



**Town of Allenstown  
New Hampshire**

## **ADMINISTRATIVE POLICIES & PROCEDURES** **Town of Allenstown, NH**

*Title*

### **SAFETY PROGRAM**

*Policy No*  
**#2013-006**

*Original Adoption Date*  
**06/17/2013**

*Revision - No. & Date*  
**Rev. 3 02/08/2016**

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## Section 1.0: Purpose

This policy sets the procedures for reporting accidents that result in damage to property or injury to persons. The policy covers the full realm of accident types to include traffic accidents and workplace injuries. The policy ensures that the appropriate officials are notified of accidents in a timely fashion and in a format that allows those officials to perform their respective job functions. The policy ensures that the Town is in compliance with applicable state and federal statutes/regulations. The policy also ensures that the appropriate insurance companies are notified and the appropriate claims are filed in a timely fashion.

## Section 2.0: Organization Affected

All departments and/or divisions of the Town of Allentown.

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## **Section 3.0: Definitions**

### **3.1 Traffic Accident**

As defined by NH RSA 259:1-a, "Accident" shall mean any event that results in injury or property damage attributable directly or indirectly to the motion of a motor vehicle or its load.

### **3.2 Injury or Personal Injury**


As used in and covered by this NH Labor statutes means accidental injury or death arising out of and in the course of employment, or any occupational disease or resulting death arising out of and in the course of employment, including disability due to radioactive properties or substances or exposure to ionizing radiation. "Injury" or "personal injury" shall not include diseases or death resulting from stress without physical manifestation.

"Injury" or "personal injury" shall not include a mental injury if it results from any disciplinary action, work evaluation, job transfer, layoff, demotion, termination, or any similar action, taken in good faith by an employer. No compensation shall be allowed to an employee for injury proximately caused by the employee's willful intention to injure himself or injure another. Conditions of the aging process, including but not limited to heart and cardiovascular conditions, shall be compensable only if contributed to or aggravated or accelerated by the injury.

Notwithstanding any law to the contrary, "injury" or "personal injury" shall not mean accidental injury, disease, or death resulting from participation in athletic/recreational activities, on or off premises, unless the employee reasonably expected, based on the employer's instruction or policy, that such participation was a condition of employment or was required for promotion, increased compensation, or continued employment.

### **3.3 Occupational Disease**

"Occupational disease" refers to an injury arising out of and in the course of the employee's employment and due to causes and conditions characteristic of and peculiar to the particular trade, occupation or employment. It shall not include other diseases or death therefrom unless they are the direct result of an accidental injury arising out of or in the course of employment, nor shall it include either a disease which existed at commencement of the employment or a disease to which the last injurious exposure to its hazards occurred prior to August 31, 1947

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## Section 4.0: Policy

### 4.1 Employees

As members of the organization, employees are expected to exhibit safe behaviors at all times and are required, as a condition of employment, to exercise active concern in the course of their work to prevent injuries to themselves, to their fellow workers, and to the safety of the general public with regard to the work being performed. In addition to the following:

- A. Create and maintain a safe working environment by obeying safety rules, policies and procedures.
- B. Understand and observe all personnel and work rules, policies, and procedures.
  - i. An Employee shall obtain specific instructions from a Supervisor in all cases where conditions and/or previous instructions are not completely understood.
- C. Exhibit active concern for fellow employees and the workplace
- D. Wear required personal protective equipment, including seatbelts, as well as those deemed necessary by the Supervisor or Department Head.
- E. Operate only machines and equipment that you formally have been trained to operate.
- F. Take immediate action to correct unsafe acts and conditions and promptly inform Supervisor of actions taken as well as any unsafe equipment, unsafe tools or other hazardous conditions.
- G. If injured, the employee is required to take the necessary action as well as follow all accident and/or reporting procedures. All employees will be responsible for implementing the provisions of the manual within their respective work environments.

### 4.2 Management

The Town Administrator is ultimately responsible for the smooth operation of the program through overall support, direction, and commitment. Active involvement in the program will ensure a safety commitment that everyone will be more inclined to follow. Department heads will oversee the program and help provide required resources such as funding for proper equipment, training, and materials; personnel; and time to review and respond to inspection/recommendation/investigation reports, and to participate in training programs. In addition to the following:



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- A. Assure that Employees are properly instructed regarding safe working methods and that Supervisors fulfill their assigned responsibilities in regard to safety instruction and supervision.
- B. Assure that required reports pertaining to injuries, vehicle incidents and investigations are promptly prepared and forwarded for further processing.
- C. Make regular inspections of work areas for the purpose of discovering and correcting unsafe conditions or unsafe working practices.
- D. Encourage Employees to report immediately any unsafe conditions, equipment, etc., and shall take necessary action to correct same.
- E. Require all personnel to obey safety rules, procedures and policies, and shall take or recommend appropriate disciplinary action whenever deemed necessary.
- F. Determine causes of incidents involving personnel or equipment under their supervision and to recommend measures to prevent similar incidents.

#### **4.3 Supervisory Personnel**

The Supervisor is responsible to the Department Head for the Safety Program as it pertains to personnel and equipment under their supervision. Supervisors are leaders, and they play an essential role in the success of the process. They have the authority and share the responsibility for several aspects. Additional responsibilities include but are not limited to the following:

- A. Present job instructions to subordinates with special emphasis on the hazards of the work to be performed as well as exhibit leadership, provide guidance, and set the tone for safe behavior.
- B. Ensure that all employees within their area of responsibility understand and comply with this policy and observe all work rules.
- C. Be actively concerned for the safety and health of their staff, supervisors and their designees are accountable for the positive, successful performance of their employees as well as positive actions can also be conducted at this time.
- D. Ensure that all employees within their area of responsibility understand all personnel policies and procedures and disciplinary consequences as they relate to the safety process.
- E. Constantly watching for and immediately correcting unsafe conditions and unsafe working practices as well as reporting to the Department Head those incidents which are beyond the scope of their authority to correct.
- F. Promptly informing the Department Head of all incidents involving personnel or equipment under their supervision, and taking immediate steps to investigate each incident to determine its cause.
- G. Assuring that proper action is taken any time an Employee is injured. This includes:



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- i. Making sure that the injured Employee receives appropriate medical attention, depending upon the severity of the injury.
- ii. Completing any necessary forms, reports or other documentation related to the injury and treatment of an Employee under their supervision. This includes, but is not limited to, Workers' Compensation Forms and Incident Investigation Forms.

H. Enforcing safety rules, policies and procedures and making sure that protective equipment is worn as the hazards of the job dictate such use.

Informing all Employees of their responsibilities as previously outlined



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## **5.0 Joint Loss Management Committee**

### **5.1 Purpose and Mission Statement**

The purpose of the JLMC is to bring workers and management together in a cooperative effort to promote workplace safety. The committee shall meet regularly to develop and carry out workplace safety programs and alternative work programs (if applicable). These programs allow and encourage injured employees to return to work, and programs for continuing education of employees on the subject of workplace safety. The committee shall develop a written safety program for submittal to the New Hampshire Department of Labor.

The mission of the JLMC is to prevent accidents and injuries. The committee is formed to get employers and employees together in a cooperative effort to promote safety and health in the workplace. The committee assists the employer and makes recommendations for change.


Unsafe Behaviors, unsafe conditions, and accidents are indicators of a weakness in the loss prevention process that is in place. A truly effective process provides the framework for safety and concern for yourself and others to be integrated into the organization like any other function through planning, organization, and leadership.

### **5.2 Membership and Structure**

- A. The committee shall consist of six (6) members:
  - i. One (1) from the Fire Department, One (1) from the Highway Department, One (1) from the Sewer Department, One (1) from the Police Department, One (1) from the Town Hall staff and one (1) from the Library.
- B. The committee shall choose a Chairman and a Secretary annually, alternating the Chair's position amongst all members with management one year alternating with an employee the other year.
- C. Membership positions will be appointed for one (1) year terms alternating between employee and manager.
- D. The committee shall meet quarterly, four (4) times per calendar year, at a time, date, and location to be determined by the committee.

### **5.3 Duties and Responsibilities of the Joint Loss Management Committee**

- A. Accident Review
  - i. All accidents and subsequent recommendations for prevention will be reviewed and either approved or returned for clarification. Any recommendations made will be followed through to completion, and communicated to other departments with similar exposures.


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- ii. Investigating all complaints pertaining to employee safety.
- iii. Review workplace incident and injury data to help establish the committee's goals and objectives;
- B. Inspections
  - i. The committee may choose to conduct an inspection of a particular location, piece of machinery, or job site. Any recommendations will be communicated to those responsible for completing them.
- C. Establish specific safety programs, which shall include, but not be limited to the following:
  - i. 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.
  - ii. Provisions for health and safety inspections at least annually for hazard identification purposes.
  - iii. Performance of audits at least annually regarding the Inspection findings; and
  - iv. Communication of identified hazards, with recommended control measures, to the person(s) most able to implement controls.
- D. Communication of relevant information
  - i. Meeting minutes - all minutes from the meetings will be distributed to all employees and posted.
  - ii. Literature - as committee members come across safety information, it will be made available to all applicable employees.
    - a. Maintain current and disseminate to all employees the clearly established goals and objectives of the committee
    - b. Suggestions - committee members need to listen to and present safety suggestions from co-workers to the committee as well as recommend training programs for employee groups
- E. Ensure that the required and necessary safety and health training for employees shall be provided so they may perform their work in a safe and healthy manner and environment.

#### **5.4 Duties and Responsibilities of the Joint Loss Management Committee Chairperson**

The JLMC Chairperson will be responsible for, but not limited to the following:

- A. Make arrangement for the meeting place.
- B. Notify all members and guests about the location, time, and duration of the meeting.
- C. Arrange and communicate the meeting's agenda to the members of the committee in a timely fashion.
- D. Make arrangements for all necessary presentation equipment that will be needed for the committee meeting.
- E. The chairperson will conduct the meeting in an orderly fashion.

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- F. The chairperson will be responsible to see the minutes of the meeting are posted.
  - i. All employees will have the opportunity to make any comments, suggestions, or corrections needed to ensure a safe and healthy work environment.
- G. The appointment of the chairperson will be for one year.

### **5.5 Duties and Responsibilities of the Joint Loss Management Committee Secretary**


The JLMC Secretary will be responsible for, but not limited to the following:

- A. Record and transcribe all minutes of the committee meetings.
- B. Collect all accident and injury reports as well as make copies for the members of the JLMC.
- C. Assist the Chairperson in:
  - i. writing, posting and circulating of the agenda
  - ii. making arrangements for the location of the meeting
  - iii. making arrangements for the needed equipment used in committee presentations
- D. Prepare all written correspondence from the committee in response to investigations conducted, suggestions made, or inquiries in regards to the progress of existing situations.
- E. Conduct the JLMC meeting in the absence of the chairperson.
- F. Appointment of the Secretary will be for one year.

