 year period. All rights of access to material safety data sheets provided in this chapter shall apply to the full 30 year period.

Employees shall:

1. Handle, store and dispose of hazardous and toxic substances according to manufacturer’s guidelines.
2. Never mix chemicals unless authorized by employer.
3. Never remove labels from containers of hazardous or toxic substances.
4. Use appropriate personal protective equipment when the employer and/or the Material Safety Data Sheet indicate that it is necessary.

The following procedures shall be observed:

Material Safety Data Sheets (MSDS)

1. Material Safety Data Sheets shall be supplied for each hazardous and toxic substance in the workplace.
2. The Material Safety Data Sheets shall be kept on file in a convenient office location and made available, upon request, for examination and reproduction.
3. Each Material Safety Data Sheet must contain the following information about the substance for which it is supplied:
 - a) Identity of the substance as it is listed on the label;
 - b) The chemical's common name;
 - c) If the chemical is a mixture, the identity of the ingredients;
 - d) Physical and chemical characteristics;
 - e) Physical and health hazards including the primary routes of entry into the body;
 - f) Safe handling, use and disposal procedures;
 - g) Spill and leak precautions and procedures;
 - h) Emergency and first aid procedures; and
 - i) Name, address and phone number of the chemical manufacturer.

Labeling Requirements

1. All hazardous and toxic substances must have a label containing the following information;
 - a) Identity of the substance
 - b) Name and address of the chemical manufacturer, importer, etc.
 - c) Hazard warnings including acute and chronic health hazards as well as physical hazards.
2. Labels must be substantial.
3. Labels must not be removed under any circumstances.
4. Containers without labels must be removed from use even if the contents are supposedly known.
5. Signs, placards, process sheets, batch tickets, operating procedures or other written materials may be used in place of individual container labels as long as the above labeling requirements are met.

Training Requirements

1. Employees will receive training on hazardous and toxic substances in their work area upon initial assignment and whenever a new hazard becomes present.
2. Employees will receive the following information:
 - a) Any operations in their work area where hazardous chemicals are present;
 - b) Location and availability of Material Safety Data Sheets and lists of chemicals.
3. Employees will be trained in the following areas:
 - a) Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area;
 - b) Physical and health hazards of the chemicals in their work area;
 - c) Methods employees can use to protect themselves from hazards in their work area;
 - d) Labeling systems;
 - e) How to use Material Safety Data Sheets

Personal Protective Equipment

Personal Protective Equipment required for handling hazardous and toxic substances will be listed on each Material Safety Data Sheet. Equipment most commonly required includes but may not be limited to:

- Goggles
- Face shields
- Safety glasses
- Chemical resistant gloves
- Aprons
- Appropriate Footwear

6. Disciplinary Policy

Disciplinary Process for Violations of the Safety and Health Policy

In accordance with the Town of Greenfield's Personnel Policy, if the violation is deemed by the Joint Loss Management Committee to be severe, immediate termination of employment will result. Otherwise, the following process will be followed: documented verbal warning, written warning, suspension, and dismissal.

Verbal Warning Notice

TOWN OF GREENFIELD - VERBAL WARNING NOTICE

I gave a verbal warning to _____ on this date

Employee name

_____ for violating _____.

Date

cite name of rule, regulation, or procedure

The above named employee was advised that any further violations of this or other rules could result in further disciplinary action.

Signature

Date

Notice of Suspension

TOWN OF GREENFIELD - NOTICE OF SUSPENSION

TO: _____

FROM: _____

DATE: _____

You are hereby notified that you are suspended for _____ days with/without pay effective _____.

This action is the result of your violation of

in that you

This behavior does not comply with the standards of performance expected of you as an employee.

Your appeal rights are explained on the attached sheet.

Supervisor's Signature

I hereby acknowledge receipt of the above discussed with me. I certify that it was discussed with me.

Employee's Signature

Date

7. Accident/Incident Reporting & Investigation

A worker's compensation injury is defined as an accidental injury or death arising out of and in the course of employment and all occupational diseases arising out of and in the course of employment. There are definite State requirements for reporting these injuries which are summarized in this Section. Naturally, the first thing to do when an accident occurs is to ensure the proper medical treatment is provided.

Handling Emergencies

Judgment is a key factor in the handling of an emergency. Employees are expected to exercise their best judgment based upon circumstances. The following is a list of guidelines to follow. However, if there is any question whatsoever about the seriousness of an injury, call for help!

1. Employee will call the appropriate emergency service (medical, fire, police, and rescue).
2. Employee will notify the supervisor.
3. Employee will follow reporting and investigation requirements.

Accident Reporting

1. All accidents or incidents are to be reported immediately to the responsible supervisor.
2. Supervisors will see to it that enough information is gathered to accurately complete the Employer's First Report of Injury or occupational Disease (Form 8WC).
3. The First Report of Injury Form will be completed and processed by the department within 24 hours. This completed report form will be presented to the Town Administrators' Assistant by the next business day. The Administrator's Assistant will complete any other required forms.

Accident/Incident Investigation

The immediate supervisor, or other designated individual, will investigate all accidents and incidents that occur within their span of control. The purpose is to determine what happened, why it happened, and most importantly, how to prevent it from happening again. An accident investigation report will be required.

Guidelines for Conducting Investigations

1. Investigate the scene as soon as possible after the accident/incident noting conditions, locations of equipment, physical objects, and witnesses. Make notes and draw sketches as needed.

2. Interview witnesses soon after the accident so the facts will be fresh in their minds. Be certain that they understand that no blame is being laid - you are simply trying to gather facts to prevent a recurrence.
3. Interview the victim when the timing is right. Keep in mind his/her physical and emotional condition.
4. Make recommendations to prevent similar occurrences. Terms such as "employee was careless" have no place in a factual report.

Routine Safety Inspections

Department heads and supervisors are responsible for conducting necessary safety inspections, and recording their findings. Any unsatisfactory conditions are to be dealt with in the appropriate manner.

