



**CITY OF CLEVELAND**  
Mayor Frank G. Jackson

**GENERAL SAFETY POLICY**

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### **PURPOSE**

The City of Cleveland developed this policy in support of workplace safety and the reduction of workplace/work-related accidents and injuries. The General Safety Policy is intended to establish the foundation upon which detailed departmental and divisional safety policies and procedures are developed and implemented. These policies and procedures have been established to ensure employees understand the City's safety practices and protocol to best ensure their health and well-being while in the performance of their work related activities.

This policy applies to all employees in all City of Cleveland departments and divisions. If this policy conflicts with other provisions of any department/divisional policy it is understood that the city-wide policy supersedes.

### **Responsibilities of Supervisors, Managers and Directors**

It is the responsibility of the appointing authority and/or his designee to ensure overall compliance with this policy for his/her respective Department. This includes but is not limited to the following activities:

- Support and promote the continual improvement of workplace safety;
- Enforce and comply with safety rules and regulations;
- Creating departmental safety policies and procedures;
- Inform staff of new regulations and compliance issues;
- Compliance with Bi-Annual Public Employers Risk Reduction Program (P.E.R.R.P.) reporting;
- Assigning a safety officer to run department safety operations and participate on safety committees and;
- Notify the Office of Risk Management upon the occurrence of a work injury or hazard identification.

### **Employee Responsibility**

It is the duty of all City employees to promote the safety and security of fellow employees and the general public who come in contact with City services and facilities.

All employees and contractors of the City are required to perform their duties in a safe manner aimed at preventing injuries and property or equipment damage throughout all City operations. Each employee must safely operate equipment, tools and materials and demonstrate an understanding of work rules and procedures for his or her areas of responsibility. Each employee is responsible for identifying and

\*The Office of Risk Management and Division of Purchasing & Supplies will advise all contractors of the City's expectations with respect to the Safety Policy.

reporting hazards. Each employee shall fully cooperate to eliminate and control hazards in all areas of City facilities without fear of reprisal.

### **Accident/Injury Review Committee**

The City has established an Accident/Injury Review Committee to ensure the review of any incident which has occurred in the workplace or while utilizing City equipment/property. This Committee may include representatives from the departments of Law, Human Resources, Finance, Port Control, Utilities, Public Works, Public Safety, and the Office of Equal Opportunity.

The review of incidents includes but is not limited to the following activities:

- Institutionalization of an active safety recognition culture;
- Ensure that safety training is conducted by all departments/divisions;
- Adherence to safety policies and procedures;
- Review all accidents which lead to injuries sustained by city employees, regardless of their filing a workers' comp claim;
- Recommendations to departments when safety infractions occur;
- Have the injured employee and their supervisor give first-hand account of how the event transpired and how we can avoid a repeat incident;
- Track and collate data from these reviews and share them with the appropriate departments and divisions.

Committee members will be appointed to 24-month terms at the discretion of the City's Risk Manager.

### **TRAINING REQUIREMENTS**

Mandatory safety training will be conducted by each department/division with the assistance of the Office of Risk Management no less than every two years.

Each department/division shall verify that each employee receives and understands the required training through training rosters signed by attendees and instructors and a written certification/assessment that identifies the subject of the certification as well as proof of competency and contains the name of each employee trained, the date(s) of training, the objectives covered in training and the instructor's name and contact information.

All newly hired City employees including interns and temporary employees in every department/division throughout the City shall also be required to attend safety training through their orientation session. All employees will sign-off upon the completion of their training. Failure to comply with signature requirements may subject the employee to disciplinary action.

Successful completion of the departmental/divisional safety skills assessment will be the baseline for departmental/divisional safety competency.

### **Re-training**

All employees on excused absence or FMLA for a period of six-consecutive months or more are required to attend a safety refresher training for their respective department or division, which will be conducted by the Safety Designee. The employee should be re-trained immediately upon their return to work or at the next available class. Additionally, it is the responsibility of the department or division to account for all employees who will be returning from an excuse absence or FMLA.

All employees involved in a MVA (motor vehicle accident) deemed by the MVA committee to be preventable or preventable with mitigating circumstances shall attend a refresher safety training (including driver safety) or job specific training conducted by their department or division.

All employees sustaining a work-related injury shall attend refresher safety training.

All employees attending refresher safety training shall also satisfactorily complete a skills assessment before they can return to their position.

### **PROCEDURE**

Upon the occurrence of an incident that leads directly to an injury/illness or physical damage to property (regardless of ownership) the party/parties involved shall immediately contact their direct supervisor in accordance with the City's Progressive Discipline Policy. The current process of submitting completed forms OWC-3 (Employees accident form) and OWC-4 (Supervisors Report of an Employee Injury) is still in effect. In the supervisor's absence, contact the proper hierarchical appointing authority. This will initiate the reporting/recording procedures and possible post-accident drug/alcohol testing as determined by the City Labor Relations Manager/designees (See the Drug and Alcohol Testing Policy).

### **ACCOUNTABILITY**

Due to the serious nature and overall importance for the well-being of our employees, the City of Cleveland places Accountability as one of its highest priorities. Employees are strongly encouraged to ensure proper safety practices are followed when conducting their respective job responsibilities and throughout the workplace. Failure to uphold such a level of accountability, resulting in a violation of any safety policy, will be grounds to enforce disciplinary action. For further information on disciplinary sanctions, please refer to the City's Disciplinary Policy.

## **Safety Violation Report**

In the event of a safety violation, the observing party will be required to complete a Safety Violation Report(Attachment A) which provides a detailed account of the infractions, violations or unsafe work zone. The Safety Violation Report will be assessed by the Accident/Injury Review Committee and/or the departmental/divisional Safety Committee (if applicable) to provide recommendations of possible safety enhancements and/or disciplinary action.