### **5.6 Duties and Responsibilities of the Joint Loss Management Committee Members**

The JLMC Members will be responsible for, but not limited to the following:

- A. Attend all JLMC meetings; if not able to attend, notify the chairperson.
- B. Contribute ideas and suggestions for improvement to the Health and Safety Program.
- C. When asked by the JLMC chairperson to take an active role in:
  - i. The investigation of an accident or injury, members will report their finding in a timely manner.
  - ii. An inspection, members will report findings in a timely manner.
- D. Perform daily job functions in an exemplary manner.
- E. Use safe work procedures and equipment to set the example for others to follow.
- F. Report all unsafe conditions either seen by yourself or reported you by others immediately to the JLMC chairperson.
- G. Be available for assignment on any sub-committee the chairperson may deem necessary.
- H. Appointment of a member will be for one year.

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## Section 6.0 Procedures

Any injury to any employee or citizen, and any damage to private or Town property due to Town operations must be reported as soon as possible -- no later than twenty-four (24) hours from the accident/incident -- to the immediate supervisor of the employee involved. If an incident does not result in immediate damage or injury but, in the best judgment of the Town employee, is likely to result in a liability to the Town, the incident must be reported.

In the event of an emergency, judgment is a key factor. Employees are expected to exercise their best judgment based upon circumstances. However, if there is any question about the seriousness of an injury proceed as follows:

- A. Call the appropriate emergency service (medical, fire, police,) by calling 911
- B. Notify the supervisor
- C. Follow through with reporting and investigation requirements

Reporting of accidents and/or incidents has been grouped into four categories:

- A. Accident Causing Personal Injury (Non-Motor Vehicle)
- B. Exposure to Infectious or Contagious Disease
- C. Accidents Causing Property Damage
- D. Motor Vehicle Accidents/Incidents

### **6.1 Reporting Accidents Causing Personal Injury (Non-Motor Vehicle)**

- A. Accidents that cause personal injury to a Town employee or to a third party on Town property, or due to Town operations, will be fully investigated and the proper forms submitted.
- B. If the accident does not reflect immediate injury but, in the best judgment of the employee, complications are likely to occur in the future, it will be fully investigated and all forms must be submitted.
- C. The **employee** must:
  - i. Inform his/her supervisor immediately after the accident or injury as occurred.
  - ii. Complete the *Notice of Accidental Injury or Occupational Disease* [Appendix I, Form 1] required by the New Hampshire Department of Labor
    - a. This must be completed within twenty-four (24) hours of the injury so that it can be signed by the department head and submitted to the Town Administrator, who then submits it to the insurance company and the New Hampshire Department of Labor within five (5) working days.



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- iii. In the event that a Town employee witnesses an injury to a non-Town employee due to Town operations, the Town employee must report the event to his/her supervisor.

D. The **supervisor** must:

- i. Fully complete the ***Employer's First Report of Occupational Injury or Disease*** at <https://www.nhprimex.org/claims/secure/firstlogin.asp> [Appendix I, Form 2] or, in departments where there is an assigned person to handle filing of these forms, work with that person to make sure it is completed.
  - a. This form is then submitted immediately to the Town Administrator so that it can be sent to the Town's insurance carrier and the New Hampshire Department of Labor within five (5) working days of the reported injury.
- ii. Complete the ***Supervisor's Accident/Incident Investigation Report*** [Appendix I, Form 3] within twenty-four (24) hours of the initial report as accurately and specifically as possible so as not to leave questions as to what actually happened. The purpose of this form is to determine 1) What happened, 2) Why it happened, 3) How to prevent it from happening again.
  - a. This form will have the completed employee's ***Notice of Accidental Injury or Occupational Disease*** [Appendix I, Form 1], form attached, and the whole package will be approved by the department head and submitted to the Town Administrator.
- iii. Complete the ***Employer's Supplemental Report of Injury*** [Appendix I, Form 4] from the New Hampshire Department of Labor and submit it to the Town Administrator immediately upon receiving knowledge that the employee will remain out of work for four (4) or more working days due to an occupational injury or disease. This may be submitted via paper or online.
- iv. Upon the injured employee's return to work, if the leave was four (4) days or longer, notify the Town Administrator by use of the ***Employer's Supplemental Report of Injury*** [Appendix I, Form 4].
  - a. Note that this is the same form as used in Step D. iii above.
- v. When a subordinate has reported witnessing a non-Town employee receive an injury due to Town operations, complete a ***Supervisor's Accident Investigation Report*** [Appendix I, Form 3].
- vi. Make sure that any forms required by your department's standard operating procedures, in addition to those mentioned in this section are completed and distributed accordingly.

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## **6.2 Exposure to Infectious or Contagious Disease**

NOTE: Just being in close proximity to the infected person or item does not necessarily determine an exposure. If unsure, check with the Health Department.

- A. The **employee** will:
  - i. Inform the immediate supervisor after exposure to someone or something which has the potential to infect that employee with a communicable disease (for example, HIV or Hepatitis B).
- B. The **supervisor** will:
  - i. Complete the *Employer's First Report of Injury or Occupational Disease Form* [Appendix I, Form 2].
    - A. Submit the form immediately to the Town Administrator so that it can be sent to the insurance carrier and the New Hampshire Department of Labor within five (5) working days of the reported injury.
  - ii. Complete the *Notice of Accidental Injury or Occupational Disease* [Appendix I, Form 1] of the New Hampshire Department of Labor.
    - B. This must be completed immediately, signed by the department head, and submitted to the Town Administrator, which then submits it to the insurance carrier and the New Hampshire Department of Labor within five (5) working days of the initial report.

## **6.3 Accidents Causing Property Damage**


- A. The **employee** will immediately report incident to supervisor.
- B. The **supervisor** will:
  - i. Complete the *Supervisor's Accident Investigation Report* [Appendix I, Form 3] within twenty-four (24) hours of the initial report. This will be approved by the department head and submitted to the Town Administrator.
  - ii. Make sure that any forms that are required by a department Standard Operating Procedure, in addition to those mentioned in this section regarding Accident and Incident Reporting, are completed and distributed accordingly.

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**6.4 Motor Vehicle Accidents/Incidents**

Traffic accidents involving personnel and/or property of the Town shall be reported in the following format;

- A. The local police department in the jurisdiction in which the accident occurred shall be notified immediately. The employee of the Town involved in or becomes aware of the accident is responsible for notifying the respective police department.
- B. Employees will notify their supervisor of the accident as soon as possible.
- C. All traffic accidents will be reported to the Town Administrator as soon as possible by the department head or the department head's designee.
- D. Employees involved in a traffic accident must notify and provide the owner or person injured with their name, address, license number and the Town's insurance company information. If the owner cannot be immediately located or the person injured is unable to receive the information the information must be reported to the nearest police officer/department as covered in Section A, above.

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## 7.0 Guidelines for Conducting an Investigation

Accidents do not just happen. They are caused and, if these causes are not eliminated, the accidents will happen again. Most accidents have root causes which need to be identified to determine What and Why it happened as well as How to prevent it from happening again.

Thoroughly gathering and examining information about the accident or incident and its cause(s) will help:

- A. Prevent future accidents
- B. Identify and correct/eliminate unsafe conditions, acts or procedures
- C. Reduce costs and down time
- D. Assist in the processing of Worker's Compensation claims

All accidents should be investigated by the supervisor who has knowledge or work processes, procedures, and persons in the workplace environment where the incident occurred. Incidents may not cause injury or damage, but should be investigated as thoroughly as compared to an accident resulting in injury or property damage.

When an employee is injured or causes any damage, the employee should immediately contact a supervisor in order to correctly relay the necessary information for proper documentation. The employee's statement provides a basis for determining the facts of the incident.

### 7.1 Investigative Process

After acquiring necessary medical aid for injured persons, supervisors should follow these steps for investigating accidents. This list should be used only as a guide and may not be all-inclusive for every department

- A. Investigate the scene as soon as practicable after the accident/incident noting conditions and the location of equipment, physical objects, and witnesses. Make notes, take pictures, and draw sketches as needed.
  - i. A supervisor of the injured employee should include a completed copy of the ***Incident Review Form*** [Appendix I, Form 7] in the report and have it forwarded to the Town Administrator and JLMC for further action.
- B. Interview witnesses soon after the accident so the facts will be fresh in their minds. Be certain they understand that no blame is being placed and that you are simply trying to gather facts to prevent a recurrence.
- C. Interview the involved parties when the timing is right.
  - i. Keep in mind their physical and emotional condition
  - ii. Ask them to describe what happened; use open ended questions to obtain detail
  - iii. Do not fix blame or find fault; just get the facts





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- iv. Ask the employee his/her opinion about how the accident could be prevented in the future
- D. Take steps or make recommendations to prevent similar occurrences.
  - i. Expressions such as "employee was careless" have no place in a factual report
- E. Complete ***Supervisor's Accident/Incident Investigation Report*** [Appendix 1, Form 3].
- F. If the police were called, attach a copy of the police report to the ***Supervisor's Accident/Investigation Report***. This is most common for vehicle accidents.
- G. Most accidents occur because of a combination of an unsafe act and an unsafe physical condition. Look for both, then draw a conclusion as to why the unsafe act was committed or why the condition existed.
- H. Once an accident occurs, immediate action must be taken to prevent a recurrence. Indicate what needs to be done and who is going to do it.
- I. During the accident investigation, many questions must be answered. Because of the infinite number of accident-producing situations, contributing factors, causes, it is impossible to list all questions that may apply to all investigations.

### **7.2 Suggested Questions**

The following questions are generally applicable and will be considered in most accident investigations. Typically, these questions should ask about the situation: who, what, when, where, why, and how.

- A. What was the injured person(s) doing at the time of the accident? Were they performing assigned tasks? Assisting other people?
- B. What were other persons doing at the time of the accident?
- C. Was the proper equipment being used for the task? What was the condition of the equipment? Was it being properly worn or utilized?
- D. Is the process, operation, or task new?
- E. Were people properly trained and supervised?
- F. What was the location of the accident? What was the physical condition of the area when the accident occurred?
- G. What permanent action could have prevented the accident or minimized its effects?
- H. What action is now being recommended?

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## 8.0 Workplace Inspections

All Employees have the responsibility to note physical and operations hazards and conditions in the workplace. As outlined in **4.1 Employees**, they are also expected to take action to correct these observed conditions and actions.

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

### 8.1 Frequency


- A. Formal inspections of the work area, processes, and equipment are to be conducted regularly, but at a minimum annually. Department Heads are responsible for ensuring that the annual inspections are conducted for their respective buildings. These inspections must be audited by another town official not affiliated with the department being inspected.
- B. All employees, including department heads and supervisors, are expected to constantly be alert for unsafe acts and conditions and take necessary actions.

### 8.2 Guidelines for Correcting Unsatisfactory Conditions

- A. First and foremost, take the necessary action(s) to prevent an injury! For example, remove the tool from service, post a warning sign, etc.
- B. Take appropriate steps to permanently correct the hazard. report all action taken to the appropriate people.
- C. If you are not able to correct the problem, take steps to prevent an injury from occurring.