Frequency

1. Inspections of the work area and equipment are to be conducted regularly with a minimum of a semi-annual inspection as acceptable standard. Additional inspections of specific pieces of equipment or job sites may be required by the applicable work rules.
2. Department heads and supervisors are expected to constantly be alert for unsafe acts and conditions, and take necessary corrective action.

Guidelines for Correcting Unsatisfactory Conditions

1. First and foremost, take the necessary action to prevent an injury! (Remove the tool from service; post a warning sign, etc.)
2. If within your authority, take steps to permanently correct the hazard. Report all action taken to your department head/supervisor.
3. If you do not have the authority to correct the problem, take steps to prevent an injury as a result of it. Then report the problem, in writing, and your recommended solution to the person who has the authority to correct it.

Record keeping Guidelines

1. Document the inspection! At a minimum record the inspection date, location/piece of equipment, inspector's name, list of unsatisfactory conditions noted, action taken, and a list of recommendations.
2. If unsatisfactory conditions were noted, send a copy of the report to your department head/supervisor, and keep a copy in your file.
3. If no unsatisfactory conditions were noted, just keep the inspection report in your file.

8. Training Requirements for Safety and Health

Safety education and training raises the employee's level of safety awareness and also provides management with an opportunity to demonstrate their concern for the welfare of employees.

Types of Training

1. **Introductory** -- All new or transferred Town employees will receive a safety orientation at the beginning of employment. As part of the orientation, the employees will be told their responsibilities under the Joint Loss Management Program, and be given a copy of the work rules. When the supervisor who conducts the training is confident that the employee understands the rules, the employee and supervisor will complete and sign the Safety Orientation and Employee Safety Responsibilities Forms (See FORMS) which will be submitted for inclusion in the employee's personnel file.
2. **Specific/On the Job**--Employees will be instructed by the supervisor in the proper method of performing each job, the hazards associated with it, the required personal protective equipment, and any necessary emergency procedures. This will be done as required by the work rules, when changes in the job occur, or whenever deemed necessary by the supervisor.
3. **Follow--up**--When the supervisor identifies the need, follow-up training will be conducted. At a minimum, this training will be provided to all employees after an accident or near miss.

Record keeping

1. **Introductory training**--Document in the employee's personnel file.
2. **Specific training**--Documentation of training for specific tasks (e.g. proper shoring techniques) is strongly recommended. It should consist of a brief description of the training, the date and instructor's name, and a list of those attending. A copy of the training document shall be kept by the Department Head and included in the employee's personnel file.

TOWN OF GREENFIELD - SAFETY ORIENTATION FORM

Employee's Name _____ Date Hired _____

Position _____

Circle One: New Employee Transfer Rehire Part-time

Check Completed Items:

1. Purpose of orientation
2. Reporting accidents to supervisor immediately
3. Tour of facilities and equipment
4. First Aid/Kit
 - A. Obtaining Treatment
 - B. Location in facilities
 - C. Emergency Telephone Numbers
5. Potential hazards on the job
 - A. What they are
 - B. How to use equipment safely
 - C. Care and use of personal protective equipment
6. What to do in event of emergencies
 - A. Hit locations and evacuation routes
 - B. Use of fire fighting equipment (extinguisher, hose)
 - C. Specific procedures (medical, chemical, fire, etc.)
 - D. Emergency Telephone numbers
7. The total safety program
 - A. Function of Joint Loss Management Committee
 - B. Introduce to Joint Loss Management Committee representative
 - C. Safety policies and procedures
8. Personal work habits
 - A. Proper lifting techniques
 - B. Horseplay, good housekeeping, no smoking policy
 - C. Safe work procedure
 - D. Proper use of equipment
9. Vehicle safety
10. Discipline Policy

We have discussed the items check above. I will consciously try to perform my assigned duties safely.

Supervisor's Signature

Date

Employee's Signature

Date

TOWN OF GREENFIELD - EMPLOYEE SAFETY RESPONSIBILITIES

As an employee of the Town of Greenfield, I am responsible to:

1. Observe all town safety rules and apply the principles of accident prevention in my day-to-day duties.
2. Report any job-related injury, illness or property damage to my supervisor and seek treatment promptly.
3. Report hazardous conditions (unsafe equipment, floors, material) and unsafe acts to my supervisor or joint Loss Management Committee representative promptly.
4. Observe all hazard warning and no smoking signs.
5. Keep aisles, walkways and working areas clear of slipping/tripping hazards.
6. Know the location of fire safety exits and evacuation procedures.
7. Keep all emergency equipment such as fire extinguishers, fire alarms, fire hoses, exit doors, and stairways clear of obstacles.
8. Not report to work under the influence of alcoholic beverages or drugs nor to consume them while on Town property.
9. Refrain from fighting, horseplay, or distracting my fellow workers.
10. Observe safe operating procedures for all equipment that I am authorized to operate.
11. Follow proper lifting procedures at all times.
12. Ride as a passenger in a vehicle only if it is equipped with a rider's seat.
13. Be alert to see that all guards and other protective devices are in their proper places prior to operating equipment.
14. Not wear frayed, torn or loose clothing, jewelry, or long unrestrained hair near moving machinery or other sources of entanglement, or around electrical equipment.
15. Actively participate in the Town's efforts to provide a Joint Loss Management Program.

I hereby acknowledge that I have received a copy of the employee safety responsibilities form, and that my responsibilities were explained to me.

Employee's Signature

Date

9. Emergency Evacuation and Response Plans

A complete copy of the Hazard Mitigation Plan 2014 is available on the Emergency Management Department page: http://www.greenfield-nh.gov/Public_Documents/GreenfieldNH_EmerMngt/index

Each department supervisor is responsible for outlining specific emergency responses, relevant to that department. Critical facilities are outlined below.

A Critical Facility is defined as a building, structure, or location which:

- Is vital to the hazard response effort
- Maintains an existing level of protection from hazards for the community
- Would create a secondary disaster if a hazard were to impact it

The Critical Facilities List for the Town of Greenfield has been identified using the following four categories:

Category 1 - Emergency Response Facilities & Services:

The Town has identified the Emergency Response Facilities and Services as the highest priority in regards to protection from natural and man-made hazards.