## **JOB HAZARD ANALYSIS (JHA)**

The department/division shall ensure that a periodic assessment of the workplace is completed by a supervisor or safety representative in order to determine if hazards are present, or are likely to be present.

Using the Job Hazard Analysis form included as (Attachment B) to this policy, each task will be evaluated to determine what hazards are involved in the work and the work environment and what PPE is required to protect employees. If the position involves varying job tasks, all job tasks are to be evaluated separately. One Job Hazard Analysis form is to be used for each job task.

All hazards and potential hazards caused by the work, job task or the work environment will be determined and listed on the form.

The most appropriate PPE to protect an employee performing the job or task will be determined and listed on the form. The supervisor or other employee (Safety Representative or senior employee) completing the JHA will sign the completed Job Hazard Analysis form and forward it to the division or department director, as appropriate.

A copy of the completed Job Hazard Analysis form will be kept on file in the department or division and a copy forwarded to the Risk Manager electronically.

When procedures for existing job tasks change or new job tasks are added, a hazard assessment must be conducted. Also, when the environmental conditions change, a new assessment form must be completed. Assessments may take place every two (2) years as deem necessary by the department/division.

## **OTHER**

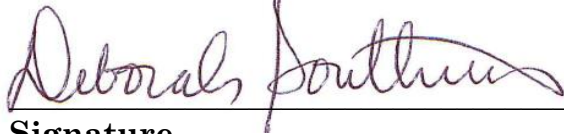
All PPE will meet federal and state guidelines and must be approved by the Division's Safety Representative and or the City's Risk Manager prior to use. The city requires that all uniform/boot allowances include the maintenance of PPE's and clothing in an appropriate manner to ensure that the safety qualities are retained.

## **RECORD KEEPING**

The following exhibits are forms required to be kept on file by all city departments and division's where applicable and appropriate.

Safety Violation Report (*Attachment A*); Job Hazard Analysis form (*Attachment B*)

**This policy has been issued under the authority of:**

A handwritten signature in dark ink, appearing to read "Deborah Southern", written over a horizontal line.

**Signature**

Director of Human Resources

**Title**

June 27, 2014

**Date**

**Attachment A**



**CITY OF CLEVELAND**

Mayor Frank G. Jackson

**Introduction:** The following Safety Violation Report will be utilized to provide a detailed summary of any safety violation(s) which has occurred.

**Procedures:** Following completion of the Safety Violation Report, all documents shall be forwarded to the Office of Risk Management for review. As a result, the Safety Violation Report will be assessed by the Safety Committee or Accident/Injury Review Committee for disciplinary recommendations.

**Office of Risk Management**

Date of Occurrence: \_\_\_\_\_

**Safety Violation Report**

Name of Employee (‘s): \_\_\_\_\_

\_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Commissioner Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Pictures Y/N

Time: \_\_\_\_\_ A.M. /P.M. Location: \_\_\_\_\_

Environmental Conditions: \_\_\_\_\_

**Rules Violation (‘s)**

\_\_\_ No PPE/Other: \_\_\_\_\_

\_\_\_ Improper Use of equipment

\_\_\_ Safety Belts not Utilized

\_\_\_ No ANSI Z28.1 Safety Glasses

\_\_\_ Improper Lifting Techniques

\_\_\_ Other

\_\_\_ Lack of Harness/Fall Arrest Equip.

\_\_\_ Improper Work Zone Delineation

\_\_\_ Improper Use of Vehicle or Equip.

\_\_\_ No Trench Box/Shoring

\_\_\_ Damaging City Property

Safety Analysis: \_\_\_\_\_

Employee Explanation: \_\_\_\_\_

(Dates of Previous Warnings for Employee and Supervisor) \_\_\_\_\_

Safety Observant Name: \_\_\_\_\_

**Attachment B**

**Job Safety Analysis Form**

	Task _____ Effective Date _____ # of Pages ____ of ____ Department _____		
Prepared By: Date:	Reviewed By: Date:	Approved By: Date:	
<b>1. Equipment Operated</b>			
<b>2. Environmental Conditions</b> Inside Outside Cold Heat Wet Dust Vapors/Mist Noise Vibration Other _____			
<b>3. Primary Job Functions &amp; Position</b> Lifting Grasping Pushing Sitting Reaching Bending Kneeling Standing Pulling Squatting Other _____			
<b>4. Physical Demands</b>	Continuously (C) 67-100%      Occasionally (O) 1-33% Frequently (F) 34-66%      Not Applicable (N) 0%		
Standing _____	Walking _____	Sitting _____	Pushing _____
Pulling _____	Climbing _____	Stooping _____	Bending _____
Kneeling _____	Reaching _____	Carrying ( _____ lbs. _____ distance)	
<b>5. Potential Hazards</b>	<b>Controlled By</b>		
Impact	PPE	Procedure	Training      Guards
Chemical Contact	PPE	Procedure	Training      Guards
Caught on or between	PPE	Procedure	Training      Guards
Fall or Slip	PPE	Procedure	Training      Guards
Over Exertion	PPE	Procedure	Training      Guards
Cumulative Trauma	PPE	Procedure	Training      Guards
Other	PPE	Procedure	Training      Guards
<b>6. List of Specific Hazards</b>			
<b>7. Chemical List</b>			
<b>8. PPE</b>	Eye	Face	
	Eye	Head	
	Clothing	Other	
	Foot	Other	
<b>9. Procedure - step by step</b>			