### 8.3 Recordkeeping Guidelines

- A. Document the inspection. At a minimum, include in the record:
  - i. Inspection date
  - ii. Name of person(s) who conducted the inspection
  - iii. Location/piece of equipment inspected
  - iv. List of findings, both satisfactory and unsatisfactory
  - v. If unsatisfactory conditions, any action taken
  - vi. List of recommendations for any further action

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- B. File the inspection reports immediately and send a copy of reports finding unsatisfactory conditions and/or any action taken to the supervisor and/or department head

## 9.0 Safety and Education Training


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

### 9.1 Types of Training

- A. Introductory. All new or transferred employees will be told of 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's supervisor will complete the **Safety Orientation Form** [Appendix I, Form 5] which will be submitted to the Town Administrator for inclusion in the employee's personnel file.
- B. 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.
- C. 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 incident or when the job or procedures have changed.

### 9.2 Recordkeeping Guidelines

- A. Introductory training will be documented in the employee's personnel file
- B. Specific training. Documentation provided for specific tasks (for example, proper shoring techniques) is strongly recommended. It can consist of a brief description of the training, the date, and instructor's name, and a list of those attending. The supervisor can keep these lists.

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## 10.0 Safety and Personal Protective Equipment

This section addresses the hazards that can exist in a workplace environment, such as: Sharp edges, falling objects, flying sparks, chemicals, noise and other potentially dangerous situations. Personal Protective Equipment (PPE) is defined as equipment worn to minimize exposure to a variety of hazards. Examples can be hard hats, gloves, eye and foot protection, respirators, and even full bodysuits.

If special clothing, safety equipment or uniforms are required for the conduct of your job the Town either will provide them or will share the cost of obtaining the items needed. Your supervisor can provide information about these requirements and about the Town's share of the cost. If provided by the Town, items must be used only for business purposes.

### 10.1 Responsibilities for PPE

- A. The **department head** and/or **supervisor** should be responsible for:
  - i. Performing a hazard assessment of the work place to identify and control physical and health hazards.
  - ii. Identifying and providing appropriate PPE for employees
  - iii. Training employees in the use and care of the PPE.
  - iv. Maintaining PPE, including replacing work or damages PPE.
  - v. Periodically reviewing, updating and evaluating the effectiveness of the PPE program.
- B. Coinciding with the above mentioned, **employees** generally should:
  - i. Properly wear PPE.
  - ii. Attend training sessions on PPE.
  - iii. Care for, clean, and maintain PPE.
  - iv. Inform a supervisor of the need to repair or replace PPE.

### 10.2 Types of PPE

- A. Eye Protection. Examples of potential injuries to the face or eye include:
  - i. Dust, dirt, metal or wood chips entering the eye from activities such as chipping, grinding, sawing, hammering, the use of power tools or even strong wind.
  - ii. Chemical splashes from corrosive substances, hot liquids, or other hazardous solutions.
  - iii. Objects swinging into the eye or face, such as tree limbs, chains, tools, or ropes.
  - iv. Radiant energy from welding.



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a. Types of PPE Suggested

1. Safety spectacles
2. Goggles
3. Welding shields
4. Laser safety goggles
5. Face shields

B. Head Protection. Head injuries can be fatal or impair an employee for life. Examples of potential injuries include:

- i. Objects falling from above.
- ii. Bumping up against a fixed object.
- iii. Any possibility of accidental head contact with electrical hazards.

a. Types of **Hard Hats**

1. Provide impact and penetration resistance along with limited voltage protection (up to 2,200 volts).
2. Provide the highest level of protection against electrical hazards, with high-voltage chock and burn protection (up to 20,000 volts). They also provide protection from impact and penetration hazards by flying/falling objects.
3. Provide lightweight comfort and impact but offer no protection from electrical hazards.

C. Foot and Leg Protection. Examples of potential injuries include:

- i. Rolling objects, such as barrels or tools.
- ii. Sharp piercing objects such as spikes or nails.
- iii. Any exposure of molten metal with the potential of splashing.
- iv. Working on hot, wet or slippery surfaces.
- v. Working when electrical hazards are present.

a. Types of PPE suggested:

1. Leggings/Chaps: ***Must be worn by personnel when operating chain saws or other similar tools***
2. Metatarsal guards
3. Toe guards
4. Combination foot and shin guards
5. Safety shoes
6. Electrically conductive shoes
7. Electrical hazard
8. Safety-toe shoes: ***Steel-toed shoes will be work at all times by the Highway Department, Wastewater Department and Fire Department Personnel***
9. Foundry Shoes

D. Hand and Arm Protection. Examples of potential injuries include:

- i. Skin Absorption of harmful substances
- ii. Chemical or thermal burns



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- iii. Electrical dangers
  - iv. Bruises
  - v. Abrasions
  - vi. Cuts
  - vii. Punctures
  - viii. Fractures
  - ix. Amputations
    - a. Types of PPE:
      - 1. There are many types, and it all depends on the nature of the hazard and the operation involved. There is a wide variety and selection available so, after assessing the hazard, the proper glove should be selected specific to the hazard being addressed. Once acquired, PPE should be distributed to the precise work locations for immediate use.
- E. Hearing Protection. The proper use of hearing protection is a challenging process, as employee exposure depends on several factors, including:
- i. Loudness of noise, measured in decibels (dB)
  - ii. Duration of exposure to noise
  - iii. Movement between work areas with ranging noise levels
  - iv. Multiple noises from one or more sources
    - a. Types of PPE Suggested:
      - 1. Single-use ear plugs
      - 2. Pre-formed or molded earplugs
      - 3. Earmuffs
- F. Respiratory Protection. Examples of potential injuries include:
- i. Toxic, carcinogenic, or irritant vapors
  - ii. Gases
  - iii. Dusts
  - iv. Mists
  - v. Fumes
  - vi. Fibers
    - a. Types of PPE Suggested:
      - 1. Face masks
      - 2. Supplied air hoods
      - 3. Air-purifying respirators
- G. Visibility Precaution.
- i. Personnel will be required to wear at minimum an ANSI Class II or 107/207 public safety vest whenever exposed to vehicular traffic while performing Town business or tasks

Failure to comply with requirements for wearing safety apparel and/or using safety equipment will result in disciplinary action up to and including termination.

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## **11.0 Work Environment Safety Procedures**

This section outlines specific safety procedures that are grouped by like work environments and are applicable throughout the Town. It is not intended to be all-inclusive, but may be used as a guide in addition to each department's standard operating procedures.

### **11.1 Operations In and On the Public Way**

- A. Traffic control will be practiced when working on or in the proximity of a street or road. When possible, traffic should be detoured around a construction site in the travel land. If traffic must be limited to one lane, flag people will be used to direct traffic and adequate sign, cones, and/or barricades will be used to warn oncoming traffic to the site.
- B. If street construction or repair work is to be performed, preparations must be made to assure vehicle and pedestrian safety before such work is allowed to begin.
- C. Where traffic must be periodically stopped or obstructed by workers or equipment in the traveled portion of a roadway, sign, signals, and/or barricades will be used. Flag persons may be utilized for heavy traffic locations, for high hazard areas, or for large construction zones.
- D. All workers in or near the roadway will wear reflective vests on their clothing while at the work site. Flashlights must also be used at night.
- E. In the event that a road must be partially or entirely blocked off for any duration of time, the Police and Fire Departments will be informed prior to blocking.
- F. Hard hats will be worn at all times in any excavation or in any tree work areas.
- G. All personal protective equipment will be worn in the prescribed manner.

### **11.2 Shop Safety**

- A. No unauthorized persons will be in the actual work areas.
- B. Restricted access will be maintained to specific areas of the shop while welding or painting is in progress.
- C. Replace, repair, or remove from service worn or damaged shop equipment.
- D. All hazardous, flammable, and waste materials will be properly stored and labeled.
- E. No liquid materials will be stored near floor drains, unless either the drain or the material is properly isolated.
- F. Emergency procedures and telephone numbers will be posted in an area readily accessible to all employees.
- G. An easily accessible first-aid kit will be available.
- H. Clear access to all properly charged fire extinguishers will be maintained at all times.



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- I. Practice good housekeeping to minimize the potential for accident; for example, clean up spills immediately.
- J. Use exhaust hoses when idling vehicles.
- K. Machine guards will be in place and secured on all machines that are in use.
- L. No equipment safety features will be disabled or overridden.
- M. All personal protective equipment will be worn according to each departments procedures and training.
- N. Material Safety Data Sheets (MSDS) will be located in an area where all employees can view them, in accordance with the Worker's Right to Know Act [Appendix II].
- O. Proper disposal methods of all materials will be included in the MSDS files.

### **11.3 Use of Power Tools**

- A. All personal protective equipment will be used as per training and when instructed to do so.
- B. All machine guards will be kept in place when recommended by the manufacturer. Safety features will not be disabled or overridden.
- C. No unauthorized persons will use power tools.
- D. Ground all tools unless double-insulated. If a tool is equipped with a three-prong plug, it will be plugged into a three-hole electrical outlet. Never remove the third prong from the plug.
- E. Keep all work areas clean. Cluttered areas invite accidents.
- F. Avoid dangerous environments, such as damp or wet locations and dimly lit areas.
- G. Keep onlookers a safe distance away from the work area.
- H. Do not force tools. Let them work at the pace for which they were designed
- I. Wear proper apparel. Remove loose clothing or jewelry items that could become caught in moving parts. Secure hair out of the way of eyes and equipment.
- J. Do not abuse the cord. A cord should be kept away from heat, oil, and sharp edges.
- K. Safety glasses or shields and respiratory protection will be used with tools when necessary.
- L. Secure your work. Clamps or a vise are safe than using your hand, and their use frees both hands to operate tools.
- M. Do not overreach. Keep proper footing and balance at all times.
- N. Tools should be disconnected before servicing them or when changing accessories such as blades, bits, cutters, etc.



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### 11.4 Confined Space Entry

Many workplaces contain spaces that are considered to be "confined" because their configurations hinder the activities of any employees who must enter into, work in, and exit from them. In many instances, employees who work in confined spaces also face increased risk of exposure to serious physical injury from hazards such as entrapment, engulfment, and hazardous atmospheric conditions. Confinement itself may pose entrapment hazards, and work in confined spaces may keep employees closer to hazards, such as asphyxiating atmosphere, than they would be otherwise. For example, confinement, limited access, and restricted airflow can result in hazardous conditions that would not arise in an open workplace.

No entry will be allowed for anyone (employee or not) to enter a confined space, as defined above, on Town property or due to Town operations without having the proper training and proper equipment in place in accordance with their department procedures.