Category 2 - Non Emergency Response Facilities:

The town has identified these facilities as non-emergency facilities; however, they are considered essential for the everyday operation of Greenfield.

Category 3 - Facilities/Populations to Protect:

The third category contains people and facilities that need to be protected in event of a disaster.

Category 4 - Potential Resources:

Contains facilities that provide potential resources for services or supplies.

Type of Critical Facility	Name	Address	Comments
CATEGORY 1 - EMERGENCY RESPONSE FACILITIES & SERVICES			
Emergency Operations Center	Fire Station	814 Forest Road	
Bridges Located on Primary Evacuation Routes	Shown on Hazard Mitigation map		
Town Garage	Public Works Department	29 DPW Drive	
Communications	Verizon Switching Station	764 Forest Road	
Hospitals	Monadnock Community Hospital	Peterborough, NH	
	St. Joseph's Medical Center	Milford, NH	
Helicopter Landing Sites	18 locations	Barbara C. Harris Camp - ballfield; Sawmill Rd. behind Town Offices; Cavender Rd./Riverband Dr. intersection; East Rd. across from Lehnars; 971 Forest Rd (Rt. 31) - Oak Park; 171 Forest Rd (Rt. 31) - Yankee Farmer; Frankestown Rd (Rt. 136) - Field; Verney Dr.- Crotched Mtn Rehab; Mountain Rd.- Branwood Camp; Mountain Rd.- Plowshare Farm; Muzzey Hill Rd.- Cilley Field; Old Bennington Rd.- Robinson farm field; Old Bennington Rd.- Swamp Rd. intersection; Sawmill Rd.- American Steel parking lot; Sawmill Rd. - DOT parking lot; North of Branwood Ballfield; East of Whitney Drive	
Sewer Department	Town sewer and septic field	South of NH 136 and West of Depot Drive	

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Town Offices	Town Offices	7 Sawmill Road	
Meeting House	Meeting House	776 Forest Road	
Fire Station	Fire Station	814 Forest Road	
Police Station	Police Station	7 Sawmill Road	
Ambulance Service	Peterborough Ambulance	Peterborough, NH	
	Antrim Fire Department		
	Wilson-Lyndeborough-Temple		
Emergency Fuel Facilities	Fire Station	814 Forest Road	Diesel only
	Public Works Department	29 DPW Drive	Diesel only
	Rymes Fuel	715 Forest Rd. unit 1	
	Croched Mountain	Croched Mountain	
Emergency Generators	Fire Station	814 Forest Road	
	Town Office		
	Public Works Department		2 portables
	Barbara C. Harris Center		portables
	American Steel	328 Sawmill Road	
	Croched Mountain Rehabilitation Center	Croched Mountain	
	Croched Mountain Rehabilitation Center	106 Verney Drive	
Emergency Shelters	Barbara C. Harris Center	Wally Stone Lane	Camp and Conference Center
Dry Hydrants - Fire Ponds - Water Sources	Appendix C lists all water sources in town by street	See Hazard Mitigation Map for hydrant locations	
Primary Evacuation Routes	NH 31 (Sawmill Rd./Forest Rd); NH 136 (Peterborough Rd)		
CATEGORY 2 - NON EMERGENCY RESPONSE FACILITIES			
Secondary Evacuation Routes	Forest Road to Hancock		
	New Boston Road to Frankestown		
	Mountain Road to Peterborough/Temple		
Bridges on Secondary Evacuation Routes	See Hazard Mitigation Map		
Recycling Center	Recycling Center	29 DPW Drive	

10. Safety and Health Communications

Employees are encouraged to report health and safety issues and make suggestions, without fear of reprisal. Employee participation on the Joint Loss Management committee and in routine inspections furthers the Town's goal to provide a safe and hazard-free workplace.

Employee Safety and Health Suggestion Form

TOWN OF GREENFIELD – EMPLOYEE SAFETY & HEALTH SUGGESTION FORM

I would like to report, without fear of reprisal, what I believe to be a Safety/Health hazard that may cause injury, illness, death or damage to an employee, or the public.

Date of Report: _____

Department and/or location of hazard:

Description of the Safety/Health Hazard:

Employees' suggestion (if any) to correct hazard:

Employee's Name (Optional) _____

RECEIVED BY: _____ Date: _____

Joint Loss Management Committee's Recommendation:

Town of Greenfield – Safety Program

Supervisor's Recommendation:

Corrective Action Taken: [Plan]

Date Corrective Action Taken: _____

Problems Incurred During Implementation:

Corrections Made to Corrective Action Plan:

Date Corrective Action Plan Completed: _____

Semi - Annual Inspection Report (Forms)

TOWN OF GREENFIELD – SEMI-ANNUAL INSPECTION REPORT

Employee's Name: _____

Position _____

Date of Inspection: _____

Supervisor _____ Department _____

Indicate your agreement with each statement with a number between 1 and 4.

- 1]. Satisfactory condition present.
- 2]. Unsatisfactory condition present.
- 3]. Hazard condition present; immediate action required.
- 4]. **Get away from here as fast as you can!!!!!!**

HOUSEKEEPING

Material storage and piling of materials ☐

Adequate Trash Container ☐

Proper disposal of waste ☐

Work areas clutter free ☐

Yard and parking area hazard free ☐

Adequate lighting/ventilation ☐

Comments: _____

Corrections/recommendations: _____

FIRE PROTECTION

Fire extinguishers hung and inspected ☐

“No Smoking” posted and enforced where needed ☐

Flammables and combustibles properly stored ☐

All containers clearly identified ☐

Fire, Police and EMS numbers posted by telephone ☐

Emergency procedures posted [Evacuation Plan] ☐

Comments: _____

Recommendations/Corrections _____

SANITATION

Drinking water adequate and well marked ☐

Disposal drinking cups available ☐

Toilets adequate and clean ☐

Comments: _____

Correction/Recommendations: _____

FIRST AID

First aid kit stocked and displayed ☐

Medical physician's telephone number posted ☐

Maps posted to physician's office and hospitals ☐

Comments:

Corrections/Recommendations _____

PERSONAL PROTECTIVE EQUIPMENT

Eyes/face protection in use ☐

Hard hats being worn by all personnel ☐

Respirator in use ☐

Hearing protection in use ☐

Adequate supply of replacement PPE on hand ☐

Comments: _____

Corrections/Recommendations: _____

SIGNS, SIGNALING and BARRICADES

When applicable, signs posted whenever a hazard exists ☐

Floor openings planked over or barricaded ☐

Signs removed when condition no longer applicable ☐

Grade openings protected ☐

Comments: _____

Corrections/Recommendations: _____

HAND TOOLS

Wooden handles free of splinters/cracks ☐

Impact tools free of mushroomed heads ☐

Comments: _____

Corrections/Recommendations: _____

POWER TOOLS

Tool properly grounded ☐

Proper wiring for equipment used ☐

Mechanical safeguards in use and operational ☐

Proper use and storage of tools ☐

Comments: _____

Corrections/Recommendations:

11. Workplace Violence

Town of Greenfield maintains a zero tolerance standard of violence in the workplace.

Policy:

Violent behavior of any kind or threats of violence, either implied or direct, are prohibited, in Greenfield facilities and at town sponsored events. Such conduct by a town employee will not be tolerated. An employee who exhibits violent behavior may be subject to criminal prosecution and shall be subject to disciplinary action up to and including dismissal. Violent threats or actions by a non-employee may result in criminal prosecution.

The town of Greenfield will investigate all complaints filed and will also investigate any possible violation of this policy of which we are made aware. Retaliation against a person who makes a complaint regarding violent behavior or threats of violence made to him/her is also prohibited.

Definitions:

Workplace Violence: Behavior in which an employee, former employee, volunteer or visitor to a facility inflicts or threatens to inflict damage to property, serious harm, injury or death to others at the workplace.

Threat: The implication or expression of intent to inflict physical harm or actions that a reasonable person would interpret as a threat to physical safety or property.

Intimidation: Making others afraid or fearful through threatening behavior.

Zero-tolerance: A standard that establishes that any behavior, implied or actual, that violates the policy will not be tolerated.

Court Order: An order by a Court that specifies and/or restricts the behavior of an individual. Court Orders may be issued in matters involving domestic violence, stalking or harassment, among other types of protective orders, including Temporary Restraining Orders.

Prohibited Behavior:

Violence in the workplace may include, but is not limited to the following list of prohibited behaviors directed at or by a co-worker, supervisor or member of the public:

1. Direct threats or physical intimidation.
 2. Implications or suggestions of violence.
 3. Stalking.
 4. Assault of any form.
 5. Physical restraint, confinement.
 6. Dangerous or threatening horseplay.
 7. Loud, disruptive or angry behavior or language that is clearly not part of the typical work environment.
 8. Blatant or intentional disregard for the safety or well-being of others.
 9. Commission of a violent felony or misdemeanor on town property.
 10. Any other act that a reasonable person would perceive as constituting a threat of violence.
- Domestic Violence, while often originating in the home, can significantly impact workplace safety and the productivity of victims as well as co-workers. For the purposes of this document, "domestic

violence" is defined as abuse committed against an adult or fully emancipated minor. Abuse is the intentional reckless attempt to cause bodily injury, sexual assault, threatening behavior, harassment, or stalking, or making annoying phone calls to a person who is in any of the following relationships:

- Spouse or former spouse;
- Domestic partner or former domestic partner;
- Cohabitant or former cohabitant and or other household members;
- A person with whom the victim is having, or has had, a dating or engagement relationship;
- A person with whom the victim has a child.

Domestic violence may occur in relationships regardless of the marital status, age, race, or sexual orientation of the parties.

Reporting Acts or Threats of Violence

An employee who:

- is the victim of violence, or
- believes they have been threatened with violence, or
- witnesses an act or threat of violence towards anyone else shall take the following steps:

If an emergency exists and the situation is one of immediate danger, the employee shall contact the local police officials by dialing 9-1-1, and may take whatever emergency steps are available and appropriate to protect himself/herself from immediate harm, such as leaving the area.

If the situation is not one of immediate danger, the employee shall report the incident to the appropriate supervisor or manager as soon as possible and complete the Workplace Violence Incident Report Form.

Procedures- Future Violence

Employees who have reason to believe they, or others, may be victimized by a violent act sometime in the future, at the workplace or as a direct result of their activities within the town, shall inform their supervisor or officials by immediately completing a Workplace Violence Incident Report Form so appropriate action may be taken. The official shall inform the selectman and the local law enforcement officials.

Employees who have signed and filed a restraining order, temporary or permanent, against an individual due to a potential act of violence, who would be in violation of the order by coming near them, shall immediately supply a copy of the signed order to the selectman. The selectman shall provide copies to the appropriate department and local police.

Incident Investigation:

Acts of violence or threats will be investigated immediately in order to protect employees and volunteers from danger, unnecessary anxiety concerning their welfare, and the loss of productivity. The department official will cause to be initiated an investigation into potential violation of work

rules/policies. Simultaneously, the Department official will refer the matter to local police for their review of potential violation of civil and/or criminal law.

Procedures for investigating incidents of workplace violence include:

- Visiting the scene of an incident as soon as possible.
- Interviewing injured and threatened employees , volunteers and witnesses.
- Examining the workplace for security risk factors associated with the incident, including any reports of inappropriate behavior by the perpetrator.
- Determining the cause of the incident.
- Taking mitigating action to prevent the incident from recurring. Recording the findings and mitigating actions taken.

In appropriate circumstances, Greenfield will inform the reporting individual of the results of the investigation. To the extent possible, Greenfield will maintain the confidentiality of the reporting employee and the investigation but may need to disclose results in appropriate circumstances; for example, in order to protect individual safety. The Town will not tolerate retaliation against any employee or volunteer who reports workplace violence.

MITIGATING MEASURES:

Incidents which threaten the security of employees shall be mitigated as soon as possible following their discovery.