The following definitions apply:

- A. **Confined space:** An area with a limited or restricted means of entry or exit, that is large enough for an employee to enter and perform assigned work, and that is not designed for continuous occupancy by the employee. These spaces may include, but are not limited to, underground vaults, tanks, storage bins, pits, and diked areas, vessels, and silos.
- B. **Permit-required confined space or permit space:** An area that meets the definitions of a confined space and has one or more of these characteristics that pose health or safety hazards, thereby requiring a permit for entry:
  - i. contains or has the potential to contain a hazardous atmosphere;
  - ii. contains a material that has the potential for engulfing an entrant;
  - iii. has an internal configuration that might cause an entrant to be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a small cross section;
  - iv. contains any other recognized safety or health hazards.

### 11.5 Use of Hazardous Materials

- A. All personnel using a hazardous substance must be made aware of the potential hazards associated with it.
- B. Material Safety Data Sheets will be located in an accessible area near the use of the toxic substance
- C. Do not walk into or touch spilled material.
- D. Avoid inhalation of fumes, smoke, and vapors even if no hazardous materials are known to be involved. Do not assume that gases or vapors are harmless because of lack of a smell. Odorless gases or vapors may be harmful.



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- E. Dust fans and/or other ventilation equipment will be used in accordance with training and policies.
- F. Never use gasoline, other fuel, or solvents for cleaning, degreasing, or any use other than that intended by the manufacturer.
- G. Precaution will be taken to prevent the ignition of flammable vapors. Sources of ignition include, but are not limited to , open flames, lighting, smoking, cutting, welding, heat-producing chemical reactions, radiant heat, and electrical devices.
- H. All materials and rags contaminated by toxic or hazardous materials will be disposed of in the prescribed manner as approved by the Public Works Department.

### **11.6 Lifting and Handling Operations**

The purpose of this section is to provide guidelines as to the proper techniques for moving materials either in hurried emergency situations or in more controlled situations. While it is understood that in an emergency situation there are certain materials that must be moved quickly, there are certain techniques and procedures that can always be followed which can significantly reduce your chances of an injury while lifting, pulling, or pushing.

Because the majority of back injuries that occur during lifting experience can be avoided, it is a good rule of thumb to approach all lifts more safely by following these five simple rules:

1. Assess the object you are about to lift.  
Check for shifting weights and objects and have a clear understanding of how you intend to lift the object. If the object is heavy, get someone to help you lift. Think before you lift!
2. Bend at your knees, not your waist.  
Bend down with your knees, and straddle the load you are about to lift. Avoid bending at the waist, and keep your back straight.
3. Tuck your pelvis under, and firm-up your stomach muscles just before you lift.  
Tightening the stomach muscles helps support your back.
4. Hug the object you are lifting close to your body.  
Unnecessary and potentially dangerous amounts of stress and strain are placed on your back when objects are held away from your body.
5. Lift with your leg muscles.  
Once you have a firm grip on the object, rise in a smooth steady motion, and let the leg muscles do most of the work.

The following tips, used in conjunction with the above rules, will embrace your basic lifting technique and help you avoid potential back injuries.

- A. Never twist your body while lifting. Keep your body facing the load and move your feet to adjust your position



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- B. Make sure your walkway is clear. Looking for a place to put a heavy object down when it is already in your arms is asking for trouble.
- C. Use the appropriate footwear when lifting. Your footwear should help you maintain your balance and footing.
- D. Use mechanical help or the assistance of a co-worker when necessary. There is no point in straining your back. Get help!
- E. Get a firm grip on the item to be lifted.
- F. Lift gradually, do not jerk upward.
- G. Push, do not pull. If it is necessary to move a heavy object long the floor, push it. You can push twice the weight you can pull.
- H. Do not bend at the waist when putting the object down.

### **11.7 Ergonomics**

Ergonomics is the art and science of designing the workplace to fit the worker. The goal of ergonomics is to allow work to be done without undue physical stress, thereby reducing injuries and cumulative-trauma disease.

The human body can endure considerable discomfort, tension and stress and can perform many awkward and unnatural movements for a limited period of time. However, when awkward conditions or motions are continued for prolonged periods, the physiological limitations of the employee can be exceeded. To ensure a high level of performance, work systems must be tailored to human capabilities and limitations.

- A. Each job has its own set of actions and its own level of stress. The amount of physical stress is determined by several factors. Three of these factors are especially significant:
  - i. The amount of weight handled
  - ii. The force needed to perform the job task
  - iii. The degree of repetition
- B. Physical or mental stress can result from a poorly-designed workplace. A workplace (or workstation) is defined as the place in which the employee spends most of his or her time while performing the duties of the job. The workplace of a police officer may be a patrol car. The workplaces of computer operators are the desks, chairs, and computer equipment they use. If a workplace does not properly fit the person, stress or injury-causing stress can result. The following questions should give an idea of what might cause physical stress in a given job:
  - i. Does the employee sit or stand on the job? Does the job require both sitting and standing?
  - ii. Is the employee stationary while doing the job? Or does the employee move about?
  - iii. Does the job require a great deal of strength or power?



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- iv. Can any necessary reaching be done comfortably by most employees? (Or must the employee work for long periods of time at a too-low desk, for example).
- v. Are job tasks extremely repetitive?
- vi. Does the employee have any control over the pace of the job?
- vii. Is the work environment uncomfortable for the employee? Poorly lit? Too cold/hot/humid? Is there proper ventilation?

Any of the above conditions, or combination of conditions, could be the cause of physical stress to employees. Many of these conditions can be relieved by redesigning the job to fit the employee and by training the employee to notice and alter the stress-causing conditions.

If you notice undue stresses from or problems with your workstations and cannot resolve the situation on your own, your supervisor may be able to help you with solutions. The Town Administrator in conjunction with Primex, will schedule a work-site evaluation (if requested) to help find solutions.

NOTE: The ergonomics checklist is a form that Primex Risk management consultants use when conducting workstation assessments. This form can be used as a reference however, only those people with ergonomic training backgrounds should use the form to incorporate changes [Appendix I, Form 6].

### **11.8 Office Safety**

Office work is more dangerous than is commonly supposed, and many accidents occur during ordinary office routines.

- A. Every employee will be responsible to see that his or her own desk and work area is clean and orderly. Good housekeeping is the key to safe office environment.
- B. Keep an eye open for loose or threadbare floor coverings. Report damaged carpet, loose floor tiles, etc. to your supervisor.
- C. Be extra cautious when you come up to a door which can be opened in your direction. Take it easy when pushing open such a door, and slow down when coming to a blind corner.
- D. Make sure walkways between furniture are clear and floors are clean and dry. Keep electrical cords out of aisles or properly covered.
- E. All file, desk, and table drawers will be kept closed when not in use. As soon as you leave them, close them. Never open more than one file drawer at a time.
- F. Never overload file cabinets. If unfamiliar with file cabinets, test the drawer and be careful not to pull them out to full extension. Keep heavier loads in bottom drawers.
- G. Office tables, desks, and chairs must be maintained in good condition and free from sharp corners, projecting edges, wobbly legs, etc.



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- H. Tilting chairs can be hazardous when improperly used and care should be taken to assure that they are in good working conditions.
- I. Never use chairs, desks, or other office furniture as a makeshift ladder. Always use a step ladder, Do not overreach and risk losing your balance.
- J. Keep the blades of paper cutters closed when not in use.
- K. Scissors, paper cutters, and similar office devices can easily cause minor but painful injuries. Report such injuries at once to your supervisor and take precaution to avoid infection.
- L. Avoid paper cuts by using sponge or other wetting devices for envelopes. Use rubber finger guard when working with stacks of paper.
- M. Keep paper clips, thumb tacks, and pins in places where they can't injure you. Keep razor blades and utility blades covered.
- N. Be sure all electrical equipment is grounded and the cord is in good condition. If a machine gives you a shock or starts smoking, unplug it and report the defective device immediately to the supervisor, who will take the proper action to have the device repaired or replaced.
- O. Smoking is not permitted in Town buildings. This includes all rooms and offices within the building. Refer to the ***Smoking Policy 12.2***.
- P. First-aid kits will be readily available and fully stocked for their prompt use.
- Q. Chairs, desks, and work stations will be properly adjusted to reduce fatigue and the possibility of injury due to poor fitting work areas. See ***Ergonomics 11.7*** above.

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## 12.0 Other Health and Safety Policies

### 12.1 Seatbelt Policy

The use of seatbelts in motor vehicles has proven to be a positive factor in the reduction of personal injury in the event of vehicle accidents. The Administrative Rules for Public Employee Safety and Health, Chapter 281-A require the use of appropriate personal protective equipment; therefore, the Town of Allenstown is charged under state law to require their use while on Town business.

- A. All Town of Allenstown employees are required to wear seatbelts while operating or riding in any vehicle while on Town business. This applies to personally owned vehicles, as well as the vehicles of others.
- B. Passengers in vehicles operated by the Town staff while on Town business are also required to wear seatbelts
- C. This requirement shall not apply in the case of vehicles in which the manufacturer has not installed seatbelts
- D. Town employees are forbidden from disengaging or otherwise disarming automatic seatbelt systems or alarms


If an employee fails to comply with these rules, the employee will be subject to disciplinary action, up to and including termination.

### 12.2 Smoking Policy

The Town is committed to providing a safe, healthy, and smoke-free work environment for our employees, visitors, and vendors. Consistent with our commitment and state law, we have declared a no smoking policy within our building and in Town vehicles, except in a designated smoking area.

No smoking is allowed in any of the Town buildings, except in the designated smoking area. Anyone wishing to smoke must do so only during authorized breaks in the designated area. The Town hopes and expects that our employees will comply with the non-smoking policy. If you have a concern or complaint with respect to any employee, visitor or vendor violating this policy, please report such concern or complaint to your department head.

If an employee fails to comply with these rules, the employee will be subject to disciplinary action, up to and including termination.

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### **12.3 Alcohol and Drug Policy**


The Town is committed to providing a safe work environment that is free from the effects of drugs and alcohol.

Drug and alcohol use in the workplace can create health, safety, and security issues for our employees, citizens and visitors. Town is committed to providing a safe work environment that is free from the effects of drugs and alcohol. In support of our commitment, Town prohibits the following conduct and other conduct which, in our determination, is inconsistent with our commitment:

- A. the manufacture, distribution, sale, dispensation, possession, storage, or use of a controlled substance, unauthorized prescription drug, or drug paraphernalia at any time on Town premises, on Town business, or during working hours;
- B. use, possession, storage, manufacture, distribution, dispensations, or sale of alcohol at any time while on Town premises, on Town business, or during work hours;
- C. reporting to work or otherwise working under the influence of drugs or alcohol, or under the influence of legal drugs that may impair your ability to safely perform you job functions;
- D. reporting to work in a condition that is not fit for work. In addition to being under the influence as mentioned above, other indications of a lack of fitness for duty are: smelling of alcohol, appearing to being over, or otherwise appearing or being unable to effectively interact with citizens, visitors and co-workers and work safely and properly without impairment;
- E. failing to submit a required fitness for duty exam.