Mitigating actions include:

- Notification of law enforcement authorities when a potential criminal act has occurred.
- Provision of emergency medical care in the event of any violent act upon an employee.
- Post-event trauma counseling for those employees desiring such assistance.
- Assurance that incidents are handled in accordance with the Workplace Violence Prevention policy.
- Requesting Greenfield's attorney file a restraining order as appropriate.

Training and Instruction

Greenfield selectman shall be responsible for ensuring that all employees, including supervisors, are provided training and instruction on general workplace security practices. Departments shall be responsible for ensuring that all employees are provided training and instructions on job specific workplace security practices.

Training and instruction shall be provided as follows:

- To all current employees and volunteers when the policy is first implemented.
- To all newly hired employees elected officials and volunteers , or employees given new job assignments for which specific workplace security training for that job assignment has not previously been provided.
- To affected employees and volunteers whenever management is made aware of a new or previously unrecognized hazard.

Workplace security training and instruction includes, but is not limited to, the following:

- Preventive measures to reduce the threat of workplace violence, including procedures for reporting workplace security hazards.
- Methods to diffuse hostile or threatening situations.

Town of Greenfield – Safety Program

- Escape routes.
- Explanation of this Workplace Violence Prevention Policy.

In addition, specific instructions shall be provided to all employees regarding workplace security hazards unique to their job assignment.

Workplace Violence Reporting Form

Name of Person Making Report: _____ Date Reported: _____
Telephone Number: _____

If anonymous, indicate method of notification:

☐ Telephone call ☐ Written document ☐ Other, specify: _____

Name/Location of the affected department : _____

Name of Alleged Threat Maker/Perpetrator: _____

Relationship to the person reporting:

☐ Employee ☐ Volunteer ☐ Town citizen ☐ Vendor ☐ Contractor

Relationship to Victim/Potential Victim (if any): _____

Name of Victim/Potential Victim: _____

Additional information or documents may be attached if necessary

When (date) and where (physical location) did alleged threat or act of violence occur?

What events occurred immediately prior to the incident?

What was the specific language of the alleged threat?

Provide specific details of the alleged threat or act of violence:

Town of Greenfield – Safety Program

Describe the conduct and appearance of the Threat Maker/Perpetrator (physically and emotionally):

Names of Witnesses:

#1

#2

#3

Telephone Numbers:

What happened to the Threat Maker/Perpetrator after the incident?

Names of supervisory staff involved and how they responded:

Steps that have been taken to ensure the threat will not be carried out or act of violence repeated:

Was local Law Enforcement notified?

☐

Yes

☐

No

If yes, what action was taken by Law Enforcement?

☐

No action taken

☐

Report written

☐

Suspect escorted from property

☐

Suspect arrested

Name of local Law Enforcement Agency:

Suggestions for preventing a similar incident in the future:

Report Prepared by:

Job Title

Date:

Phone No.:

12. Chapter 281-A Worker's Compensation Section 281-A:64

TITLE XXIII LABOR

CHAPTER 281-A

WORKERS' COMPENSATION

Section 281-A:64

281-A:64 Safety Provisions; Administrative Penalty. –

I. Every employer shall provide employees with safe employment. Safe employment includes but is not limited to furnishing personal protective equipment, safety appliances and safeguards; ensuring that such equipment, appliances, and safeguards are used regularly; and adopting work methods and procedures which will protect the life, health, and safety of the employees. For the purposes of this section, "employer" shall include railroads, even if the employees of such railroads receive compensation for work injuries under federal law rather than RSA 281-A.

II. All employers with 15 or more employees shall prepare, with the assistance of the commissioner, a current written safety program and file this program with the commissioner. After a written safety program has been filed, the program shall be reviewed and updated by the employer at least every 2 years. Employer programs shall, in addition to the specific rules and regulations regarding worker safety, include the process of warnings, job suspension, and job termination for violations of the safety rules and regulations set forth in the program.

III. Every employer of 15 or more employees shall establish and administer a joint loss management committee composed of equal numbers of employer and employee representatives. Employee representatives shall be selected by the employees. If workers are represented by a union, the union shall select the employee representatives. The joint loss management committee shall meet regularly to develop and carry out workplace safety programs, alternative work programs that allow and encourage injured employees to return to work, and programs for continuing education of employers and employees on the subject of workplace safety. The committee shall perform all duties required in rules adopted pursuant to this section.

IV. Employers subject to the requirements of paragraph III, other than employers participating in the safety incentive program under RSA 281-A:64-a, shall be placed on a list for early and periodic workplace inspections by the department's safety inspectors in accordance with rules adopted by the commissioner. Such employers shall comply with the directives of the department resulting from such inspections.

V. Notwithstanding paragraphs III and IV, an employer of 15 or more employees may satisfy the requirements of those paragraphs if such employer implements an equivalent loss management and safety program approved by the commissioner.

VI. The commissioner, in conjunction with the National Council of Compensation Insurance (NCCI), shall develop a list of the best and worst performers based on the experience modification factors promulgated by NCCI. The list shall include the top 10 lowest experience modification employers. The commissioner shall publicly recognize these low experience modification employers by presenting them with an award at the department's annual workers' compensation conference. The list of the top 10 highest and lowest experience modification employers shall be provided to the advisory council. The department shall review any specific claim against any employer listed in the top 10 highest experience

modification list in conjunction with the safety program on file with the commissioner.

VII. In order to assist self-insurers in developing experience modification factors, self-insurers may submit the appropriate statistical information to the National Council of Compensation Insurance for calculating experience modifications.

VIII. The commissioner may assess an administrative penalty of up to \$250 a day on any employer not in compliance with the written safety program required under paragraph II of this section, the joint loss management committee required under paragraph III of this section, or the directives of the department under paragraph IV of this section. Each violation shall be subject to a separate administrative penalty. All penalties collected under this paragraph shall be deposited in the general fund.

IX. [Repealed.]

Source. 1990, 254:36. 1994, 3:19. 1997, 343:9, 10, eff. Jan. 1, 1998. 2010, 134:1, eff. July 14, 2010. 2012, 144:1, 2, 4, I, eff. Jan. 1, 2013.