The Town also maintains the following reporting requirements:

- A. Any employee who is taking medication that may impair his or her ability to safely perform job functions must inform his other supervisor immediately, and must not perform any work until authorized to do so by Town.
- B. If any employee is involved in drug misconduct (including the use or possession of illegal drugs or unauthorized prescription drugs) on Town premise or while working for the Town, Town reserves the right to report the incident to law enforcement authorities;
- C. If any person observes an employee exhibiting behavior that may be indicative of impairment by drug or alcohol use, he or she should immediately report the behavior to their department head.

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### **12.4 Workplace Violence**

Unfortunately, violence in the workplace has become a reality for many employers. We hope that we never have to face this growing problem. The Town therefore prohibits employees from bringing weapons on our premises, including our parking lots. Moreover, violence and verbal or physical threats of violence of any kind in the workplace or on Town property will not be tolerated, and employees engaging in such conduct will be subject to discipline, up to and including separation from employment. Responsive action may also include notifying the police or other law enforcement and prosecuting violators of this policy. If you become aware of any violence or threat of violence, you must immediately report the matter to your department head or the Town Administrator.

### **12.5 Investigation and Searches**

When the Town determines that there is reasonable cause to suspect that an employee has violated this policy, Town reserves the right inspect without prior notice, lockers, work areas, desks, cabinets, purses, bags, briefcases, other belongings, and vehicles brought on Town premises or at locations where work-related activities are being conducted. Cause to suspect shall be solely in the judgment and discretion of Town.

Employees must, as a condition of employment, abide by the terms of this policy. Violations of this policy will result in disciplinary action, up to and including termination, and may also have legal consequences.


### **12.6 Prevention of Slips, Trips, and Falls**

The purpose of this policy is to reduce and/or eliminate the incidence and citizen slip-, trip-, and fall-related events and injuries.

Slips, trips, and falls are among the leading causes of injury and lost work time to employees and to members of the public visiting municipal properties. Accidents often occur from a lack of due diligence to report and address existing conditions that can contribute to these types of events. Therefore, the Town of Allenstown and its employees will take proactive approach to managing the risks associated with slip-, trip-, and fall-related conditions.

Employees will always follow correct safety protocol for their working conditions, including wearing the appropriate footwear and protective devices warranted by the situation. Sidewalks, parking lots, stairs, and other areas that employees, and the public frequently use will be properly maintained to ensure that no tripping points, ice/snow build-up, or other hazardous conditions exist that could contribute to a slip, a trip, or a fall. Interior hallways, stairs, floors, and other areas of foot travel will be clear of obstructions such as boxes, power cords, frayed carpeting, or



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weather matting. Proper signage will be used to indicate wet floors or other hazardous conditions that could contribute to slip, a trip, or a fall.

Employees are encouraged to monitor, report and, whenever reasonably possible, help to correct conditions that have caused, or are likely to cause, a slip-, trip-, or fall-related event if corrective action is not taken.

Unsafe conditions are to be reported to your immediate supervisor or department head for corrective action. If the conditions present an immediate threat to the safety of employees or the public the employee will take the necessary steps to prevent injuries until the appropriate personnel arrive.

All slip-, trip-, and fall-related incidents/injuries will be documented and individually reviewed by the appropriate supervisor, Safety Committee, and Town Administrator. Slips, trips and falls will be kept in a centralized file or spreadsheet to monitor results, to identify emerging trends and to maintain documentation for potential claims



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## Section 13.0 Implementation

To facilitate conduct in accordance with this policy, a copy of this policy shall be made available to department heads, employees, volunteers, board and committee members, appointed or elected to office and at such other times as may be necessary.

## Section 14.0 Signature

	<b>Position</b>	<b>Signature</b>	<b>Date</b>
<u><b>Original Policy Prepared By:</b></u> Shaun Mulholland	Town Administrator		02/08/2016
<u><b>Original Policy Reviewed &amp; Approved By:</b></u> Jason Tardiff	Board of Selectman Chairperson		02/08/2016
Jeff Gryval	Board of Selectman		02/08/2016
Sandra McKenney	Board of Selectman		02/08/2016



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**Section 15.0 Policy & Procedure Revision History**

	<b>Section</b>	<b>Changes Made</b>	<b>Approvals</b>	
			<b>By</b>	<b>Date</b>
Original Adoption		Original Safety Program and Policy	Benjamin Fontaine, Peter Viar, Arthur Houle	7/12/2000
Amendment		Total re-write of the policy	Jason Tardiff, Jeff Gryval, Sandra Mckenney	06/17/2013
Amendment		Re-Approval of Policy	Jeffrey Gryval Jason Tardiff Kate Walker	02/08/2016
Amendment				



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**Appendix I - Forms**

<b>Form 1</b>	<i>Notice of Accidental Injury or Occupational Disease</i>
<b>Form 2</b>	<i>Employer's First Report of Occupational Injury or Disease</i>
<b>Form 3</b>	<i>Supervisor's Accident/Incident Investigative Report</i>
<b>Form 4</b>	<i>Employer's Supplemental Report of Injury</i>
<b>Form 5</b>	<i>Safety Orientation Form</i>
<b>Form 6</b>	<i>Office Ergonomics Evaluation Form</i>
<b>Form 7</b>	<i>Incident Review Form</i>



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# ADMINISTRATIVE POLICIES & PROCEDURES

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THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF LABOR  
SPAULDING BUILDING  
95 PLEASANT STREET  
CONCORD, NEW HAMPSHIRE

### NOTICE OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE 8aWCA (Please print or type)

To \_\_\_\_\_ Phone # \_\_\_\_\_  
(Name of Employer)

\_\_\_\_\_  
(Business Name and Address)

IN ACCORDANCE WITH RSA 281-A:20, This is to notify you that an injury occurred.

\_\_\_\_\_  
(Name of Injured Employee) SS # \_\_\_\_\_

\_\_\_\_\_  
(Address of Injured Employee) Daytime Phone # \_\_\_\_\_

\_\_\_\_\_  
(Date of Accident or First Treatment)

\_\_\_\_\_  
(Place Accident Happened)

Describe your injury or disease, and how it happened. Identify the body part(s) affected. \_\_\_\_\_

I have been unable to work since my injury. \_\_\_\_\_  
Yes No

I have incurred the following medical bills.			
_____	_____	_____	_____
Name of Doctor	Dates of Service	Amount	
_____	_____	_____	_____
Name of Hospital	Dates of Service	Amount	
_____	_____	_____	_____
Other	Dates of Service	Amount	

_____	_____
(Employer's Signature)	(Employee's Signature)
_____	_____
(Date)	(Date)

This form can be returned to DOL with or without employer's signature.

#### NOTICE TO EMPLOYER

YOU MUST FILE AN EMPLOYER'S FIRST REPORT, Form No. 8WC, WITH THE LABOR COMMISSIONER AND THE NEAREST CLAIMS OFFICE OF YOUR INSURANCE CARRIER, AS SOON AS POSSIBLE AFTER ACQUIRING KNOWLEDGE OF THE OCCURRENCE OF AN OCCUPATIONAL INJURY OR DISEASE TO ONE OF YOUR EMPLOYEES OR UPON PRESENTATION OF THIS NOTICE BY HIM, BUT NO LATER THAN FIVE DAYS THEREAFTER. FAILURE TO COMPLY CARRIES AN AUTOMATIC CIVIL PENALTY OF UP TO \$2500. (RSA 281-A:53)



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**New Hampshire**

**Employer's First Report of Injury**

**WEB-8WC -  
NHDOL# -**

**Submission Date:**


EMPLOYEE INFORMATION					
Employee Name (First & Last)			Gender	Hired Date	Hired in NH
Employee ID	Date of Birth	Age	Occupation when Injured		
Employee Address	Telephone	Wages per Hour	Hrs per Day	Days per Week	Average Weekly Earnings

INJURY INFORMATION					
Injury Date / Time		Date Employer Notified of Injury		Location/Jobsite & Business Name where accident occurred	
Disability Began Date					
Claim Type		Full Wages Paid on Injury Date			
Accident Description					
Body part Injured			Cause of Injury		
Nature of Injury			Witness Name		Witness Phone
Has injured returned to work?	If so, what date?	If so, at what occupation?	If so, at what duty status?		
Initial Treatment					
Initial Treatment Comments					
Name of Treating Physician		Name of Treating Hospital		Has injured died? If so, what date	

EMPLOYER INFORMATION			
Employer Name		Employer FEIN	Industry Code
Employer Contact Name	Contact Phone Number	Employer Business Address	
Managed Care Provider			
Leased Employee? Client Company		OCIP/Wrap-Up Policy? Name of policy holder	

INSURER INFORMATION			
Insurance Carrier	Insurer Type	Policy Number	Telephone Number

SUBMITTER INFORMATION			
Submitter Name	Title of Submitter	Represents	Telephone Number

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**Town of Allenstown**  
**Supervisor’s Accident/Loss Investigation Report Guidelines (2007)**

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**Subject:** Supervisor’s Accident/Loss Investigation Report Guidelines.

**Purpose:** To provide guidance for the effective completion of the Town of Allenstown Supervisor’s Accident/Loss Investigation Report.

Supervisors are responsible to investigate all city accidents in their areas or that involve employees they supervise. During an investigation the supervisor should review how the accident happened, what caused the accident, and what actions should be taken to prevent recurrence. The Town of Allenstown Supervisor’s Accident/Loss Investigation Report is designed to document the supervisor’s investigation, gather statistical data, and assist in preparing recommendations for accident prevention.

**Report Preparation:**

- The immediate supervisor should prepare the Supervisor’s Accident/Loss Investigation Report after fully investigating how and why an accident has occurred.
- The completed report should be typed or printed whenever possible to ensure legibility.
- One report should be submitted per accident.
- Refer to the appropriate policy for additional procedural information
- 

**Section I. General Information:** This section of the report identifies the Department, Division, Date of Occurrence, Time, Date Reported, and Exact Location of accident. Completion of this section should be self-explanatory.

**Section II. Personal Injury or Illness (WC):**

This section of the report should be used when an employee is injured as a result of a work related accident or has been exposed during the performance of work related duties to an illness for which treatment is needed. It is also used when prescription glasses or other durable medical equipment has been broken as a result of a work related accident.

**Name:** Self-explanatory (Please do not use nickname)

**Job title or occupation:** Self-explanatory


**Nature of Injury or Illness:** What is the injury? Example: Broke left Foot or Exposed to ....

**Did Employee seek medical attention?:** Yes, No

**Additional Forms completed:** This block is intended as a reminder to ensure required DOL forms have been completed. Check to see if forms have been completed and check the box.

**Was appropriate Personal Protective Equipment available and in use if applicable:** Please check appropriate box.

**If No, why not?** Answer as why the employee was not wearing the appropriate PPE. Example: Eye protection was available but employee couldn’t find it; employee didn’t know gloves were required; or proper PPE was not available and is now on order.