13. LAB 600 Rules/Safety programs and Joint Loss management Committees

CHAPTER Lab 600 SAFETY PROGRAMS AND JOINT LOSS MANAGEMENT COMMITTEES

REVISION NOTE:

Document #5909, effective 10-13-94, made extensive changes to the wording, format, structure, and numbering of rules in Chapter Lab 600. Document #5909 supersedes all prior filings for the sections in this chapter. The prior filings for former Chapter Lab 600 include the following documents:

#5372, eff 4-14-92

PART Lab 601 DEFINITIONS

Lab 601.01 "Employer representative" as used in RSA 281-A: 64, III means any individual who serves as the management member of the joint loss management committee and who has the authority delegated by the employer to use his/her judgment in the interest of the employer to take the following actions:

- (a) Hire;
- (b) Transfer;
- (c) Suspend;
- (d) Lay off;
- (e) Recall;
- (f) Promote;
- (g) Discharge;
- (h) Assign;
- (i) Reward;
- (j) Discipline;
- (k) Direct them; or
- (l) Adjust grievances or effectively to recommend such actions.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

PART Lab 602 SAFETY PROGRAMS

Lab 602.01 Program Requirements. As set forth in RSA 281-A: 64, II, the written safety program shall include the following:

- (a) The components required by Lab 603.03(g);
- (b) The process of warnings, job suspension, and job termination for violations of the safety rules and regulations set forth in the program;
- (c) Provision(s) for the commitment of adequate resources solely for safety;
- (d) Provision(s) for medical services, emergency response, first aid, and accident reporting and investigation;
- (e) Provision(s) for review of the current written safety program by all employees;
- (f) Provision(s) for review and update of the written safety program by an employer representative at least every 2 years; and
- (g) Provision(s) for a signature of the above employer representative which shall include the date the program was reviewed and updated.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 602.02 Filing Procedures. To carry out the intent of RSA 281-A: 64, II, a single submission of the summary of the above written safety program shall be filed with the commissioner of labor by submitting Safety Summary Form No WCSSF pursuant to Lab 515.16.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94; ss by # #6735, eff 4-23-98; ss by #8592, eff 3-24-06; ss by #10379, eff 7-18-13

PART Lab 603 JOINT LOSS MANAGEMENT COMMITTEES

Lab 603.01 Purpose. To carry out the purpose of RSA 281-A: 64, a joint loss management committee is to bring workers and management together in a non-adversarial, cooperative effort to promote safety and health in each workplace. A joint loss management committee assists the employer and makes recommendations for change.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 603.02 Establishment of Joint Loss Management Committee.

(a) Pursuant to RSA281-A: 64, III, all employers of 15 or more employees shall establish a working joint loss management committee composed of equal numbers of employer and employee representatives or more employee representatives as follows:

(1) The size of the joint loss management committee shall be determined as follows:

a. Employers with 15 to 20 employees shall have a minimum of 2 members; and

b. Employers with more than 20 employees shall have a minimum of 4 members;

(2) Employee representatives shall be selected by the employees;

(3) Where the employees are represented by a single, exclusive bargaining representative, the bargaining representative shall designate the members;

(4) Where the employees are represented by more than one labor organization or where some but not all of the employees are represented by a labor organization, each bargaining unit of represented employees and any residual group of employees not represented shall have a proportionate number of committee members based on the number of employees in each bargaining unit or group; and

(5) Committee members shall be representative of the major work activities of the employer.

(b) An employer's auxiliary, mobile or satellite location, may be combined into a single, centralized joint loss management committee when an employer owned/leased facility is physically and/or geographically separated from the employer's primary facility such as would be found in construction operations, trucking, branch or field offices, sales operations or highly mobile activities, which shall represent the safety and health concerns of all locations.

(c) A joint loss management committee shall be located at each of the employer's primary places of employment at a major economic unit at a single geographic location comprised of a building or group of buildings and all surrounding facilities. The location shall have both employer and employee representatives present, control of a portion of a budget, and the ability to take action on the majority of the recommendations made by the joint loss management committee.

(d) Committee members shall be trained in workplace hazard identification and accident/incident investigation adequate to carry out the committee's responsibilities.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 603.03 Duties and Responsibilities of Joint Loss Management Committee. To carry out the intent of RSA 281-A: 64, the joint loss management committee shall:

- (a) Meet at least quarterly to carry out their duties and responsibilities.
- (b) Keep minutes of meetings which shall be made available for review of all employees;
- (c) Elect a chairperson, alternating between employee and employer representatives;
- (d) Develop and disseminate to all employees a committee policy statement;
- (e) Maintain current and disseminate to all employees the clearly established goals and objectives of the committee;
- (f) Review workplace accident and injury data to help establish the committee's goals and objectives;
- (g) Establish specific safety programs which include, but are not be limited to, the following:
 - (1) Designation, by name and title, of a person who shall be knowledgeable of site specific safety requirements and be accountable for their implementation and adherence;
 - (2) Provisions for health and safety inspections at least annually for hazard identification purposes;
 - (3) Performance of audits at least annually regarding the inspection findings; and
 - (4) Communication of identified hazards, with recommended control measures, to the person(s) most able to implement controls;
- (h) Assist with the identification of necessary safety and health training for employees; and
- (i) Assist with the identification and definition of temporary, alternate tasks.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 603.04 Duties and Responsibilities of the Employer.

To carry out the intent of RSA 281-A: 64, the employer shall:

(a) Respond in writing to recommendations made by the committee, or make a verbal response that is recorded in the committee's official minutes;

(b) Pay any employee who participates in committee activities in his/her role as a committee member, including, but not limited to, attending meetings, training activities, and inspections, at his/her regular rate of pay for all time spent on such activities; and

(c) Provide for the required and necessary safety and health training for employees, at no cost and without any loss of pay so they can perform their work in a safe and healthy manner and environment.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

14. Safety Summary form Instructions

STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR
PO BOX 2076
CONCORD, NH 03302-2076

SAFETY SUMMARY FORM SUPPLEMENTAL INSTRUCTIONS*

The information on the summary of safety and health program form must be specific and completed in full. Forms that are incomplete and/or are too generalized will be sent back for further information. If you do not have enough space on this form, please feel free to use additional paper as necessary. In addition, this form is available and can be submitted on the NH DOL website at www.nh.gov/labor. Businesses with 15 or more employees must file this form only once. If you have questions about the form itself, or with your company's needs, please do not hesitate to call a safety inspector at 271-6850 or 271-6297.