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**Section III. MOTOR VEHICLE (MV)**

Motor Vehicle Accident Reporting Procedure.

**Name of City Employee involved:** Self-explanatory. If more than one employee was involved, use the name of the employee that was driv<sup>4</sup>ing, most responsible, or most knowledgeable of what happened.

**City Vehicle No:** self-explanatory

**Department Notified:** This is intended to be a reminder that the department needs to be notified of all motor vehicle accidents so that they may look the vehicle over for damage, etc. Please check the appropriate block.

**Enter estimated or actual cost of damage:** If the actual cost or estimate of damage is less than \$1000 write the dollar amount in the space provided next to <\$1000. If over \$1000, write in the space provided next to >\$1000.

**Did Police investigate?** Yes or No. It is the Town’s policy to be called when ever a Town Vehicle is in an accident. If the police were not called, you will need to explain why.

**Seat Belts in use?** Yes or No. Check appropriate block. If the answer is No you will need to explain why.

**Road Conditions?** Indicate what the road conditions were at the time of the accident. For example were the roads icy, wet, or dry.

**Section IV. Property/Liability Claims:**

**Name of City Contact Person:** Name of individual who should be contacted in regards to the damaged property.

**Town Property Damaged:** Name the Town owned property that was damaged

**Enter estimated or actual cost of damage:** If the actual cost or estimate of damage is less than \$1000 write the dollar amount in the space provided next to <\$1000. If over \$1000, write in the space provided next to >\$1000.

**Non-Town Property Damaged:** Indicate what was damaged by address or name of property. Example: Basement flooded or wooden fence damaged.

**Property Owner Name:** Self-Explanatory

**Contact Phone Number:** Self-Explanatory


**Owner Contacted:** Yes or No. Indicate by checking the appropriate block if the owner of the property has been contacted.

**Enter estimated or actual cost of damage:** If the actual cost or estimate of damage is less than \$1000 write the dollar amount in the space provided next to <\$1000. If over \$1000, write in the space provided next to >\$1000.

**Section V. DESCRIBE ACCIDENT:** Please investigate and describe accident clearly as to: who, what, when, where and why. Please annotate if there were any witnesses and provide contact information if available. (Not required for accidents when a police report is filed)

\*Remember this form should be completed by the individual performing the accident investigation and not the individual who had the accident.



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**Section VI. FUTURE PREVENTION**

**How would you prevent reoccurrence?** Suggested examples: Better aware of surroundings, Lifting device should be used, Modification of equipment, Special equipment should be purchased, Policy should be developed, or Process should be studied.

**Action Taken (if Applicable)** Describe any action you have taken to prevent reoccurrence or plan to take. (Ex: A policy change has been recommended; a training class has been scheduled on this piece of equipment; sidewalk sanded and all employees have been reminded to watch for slippery sidewalks) Remember, if an employee does not follow a Town safety policy corrective action must be taken.

**Signature Block:** All reports must be signed by the investigating supervisor and reviewed by the Town Administrator or by an individual designated by the department head for this purpose.

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**Town of Allenstown  
Supervisor's<sup>6</sup>  
Accident/Loss Investigation Report**

**I. GENERAL INFORMATION**

<b>Dept:</b>		<b>Division:</b>	
<b>Date of Occurrence:</b>	<b>Time:</b>	<b>Date Reported:</b>	
<b>Exact Location of Occurrence:</b>			

**II. PERSONAL INJURY OR ILLNESS (WC)**

<b>Name:</b>	<b>Job title or occupation:</b>
<b>Nature of Injury or Illness:</b>	<b>Additional Forms completed:</b> <b>Employee:</b> <input type="checkbox"/> Notice of Accidental Injury or Occupational Disease (8aWCA) <b>Employer:</b> <input type="checkbox"/> Employer's First Report of Occupational Injury or Disease (8WC)
<b>Did Employee seek medical attention?</b>	<b>If No, why not</b>
<b>Was appropriate Personal Protective Equipment available and in use if applicable.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**III. MOTOR VEHICLE (MV)**

<b>Name of Employee involved:</b>	<b>Vehicle No / ID:</b>
	<b>Department Head Notified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Enter Estimated cost or actual if known:</b> < \$1000 _____ >\$1000 _____	<b>Did Police investigate?</b> <b>If No, explain why not:</b>

<sup>6</sup> FORM 3 Continued



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Seat Belts in use?  Yes  No  
If No, explain why not:

Road Conditions?

**IV. PROPERTY DAMAGE (P/L)**

Name of Contact Person:	Owner of Property Damaged:
Property Damaged Involved:	Property Owner Name: Contact Phone Number: Owner Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Enter estimated or actual cost of damage? < \$1000 _____ >\$1000 _____	Enter estimated or actual cost of damage to Non-City Property? < \$1000 _____ >\$1000 _____

**V. DESCRIBE ACCIDENT:**

Describe clearly how the accident occurred

**VI. FUTURE PREVENTION<sup>7</sup>**

<sup>7</sup> FORM 3 Continued



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**How would you prevent reoccurrence?**

**What corrective action has been or will be taken? (if Applicable)**

<b>Supervisor (Print or Type)</b>	<b>Signature</b>	<b>Date:</b>	<b>Contact Number</b>
<b>Dept. Head/ Designated Individual</b>	<b>Signature</b>	<b>Date:</b>	



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### THE STATE OF NEW HAMPSHIRE

## DEPARTMENT OF LABOR

### Employer's Supplemental Report of Injury

This report, indicating disability of an employee of four or more days, shall be filed as soon as possible after date of knowledge of an occupational injury or disease, but no later than ten days thereafter. Consistent failure to make this report available to the labor commissioner and the nearest claims office of your insurance carrier carries an automatic civil penalty of up to \$100.00. (RSA 281-A:53) This report shall also be submitted upon employee's return to work.

1. Name of Employer \_\_\_\_\_ Employer's Identification No. \_\_\_\_\_  
(9 digit number assigned by proper Federal Agency)
  2. Address \_\_\_\_\_  
(No. and St.) (City and State) (Zip Code)
  3. Insured by \_\_\_\_\_
  4. Name of Employee \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name) (S.S. Number)
  5. Address \_\_\_\_\_  
(No. and St.) (City and State) (Zip Code)
  6. Date of injury \_\_\_\_\_ 19\_\_\_\_
  7. Date Disability began \_\_\_\_\_ 19\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_
  8. \_\_\_\_\_  
(Specific dates of disability)
  - \_\_\_\_\_ (Specific dates of disability)
  9. Has injured returned to work? \_\_\_\_\_ if so, date and hour \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_
  10. Is injured person earning same wages as before injury? \_\_\_\_\_ If not, explain \_\_\_\_\_  
\_\_\_\_\_
- Date of Report \_\_\_\_\_

Signed by \_\_\_\_\_  
Official Title \_\_\_\_\_  
Tel. No. \_\_\_\_\_



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Town of Allenstown, NH

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### SAFETY ORIENTATION FORM

Employee's Name \_\_\_\_\_ Date Hired \_\_\_\_\_

Position \_\_\_\_\_

Circle One:    New Employee        Transfer Rehire        Part-Time        Full-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. Dial Emergency Telephone Numbers to summon help
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



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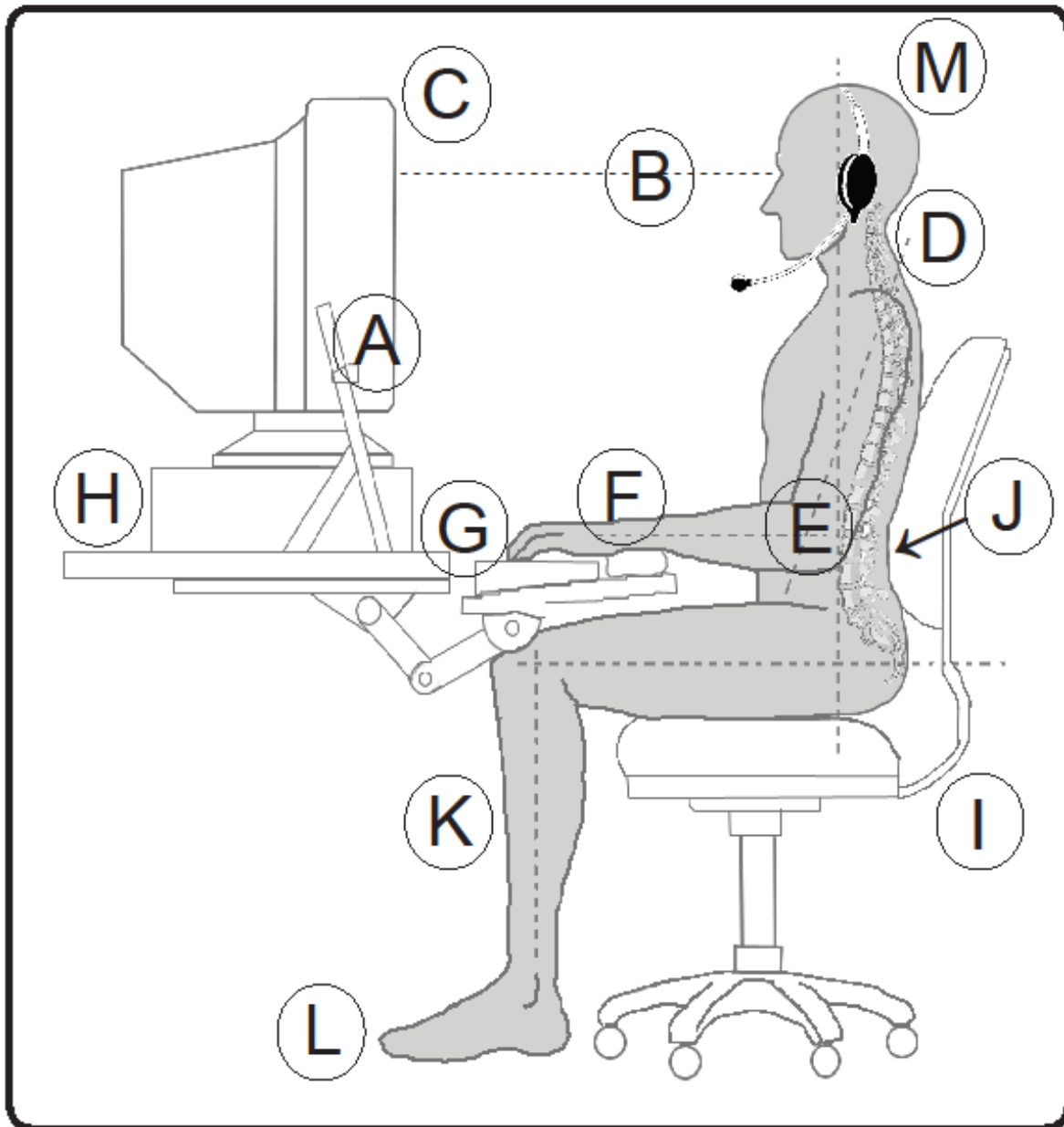
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# Office Ergonomics