Topics on form which need further instructions:

- ☐ Please include Corporate address, if filing for more than one New Hampshire Division.
- ☐ You are accountable for your total number of employees for establishing your joint loss management committee and for your written safety program. If you have, at any time of the year 15 or more employees, you need to set up a joint loss management committee and develop a written safety program.
- ☐ On item #1, be specific about both existing or potential safety and health hazards or concerns of your company.
- ☐ On item #3, be sure to identify by name and job title, employee representatives as well as employer representatives of your joint loss management committee and identify the chairperson. There should be equal representation of both employee/employer representatives.
- ☐ On item #4, specify the emergency response procedures as outlined in your written safety program. This should include everything from emergency numbers, evacuation plans, responding to employee injuries, and workplace violence.
- ☐ On item #7, indicate the safety and health policies or procedures you use, or would use if sub-contractors perform work in your facility. This would include anyone from outside of your company coming in to perform any type of work or service. In addition, you should verify coverage of workers' compensation insurance.
- ☐ On item #9, summarize your policy for providing adequate time and resources dedicated to safety. Resources could be equipment, training, and commitment to safety and/or financial investments.

* Please refer to Chapter 600, Safety Programs and Joint Loss Management Committees for further information.

15. Safety Summary form

STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR

PO BOX 2076
CONCORD, NH 03302-2076
FAX (603) 271-2668

SAFETY SUMMARY FORM

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY LOCATIONS (Included in form): _____

CONTACT PERSON: _____ TITLE: _____

PHONE #: _____ FAX #: _____

EMAIL: _____ NUMBER OF EMPLOYEES: _____

STANDARD INDUSTRIAL CODE (SIC CODE): _____

FED. ID. #: _____

NATURE OF BUSINESS: _____

- 1) List potential safety and health hazards of your company.
- 2) Who is responsible for your inspections and how often are they done?
- 3) List the members of your company's joint loss management committee by name and job title. Please indicate which members represent the employer and those which represent employees, and please identify chairperson.

Management Member(s)

Employee Member(s)

- 4) Specify your emergency response procedures. (*Example: fire, employee injuries, workplace violence, etc.*)



- 5) Identify person(s) by name and title responsible for safety and health instruction for your employees and your joint loss management committee.
- 6) Identify person(s) by name and title qualified to take corrective actions on safety and health hazards.
- 7) Indicate your policy to communicate safety and health concerns with the activities of sub-contractors or outside service providers, when, or if utilized.
- 8) Summarize your disciplinary policy with regard to violations of your safety and health policies.
- 9) Summarize your policy for providing adequate resources dedicated to safety.
- 10) How are employees provided access to your safety and health policies?

Signature of person completing form

Date

16. Program Update Worksheet

SAFETY AND HEALTH PROGRAM UPDATE WORKSHEET

COMPANY NAME:		
Town of Greenfield		
ADDRESS:		
7 SAWMILL rd PO BOX 256		
CITY/TOWN:		
Greenfield NH 03047		
<i>COMPANY SAFETY AND HEALTH PROGRAM</i>		
REVIEW DATE or REVISION DATE	AUTHORIZED SIGNATURES	TITLE
3/23 /15	 	JLmc Chair town administrator

NH DOL, RSA 281-A:64, LAB 602.2

APPENDIX – Temporary Alternate Duty Policy

Town of Greenfield

Occupational Health and Temporary Alternate Duty Policy

Effective Date:

03/23/2015

3.3 Pre-employment applicants will be evaluated by the Town's occupational health facility based on the physical criteria outline in the job descriptions.

3.4 Pre-employment physicals will be used to determine a potential employee's functional ability to perform the job during the application process.

3.5 Information on an employee's medical condition or history will be kept separate from other employee information and maintained confidentially.

3.6 The personnel department will coordinate all pre-employment physical examinations with the Town's occupational health facility.

Section 4: Workplace Injuries

4.1 According to RSA 281-A:42¹, Workers' Compensation providers have 21 days from the first report of injury (FROI) to approve or deny a claim.¹

4.2 In order to provide timely information for Workers' Compensation Claims for injured employees, the Town recommends that any employee or public servant that is injured while performing their duties should immediately seek medical care at the Town's designated occupational health facility for all routine or critical non-emergency care.

4.3 In the case of an emergency, employees, supervisors, and public servants should call 9-1-1 and seek emergency care.

4.4 The cost of appointments to the Town's occupational health facility for the evaluation, and/or treatment of potential workplace injuries will be the responsibility of the Town of Greenfield in the event that the Workers' Compensation claim is ultimately denied.

4.5 Employee Workers' Compensation Process

- a) Report injury immediately to supervisor or the personnel department.
- b) Complete first report of injury form (FROI).
- c) Secure medical documentation from the Town's occupational health facility or treating provider and provide information to the Town.

¹ An issue that delays the approval of a claim is not having information from the treating physician in a timely manner to allow the processing of the claim. When the information is not provided, employees receive an initial denial letter, stating that it will be reviewed again once the information is received. Typically occupational health facilities provide information on the same day or the day following the injury.

a) The injured employee shall have the treating physician complete the NH Workers' Compensation Medical Form 75 WCA-1, based on the findings during the initial examination. Upon completion, the injured employee will be responsible for returning the form to his/her department head/designee.

b) The department head/designee will work with the employee to facilitate a safe return to work program with limitations listed by the treating physician. If a job description, essential task analysis, is needed for the treating physician to determine limitations, the employee will notify the department head/designee. The department head/designee shall be responsible for providing that job description essential task analysis to the treating physician. If necessary, the department head/designee may contact the treating physician if additional information is needed regarding the employee's limitations.

c) The employee will be responsible for obtaining an updated medical form completed by the treating physician following every medical appointment, but in intervals no longer than thirty days, and returning the form to his/her department head/designee.

d) Additional modifications will be made to the temporary/transitional alternate duty program as necessitated by the treating physician's NH Workers Comp Medical Form. The department head/designee will be responsible for reviewing the appropriateness of continuing the program or duty assignments as necessary.

e) Steps A through D may be repeated until such time as the employee is able to return to his/her normal position or has been deemed to be permanently disabled.

5.4 Appeals

5.4.1 Any grievance which claims a violation to this policy may be filed in accordance with the established grievance procedures or by union contract.

5.4.2 The provisions of this policy are intended to comply with RSA 281-A:23-b, Alternative Work Opportunities as adopted into law on February 8, 1994, and LAB 504.04^{iv}. To extent that this policy is ambiguous or contradicts the RSA or DOL regulations, the language of the RSA or DOL regulations will prevail.

5.5 The Personnel Department will coordinate all post-employment fitness-for-duty evaluations with the Town's occupational health facility as applicable.

End Notes

ⁱ CHAPTER 281-A WORKERS' COMPENSATION

Section 281-A:42

281-A:42 Failure to Make Payment of Compensation. —

I. The commissioner may assess a civil penalty of up to \$2,500 on any insurance carrier or self-insurer who fails, without sufficient cause as determined by the commissioner, within 21 days after notice of a claim has been received by the insurance carrier or self-insurer or 21 days from the date that benefits are due:

(a) To make payment of compensation pursuant to RSA 281-A:28 and 281-A:31, and file a memorandum of such action with the commissioner; or

(b) To deny such compensation; to file a memorandum of such action with the commissioner; and to make a copy of the memorandum available to the claimant. The memorandum shall give a valid reason for the denial and shall advise the claimant of the right to petition the commissioner for a hearing.

(c) The memorandum described in subparagraphs (a) and (b) shall be on a form prescribed by the commissioner.

II. The insurance carrier or self-insurer shall be relieved of the obligation to meet the 21-day time limit of paragraph I:

(a) If the commissioner has granted an extension of time upon showing cause; or

(b) If and to the extent that an employer, except a self-insurer, has failed to comply with the requirements of RSA 281-A:53.

III. Upon failure of any insurance carrier or self-insurer to comply with either an order for payment of compensation or an assessment of a civil penalty, the commissioner shall recover either or both in a civil action in the superior court of the county of jurisdiction. Anyone owing a civil penalty under this section shall pay it to the commissioner, who shall deposit it with the state treasurer.

IV. The commissioner shall submit to the insurance commissioner the record of an insurance carrier who consistently fails to comply with the provisions of this section. If the insurance commissioner should, upon investigation, find the carrier to be in substantial noncompliance, the commissioner shall order compliance. If the insurance carrier shall fail to comply, the insurance commissioner shall suspend or revoke such carrier's authorization to carry out the business of workers' compensation in this state. Likewise, the commissioner shall, as the commissioner deems necessary, suspend or revoke the self-insurer's permit of an employer or group self-insurer who consistently fails to comply with the provisions of this section and any rules adopted to enforce this section.

V. Any insurance carrier or self-insurer who fails to file a timely memorandum in accordance with this section and who makes late payment to the employee, shall pay interest to such employee at the same rate as for judgments under RSA 336:1, II from the date the payment was due until it is paid.

VI. In addition to paragraph V, any insurance carrier, self-insurer, or claims adjusting company who fails to file either the memorandum of payment of disability compensation or the memorandum of denial of compensation benefits in a timely manner shall be assessed a civil penalty of up to \$2,500.

Source. 1988, 194:2. 1990, 254:24-27, eff. Jan. 1, 1991. 2003, 99:1, eff. Aug. 5, 2003.

ⁱⁱ CHAPTER 281-A WORKERS' COMPENSATION

Section 281-A:23-b

281-A:23-b Alternative Work Opportunities. — All employers with 5 or more employees shall develop temporary alternative work opportunities for injured employees. If the employee fails to accept temporary alternative work, the employer may petition the commissioner pursuant to RSA 281-A:48, to reduce or end compensation. Notwithstanding RSA 281-A:22, if an injured employee returns to temporary alternative work within 5 days of sustaining the injury, such employee shall be paid workers' compensation from the

(e) The employer shall review each position outline in conjunction with its joint loss management committees as described in Lab 603. This review shall begin with those positions which experience most workplace injuries. Together they shall develop and describe a policy or process that facilitates return to work.

(f) The employer shall provide the treating physician with the appropriate outline of the present position with an essential task analysis as soon as possible after the injury occurs if lost time or restrictions are involved. The employer and employee shall have a joint responsibility to obtain needed medical information that will enable the employee to gradually increase their duties to bring the employee back to their original position.

(g) The employer shall offer a position as approved by the treating physician and the employee shall demonstrate a reasonable effort to comply.

SEAT BELT POLICY

RATIONALE

1. The use of seat belts in motor vehicles has proven to be a positive factor in the reduction of personal injury in the event of vehicle accidents.
2. The Administrative Rules for Public Employee Safety and Health, Chapter 277, require the use of appropriate personal protective equipment. Seat belts are considered to be personal protective equipment; therefore, the town is charged under state law to require their use while on town business.

POLICY

All Greenfield employees are required to wear seat belts while operating or riding in any vehicle while on town business. This applies to personally owned vehicles, as well the vehicles of others.

In addition, passengers in vehicles operated by town staff while on town business are required to wear seat belts.

This requirement shall not apply in the case of vehicles in which the manufacturer has not installed seat belts.

Town employees are forbidden from disengaging or otherwise disarming automotive seat belt systems or alarms.

DISCIPLINE

Employees found to be violating this policy may be subject to discipline.

BOARD OF SELECTMEN
Greenfield, NH


Michael A. Sparling


James I. Grant


Virginia H. Hillegass

rwc

January 22, 1994