## Fitting the Workstation to the Employee





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## Office Ergonomics Fitting the Workstation to the Employee



Member:	Employee:	Location:	Date:			
<b>Yes No NA</b>				Recommendations	Date Completed	
(A) DOCUMENT HOLDER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> In line with screen <input type="checkbox"/> At same distance as screen <input type="checkbox"/> Appropriate size/type holder				
(B) SCREEN GLARE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Contrast/brightness adjusted <input type="checkbox"/> Window light controlled <input type="checkbox"/> Task lighting repositioned/provided <input type="checkbox"/> Anti-glare screen installed <input type="checkbox"/> Overhead lighting reduced (appropriate task lighting provided)				
(C) SCREEN HEIGHT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Directly in front of operator <input type="checkbox"/> 18-30" from operator <input type="checkbox"/> Top of screen at or just below eye level (lower for bifocal/trifocal wearers)				
(D) NEUTRAL NECK POSITION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Proper alignment (not tilted, turned)				
(E) ARM POSITION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Vertical upper arm <input type="checkbox"/> 90 degree angle at elbow <input type="checkbox"/> Forearm parallel to floor				
(F) NEUTRAL WRIST POSITION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Proper alignment (not flexed/angled) <input type="checkbox"/> Supported with wrist rest during keying pauses only				
(G) KEYBOARD/MOUSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Mouse at same height as and directly beside keyboard <input type="checkbox"/> Positioned for neutral wrist position <input type="checkbox"/> Positioned for use of wrist rest <input type="checkbox"/> Positioned in front of the operator <input type="checkbox"/> Positioned with negative incline				
(H) DESK	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 3-6" knee clearance <input type="checkbox"/> Frequently used items in front of operator <input type="checkbox"/> Organized work area <input type="checkbox"/> If writing when using keyboard, writing surface is on dominant side and within easy reach				
(I) CHAIR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Easily adjustable <input type="checkbox"/> Rounded seat edge <input type="checkbox"/> Adequately padded seat <input type="checkbox"/> Moves easily on floor surface <input type="checkbox"/> Employee knows how to adjust chair				
(J) LUMBAR SUPPORT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Firm/stable chair back <input type="checkbox"/> Chair back continually contacts operator <input type="checkbox"/> Chair adjusted for comfort/support				
(K) LEG POSITION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Upper legs parallel to floor <input type="checkbox"/> Clearance between chair & back of legs				
(L) FOOT REST	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Provided if feet do not rest firmly on floor while maintaining parallel upper leg <input type="checkbox"/> Angles for comfort				
(M) PHONE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Hands-free operation (head set or phone rest) <input type="checkbox"/> Within reach of operator				





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## Incident Review Process

1. Employee injury occurs
2. Injury is reported to the supervisor
3. First Report of Injury is filled out and sent to Primex
4. Incident Review process begins
5. Injured employee's supervisor fills out the form
  - a. Go to the actual place where the accident happened
  - b. Candid discussion with employee about what happened
  - c. Demonstrate what happened without actually repeating the unsafe act
  - d. Clearly state the facts
  - e. Correct hazardous condition immediately if possible or report the hazardous condition to the appropriate department/person
  - f. Forward form or copy of form to the Town Administrator and JLMC for further discussion<sup>11</sup>

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<sup>11</sup> FORM 7



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**Incident Review**

Department/Job Title: \_\_\_\_\_ Date of Review: \_\_\_\_\_  
Location: \_\_\_\_\_ Date of Injury: \_\_\_\_\_  
Reviewer's Signature: \_\_\_\_\_

**Personal Injury or Illness Information**

Part of Body Affected: \_\_\_\_\_ Nature of Injury/Illness: \_\_\_\_\_

**Describe Clearly What Happened, Including Events Leading Up to Incident:**

Empty box for describing the incident.

Did Injured Leave Work? \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM Date: \_\_\_\_\_  
Did Injured Go to Doctor? \_\_\_\_\_ Hospital? \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

**Describe conditions or factors that may have contributed to the Incident**

Empty box for describing contributing conditions or factors.

**For Slip/Trip/Fall or Material Handling Incidents, please complete reverse side**

**Corrective Actions Taken:**  
(please outline actions taken to reduce likelihood that this type of incident will reoccur)

Empty box for corrective actions and safety committee comments.

**Safety Committee Comments:**



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#### Material Handling Analysis

1. What was being handled: \_\_\_\_\_
2. How much did it weigh? \_\_\_\_\_
3. Distance of lift/lower? \_\_\_\_\_
4. Did the employee slip while lifting? Yes \_\_\_\_\_ NO \_\_\_\_\_
5. Describe the working conditions at the location of the incident (wet floors, material on floors etc.)? \_\_\_\_\_
6. How was the material handled? \_\_\_\_\_
7. How often is this job done? \_\_\_\_\_
8. Was the incident reported immediately? \_\_\_\_\_
9. Who was the employee working with at the time of the incident? \_\_\_\_\_
10. Has the employee had previous similar incidents? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain: \_\_\_\_\_

#### Slips, Trips or Falls

1. What was the condition of the walking surface? (i.e. damaged, worn, wet, icy, cluttered)  
\_\_\_\_\_
2. Was the condition reported prior to the incident?  
\_\_\_\_\_
3. Was the condition addressed?  
When? \_\_\_\_\_  
How? \_\_\_\_\_
4. Describe the lighting :  
\_\_\_\_\_
5. Type and condition of footwear the employee was wearing:  
\_\_\_\_\_
6. Was the employee carrying/pulling anything?  
\_\_\_\_\_
7. Have similar incidents occurred at this location prior to this incident?  
\_\_\_\_\_



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**Appendix II  
WORKER'S RIGHT TO KNOW ACT**

**CHAPTER 277-A TOXIC SUBSTANCES IN THE WORKPLACE**

Section 277-A:1 Name

Section 277-A:2 Purpose

Section 277-A:3 Definitions

Section 277-A:4 Material Safety Data Sheets

Section 277-A:5 Employer's Duty to Provide Information


Section 277-A:6 Employees' Rights if Information Not Provided

Section 277-A:7 Discharge or Discrimination for Exercise of Rights Forbidden

Section 277-A:8 Inspection by Department of Labor Permitted

Section 277-A:9 Penalty

Section 277-A:10 Construction of Chapter

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**TITLE XXIII  
LABOR**

**CHAPTER 277-A  
TOXIC SUBSTANCES IN THE WORKPLACE**

**Section 277-A:1**

**277-A:1 Name.** – This chapter shall be known and may be cited as the "Worker's Right to Know Act."

**Source.** 1983, 466:1, eff. Oct. 26, 1983.

**Section 277-A:2**

**277-A:2 Purpose.** – The general court hereby finds and declares that the proliferation of toxic substances in the workplace poses a growing threat to the health of employees exposed to these substances; that the number and variety of these substances makes effective monitoring of these potential health hazards by governmental agencies difficult and expensive; that employees themselves are often in the best position to detect symptoms of toxicity, provided they are aware of the nature of the substances to which they are exposed; that employees have an inherent right to know the dangers to which they are potentially exposed in their workplace so that they may make knowledgeable and reasoned decisions with respect to their continued employment under the circumstances and the need for corrective action; and that the workplace often serves as an early warning mechanism for the outside environment. The general court therefore determines that it is appropriate for employers to provide their employees with all available information concerning the nature of the toxic substances to which such employees may be exposed during the course of their employment and the suspected hazards these substances pose and to take all other practicable and feasible measures to protect their employees from the risks of toxic substances.


**Source.** 1983, 466:1, eff. Oct. 26, 1983.

**Section 277-A:3**

**277-A:3 Definitions.** – As used in this chapter:

I. "Employee" means any person who currently works or formerly worked, with or without compensation, in a workplace. The term "employee" does not include domestic workers or casual laborers employed at the place of residence of the employer.

II. "Employee representative" means an individual or organization to which an employee gives

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written authorization to exercise his rights under this chapter. A recognized or certified collective bargaining agent shall be considered to be an employee representative without regard to written employee authorization.


III. "Employer" means any person, firm, corporation, partnership, association, the state, any political subdivision of the state, or any other entity which is engaged in a business or in providing services and which employs employees in connection with such business or services.

IV. "Material safety data sheet" means a written document prepared on a toxic substance containing all of the following information except as provided by RSA 277-A:4, III(c):

- (a) The chemical name, generic name, trade name, and any common name of the toxic substance and of each of the component toxic substances contained in any mixture.
- (b) The hazards of the substance, including its flammability, explosiveness, and reactivity.
- (c) The acute and chronic health effects and risks from exposure.
- (d) The potential routes and symptoms of overexposure.
- (e) The proper precautions, handling practices, necessary personal protective equipment, and other necessary or beneficial safety precautions.
- (f) Emergency procedures for spills, fire, disposal, and first aid.
- (g) A description, in nontechnical language, of the specific potential health risks posed by the toxic substance.
- (h) The date such information was compiled and the name and address of the manufacturer, producer or formulator responsible for compiling it.

V. "Toxic substance" means any radioactive or other substance which is defined as a toxic substance by a rule adopted pursuant to RSA 541-A by the department of health and human services. The department shall define as a toxic substance:

- (a) Any substance which appears on any list of toxic or hazardous substances which is included in any of the following:
  - (1) The United States Department of Transportation's 1980 Emergency Response Guidebook of Hazardous Waste Materials.
  - (2) TLV's: Threshold Limit Values for Chemical Substances and Physical Agents in the Workroom Environment, published by the American Conference of Government Industrial Hygienists.
  - (3) Title 29, Code of Federal Regulations, Section 1910.1000.
  - (4) Standards issued under Section 6(b)(5) of the Occupational Safety and Health Act of 1970.
  - (5) The Director of the Department of Industrial Relations' List of Hazardous Substances, published by the State of California.
- (b) Any substance which has yielded positive evidence of acute or chronic health hazards in human, animal or other biological testing which could be applicable to human beings;
- (c) Any other substance which the department determines should be so defined consistent with the purposes of this chapter and consistent to the extent possible with the methods and criteria used in compiling the lists of toxic or hazardous substances referred to in subparagraph (a). For the purposes of this chapter, the term "toxic substance" shall not include any liquor or beverage, as those terms are defined in RSA 175:1, VIII and XLII, or any other substance which

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has been packaged for retail sale or which is contained in a product which has been packaged for retail sale; and

(d) Any substance which is combustible, a compressed gas, explosive, flammable, a health hazard, an organic peroxide, an oxidizer, pyrophoric, unstable (reactive) or water reactive as established by the latest edition of the Fire Protection Guide on Hazardous Materials published by the National Fire Protective Association.

VI. "Trade secret" means any confidential formula, pattern, device or compilation of information which does all of the following:

- (a) Is used in the employer's business.
- (b) Gives the employer the opportunity to obtain an advantage over competitors who do not know or use it.
- (c) Is known only to the employer and to those employees to whom it is necessary to confide.

VII. "Workplace" means any location, permanent or temporary, where an employee performs any work-related duty in the course of his employment.

VIII. "Commissioner" means the commissioner of labor.

**Source.** 1983, 466:1. 1990, 255:10. 1995, 310:175, 181, eff. Nov. 1, 1995.

### **Section 277-A:4**


#### **277-A:4 Material Safety Data Sheets. –**

I. Except as provided in paragraph III, no person shall obtain, purchase, manufacture, formulate, transport or distribute any toxic substance within this state unless the substance is accompanied by a complete material safety data sheet prepared by the manufacturer, producer, or formulator of such substance no more than one year prior to the obtainment, purchase, manufacture, formulation, transportation or distribution.

II. A manufacturer, producer or formulator may provide a single material safety data sheet for a product mixture containing 2 or more toxic substances instead of providing a material safety data sheet for each toxic substance component of such mixture if all of the following are applicable:

- (a) The product mixture itself has been submitted to sufficient analysis and testing to justify a valid judgment on its hazardous properties.
- (b) Each component toxic substance is identified on the product label individually, within the limits of practicability and feasibility.
- (c) A material data safety sheet on each component toxic substance identified pursuant to subparagraph (b) is available upon request.

III. (a) When a manufacturer, producer, formulator or employer considers the identity of or other information concerning a toxic substance to be a protectable trade secret whose disclosure would compromise his competitive advantage, he shall register this information as secret with the commissioner of labor provided that such information is already registered as a trade secret pursuant to any provision of federal law or such information is not registered as a trade secret but

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is related to a proprietary process the disclosure of which would compromise his competitive position.

(b) The commissioner of labor shall not release any data which discloses any trade secret or proprietary process unless he shall notify, in writing and by certified mail, the submitter of such information of the intent to release the data. The commissioner may not release the information, without the submitter's consent, until the thirtieth day after the submitter has been furnished such notice. Any subsequent release shall be pursuant to applicable provisions relating to trade secrets or the Freedom of Information Act.

(c) In the event that a toxic substance or product mixture containing 2 or more toxic substances is registered by a manufacturer, producer or formulator as a component of a trade secret or otherwise protected as a proprietary process, such manufacturer, producer or formulator shall not be required to divulge the specific identity of the substance, but shall be required to provide a material safety data sheet containing the information specified in RSA 277-A:3, IV(b)-(h).

(d) In the event that a toxic substance or product mixture containing 2 or more toxic substances is registered as a component of a trade secret or otherwise protected as a proprietary process, the employer shall not be required to divulge the specific identity of the substance but shall otherwise be subject to all of the duties imposed by RSA 277-A:5.

IV. Notwithstanding the provisions of paragraph III, full and complete information regarding any toxic substance or substances to which an employee has been exposed shall be made available to a licensed physician if the information is needed for the purpose of medical diagnosis or treatment of such person.

**Source.** 1983, 466:1, eff. Oct. 26, 1983.

### **Section 277-A:5**


**277-A:5 Employer's Duty to Provide Information.** – Subject to the limitations of RSA 277-A:4, III, every employer whose employees handle, use, or are otherwise exposed to any toxic substance during the course and scope of their employment shall:

I. Keep on file in a convenient office location and make available for examination and reproduction upon request a material safety data sheet for each toxic substance or product mixture containing 2 or more toxic substances to which an employee may be exposed in carrying out his duties.

II. Post a notice, written in clearly understandable nontechnical language, in a conspicuous location accessible to the employees and as close to the work area as possible containing the word "Warning" in large letters and all the following information on each toxic substance to which employees may be exposed:

- (a) The name or names of the substance.
- (b) The acute and chronic hazards of exposure to the substance.
- (c) Symptoms of exposure and over-exposure, including known behavioral effects.
- (d) Appropriate emergency treatment for exposure and over-exposure.



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- (e) Proper conditions for safe use of and exposure to the substance.
- (f) Procedures for cleanup of leaks and spills of the substance.
- (g) Procedures in case of fire or other environmental changes which would result in increasing the substance's hazardous or toxic properties.

III. Post a notice of the availability of a material safety data sheet for each of the toxic substances to which the employee may be exposed and, upon request by an employee for a material safety data sheet, supply such data sheet within 72 hours.

IV. Conduct an education and training program within 180 days of October 26, 1983, for all employees routinely exposed to toxic substances, and thereafter during the first month of employment of any such new employee, informing such employees of the nature of the toxic substances to which they will be exposed, prescribing proper and safe procedures for handling under all circumstances, and advising them of the potential risks involved.

V. Make every reasonable effort to obtain from manufacturers, producers, formulators, the Federal Environmental Protection Agency, or any other authoritative source, any new or updated information concerning the toxic substances in his workplace and to make such information available to all affected employees immediately.

VI. Notify all employees of their rights under this chapter.

VII. Send a copy of each material safety data sheet with details of the specific locations of each toxic substance and available extinguishing agents to the local fire department. Such material safety data sheets shall be available for public inspection at such fire departments.

VIII. 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.

**Source.** 1983, 466:1, eff. Oct. 26, 1983.

### **Section 277-A:6**


**277-A:6 Employees' Rights if Information Not Provided.** – Any employee who requests information about a toxic substance required pursuant to RSA 277-A:5, III may, if he does not receive such information within 5 working days, refuse to work with such substance until such time as the employer provides him with such information.

**Source.** 1983, 466:1, eff. Oct. 26, 1983.

### **Section 277-A:7**

**277-A:7 Discharge or Discrimination for Exercise of Rights Forbidden.** –

I. No employer shall discharge or cause to be discharged or otherwise discipline or in any manner discriminate against any employee, prospective employee or employee representative

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because that person has filed any complaint or has instituted or caused to be instituted any proceeding related to the provisions of this chapter, or has exercised any right provided in this chapter.

II. Any employee, prospective employee or employee representative who believes that he has been discharged, disciplined, or otherwise discriminated against by an employer pursuant to paragraph I shall, within 30 days of such violation, or 30 days after he first obtains knowledge of such violation, file a complaint with the commissioner of labor alleging such discrimination. Upon receipt of such a complaint, the commissioner shall conduct an investigation as he deems appropriate. If, upon investigation, the commissioner determines the allegation to have substance, he may refer the matter to the attorney general for appropriate action.

**Source.** 1983, 466:1, eff. Oct. 26, 1983.

### **Section 277-A:8**

#### **277-A:8 Inspection by Department of Labor Permitted. –**

I. If the commissioner or his designee finds, or has cause to believe, that any provision of this chapter is being violated, he may enter and inspect the premises of any employer's place of business and take samples of any unknown substance in order to ascertain compliance with this chapter. The laboratory services of the department of health and human services shall be made available to the department of labor for purposes related to enforcement of this chapter, subject to the availability of adequate laboratory support.

II. The following persons may, if they so desire, accompany such agent or employee of the department of labor:

- (a) The affected employer.
- (b) An employee of the affected employer or an employee representative.

III. It shall be a violation of this chapter for any person to interfere with the agent or employee of the department of labor in the discharge of his duties as prescribed by this chapter.

**Source.** 1983, 466:1. 1995, 310:181, eff. Nov. 1, 1995.

### **Section 277-A:9**

**277-A:9 Penalty. –** Any person who violates any provisions of this chapter shall be liable for a penalty of not more than \$2,500 for each such violation, to be collected in a civil action by the commissioner of labor. If the violation is of a continuing nature, each day during which it continues shall constitute an additional and separate offense.

**Source.** 1983, 466:1, eff. Oct. 26, 1983.

### **Section 277-A:10**



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**277-A:10 Construction of Chapter.** – The provisions of this chapter shall be construed as being complementary to and not in lieu of any other law or of any rule adopted under authority of law relative to toxic substances or toxic waste including but not limited to RSA 147-A and RSA 147-B. However, any conflict between this chapter and an existing statute or rule shall be resolved at all times by following the stricter requirement.

**Source.** 1983, 466:1, eff. Oct. 26, 1983.



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### **Appendix III**

#### **NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES**

#### **CHAPTER Lab 600 SAFETY PROGRAMS AND JOINT LOSS MANAGEMENT COMMITTEE**

##### **PART Lab 601 DEFINITIONS**

Section Lab 601.01 Employer Representative

##### **PART Lab 602 SAFETY PROGRAMS**

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##### **PART Lab 603 JOINT LOSS MANAGEMENT COMMITTEES**

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Section Lab 603.02 Establishment of Joint Loss Management Committee

Section Lab 603.03 Duties and Responsibilities of Joint Loss Management  
Committees

Section Lab 603.04 Duties and Responsibilities of Employer

#### **CHAPTER Lab 1400 SAFETY AND HEALTH OF EMPLOYEES**

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Section Lab 1401.02 Applicability

##### **PART Lab 1402 DEFINITIONS**

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Section Lab 1402.02 Confined Space

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##### **PART Lab 1403 RULES FOR EMPLOYEE SAFETY AND HEALTH**

Section Lab 1403.01 Safety and Health Requirements

Section Lab 1403.02 Abrasive Blasting

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Section Lab 1403.04 Accident Reporting Requirements

Section Lab 1403.05 Aerial Lifts

Section Lab 1403.06 Air Tools

Section Lab 1403.07 Belt Sanding Machines

Section Lab 1403.08 Blood Borne Pathogens

Section Lab 1403.09 Chains, Cables, Ropes, and Hooks



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Section Lab 1403.11 Compressed Air Use  
Section Lab 1403.12 Compressed Gas Cylinders  
Section Lab 1403.13 Concrete, Concrete Forms, and Shoring  
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Section Lab 1403.15 Cranes and Derricks  
Section Lab 1403.16 Disposal Chutes  
Section Lab 1403.17 Dock-boards  
Section Lab 1403.18 Ergonomics  
Section Lab 1403.19 Excavating and Trenching  
Section Lab 1403.20 Fall Protection  
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Section Lab 1403.22 Floor Opening and Open Sides  
Section Lab 1403.23 Forklift Trucks and Powered Industrial Trucks  
Section Lab 1403.24 Guards  
Section Lab 1403.25 Hand Tools  
Section Lab 1403.26 Hoists  
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Section Lab 1403.29 Joints  
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Section Lab 1403.33 Machine Guarding  
Section Lab 1403.34 Machinery in a Fixed Location  
Section Lab 1403.35 Mechanical Power Presses  
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Section Lab 1403.37 Mechanized Equipment  
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Section Lab 1403.39 Overheads and Gantry Hoses and Cranes  
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Section Lab 1403.45 Railings  
Section Lab 1403.46 Record Keeping  
Section Lab 1403.47 Respiratory Protection  
Section Lab 1403.48 Revolving Drums  
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Section Lab 1403.50 Safety Nets  
Section Lab 1403.51 Saws



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  - Section Lab 1403.57 Toxic Substances
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  - Section Lab 1403.66 Woodworking Machinery
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